Ministry of Health

COVID-19 Guidance: Hospice Care

Version 2 – November 12, 2020

Highlight of changes

- Prevention of transmission section included
- Outbreak management section included

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, other guidance documents, Reference Document for Symptoms, mental health resources, and other information.
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date directives.

Hospice Care

- Hospices provide palliative and/or end-of-life care to improve the quality of life for patients and their families facing life-threatening illness, in both residential settings and in the community/home. It is recognized that providing end-of-life care may be especially challenging during the current COVID-19 outbreak. All efforts should continue to be made to support the compassionate needs of patients as well as their families during these difficult times.
- This document is directed at palliative and end-of-life care that is provided in a residential hospice setting ("hospice"). Other settings that provide palliative and end-of-life care such as hospitals, long-term care homes or through home care may wish to adapt these recommendations in addition to the guidance developed for their applicable setting.

- Hospices should develop policies that support end-of-life care taking into consideration the evolving COVID-19 outbreak, including:
    - The need for placing newly admitted or transferred patients into single rooms under Droplet and Contact Precautions for 14 days regardless of COVID-19 test results.
- As patients typically develop respiratory symptoms close to the end of life, such as chest congestion and fever, clinical judgement should be used to determine appropriate PPE that should be worn by staff and any visitors if the patient's risk of COVID-19 is perceived to be low.
- Each hospice should develop policies around visitors including number of visitors permitted per patient, while considering the patients' COVID-19 status and local COVID-19 transmission rates.
- Visitor policies should be responsive to the current level of COVID-19 transmission in the community (e.g., if cases are increasing visitor restrictions may need to be put into place).
    - Essential visitors should be the only types of visitors permitted when the hospice in in an outbreak or based on provincial direction (i.e., the hospice is located in a region that has moved back to a modified Stage 2).
    - Essential visitors include a person performing essential support services or a person visiting a patient nearing the final days of their life.
- Instances where there is decreased risk of COVID-19 transmission as per provincial direction (i.e., Stage 3 under the Reopening Ontario (A Flexible Response to COVID-19) Act, hospices should have a plan in place to gradually expand visitor policies to accommodate compassionate visits from loved ones.
- It remains important for hospices to continue to monitor COVID-19 spread in their community as a variable in managing visitors. Any changes to visitor policies should be communicated to families and loved ones. Examples of sources of data to use in monitoring local COVID-19 spread include but are not limited to: Ontario.ca, Public Health Ontario, and local public health unit data dashboards.
- Hospices offering community support services have largely navigated to virtual delivery of these programs and should continue to do so, to reduce the potential risk of COVID-19 transmission between patients and hospice staff. Considerations should also be given to arranging virtual visits between families and patients.

Prevention of Disease Transmission

There are many things that hospices can do to prevent and limit the spread of COVID-19; core among these are screening to identify any symptoms as listed in the COVID-19 Reference Document for Symptoms proper hand hygiene, respiratory etiquette, physical distancing, enhanced environmental cleaning, and routine masking for source control.

Hand Hygiene

- Proper hand hygiene refers to hand washing, or hand sanitizing to maintain clean hands and fingernails. Hand hygiene should be performed frequently with liquid soap and water or alcohol-based hand rub (ABHR) for a minimum of 15 seconds and should always be performed before and after contact with a resident.
    - ABHRs with 70% - 90% alcohol should be used.
    - Hand washing is preferred when hands are visibly soiled.

Physical Distancing

- Physical distancing refers to keeping a distance (a minimum of 2 metres or 6 feet) from other individuals and generally limiting activities and personal interactions outside the hospice setting.
- Physical distancing may help reduce the transmission of COVID-19 by limiting the number of people that individuals come into close enough contact with to transmit the illness.

Enhanced Environmental Cleaning

- In addition to routine cleaning, all frequently touched surfaces (high-touch surfaces) should be cleaned and disinfected at a minimum twice a day and when visibly dirty. These include but are not limited to doorknobs, hand rails, light switches, telephones, and computer equipment.
- Common areas including kitchens and bathrooms, should be thoroughly cleaned and disinfected at least twice per day and when visibly dirty.
- For more information and guidance on environmental cleaning, please refer to PHO's:
    - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings
    - PIDAC Routine Practices and Additional Precautions in All Health Care Settings

Routine Masking to Protect Others (for Source Control)

- Given community spread of COVID-19 within Ontario and evidence that transmission may occur from those who have few or no symptoms, masks are recommended as an additional measure to prevent spread of infection among staff and residents.
- Face coverings, face cloths and non-medical masks are not considered PPE. Recommendations for the use of PPE are based on risk assessments of specific environments and risk of exposure.
- Hospices should have written procedures, instruction, and training for staff on mask use and storage (e.g., how to wear and remove a mask, importance of hand hygiene before and after donning or doffing a mask).
- Staff and visitors should wear a mask for the duration of full shifts or visits in the hospice.
    - Visitors should wear either a surgical/procedure mask or non-medical (e.g., face covering or cloth) mask, depending on the nature of their visit.
- Staff may remove their mask during breaks but must remain at least two metres away from others to prevent any potential transmission of COVID-19.
- Masks should be changed if visibly soiled, damp, or damaged.
- Education must be provided about the safe use, limitations and proper care (e.g., cleaning) of masks. See Ontario's COVID-19 website and PHO's website for additional information.

Screening

Passive Screening

- As part of routine measures, signage should be visible and remind all persons in the hospice about the signs and symptoms of COVID-19 and the importance of public health measures and infection prevention and control practices.
    - Physical distancing, hand hygiene (washing hands or using hand sanitizer) and respiratory etiquette (coughing or sneezing into sleeve/bend of arm) should be reinforced to all staff and visitors and patients, if applicable.
- A list of COVID-19 symptoms, including atypical symptoms, can be found in the COVID-19 Reference Document for Symptoms.

Active Screening for Staff and Visitors

- Hospices should instruct all staff to self-monitor for COVID-19. All persons visiting the hospice should be made aware of signs and symptoms of COVID-19 infection, as listed in the COVID-19 Reference Document for Symptoms.
- Hospices should conduct active screening for COVID-19 symptoms of all staff entering the hospice. Symptom screening should include twice daily assessments (at the beginning and end of the shift) and can include temperature checks.
    - If paramedics and/or emergency personnel need to enter the hospice in an emergency situation, they should be permitted entry without screening.
- Precautions should be taken for all visitors wishing to enter the hospice. These include:
    - Screening all visitors on entry for symptoms and exposure to COVID-19, and not allowing entry if they do not pass the screening.
    - The visitor should only visit the patient they are intending to visit, and no other patient.
    - Common areas such as patient lounges, prayer rooms, shared kitchens, etc., should not be used to minimize risk of spread.
- Hospices should have a screener at the entrance who is able to conduct screening during business hours and change of shift. Outside of these times processes and procedures should be in place to ensure that all persons entering and exiting the hospice are screened and visits are logged. These procedures are to be applied seven days a week and 24 hours a day.
    - Individuals who conduct screening at entrances should ideally be behind a physical barrier (e.g., plexiglass) to protect from droplet and contact spread. If a plexiglass barrier is not available, a 2-metre distance should be maintained from an individual. Where screening cannot occur behind a barrier and a 2-metre distance cannot be maintained, at a minimum a surgical/procedure mask and eye protection are recommended.
    - Alcohol-based hand rub, tissue, and a lined no-touch waste basket or bin should be available for staff and visitors to use upon entry.

Active Screening for Current Patients

- Hospices should conduct active screening of all patients, at least twice daily (at the beginning and end of the day) to identify if any patient has symptoms of COVID-19, including temperature checks. Patients with symptoms (including mild respiratory symptoms or atypical symptoms) should be isolated and tested for COVID-19. For a list of typical and atypical symptoms, please refer to the COVID-19 Reference Document for Symptoms.
    - Clinical judgement or the discretion of the Medical Director should be used in situations where patients are in their last hours of life and they develop fever or congestion as an expected consequence of their illness.

Active Screening for Patient Admissions/Transfers

- Hospices should screen new admissions/transfers for symptoms and potential exposure to COVID-19. All new admissions or transfers, regardless of their testing status or testing result, should be placed in a single room under Droplet and Contact Precautions for 14 days upon admission to the hospice. Staff and visitors entering the room, should take appropriate precautions.
- For information regarding the testing of new admissions or transfers please see the COVID-19: Provincial Testing Guidance Update and the Quick Reference Guide to Testing and Clearance.
- Hospices may admit a patient at their discretion once the patient's test result is known. If they are unable to support a patient with a positive test result, they should work with their community partners to determine alternative end-of-life care arrangements.
- A negative result does not rule out the potential for incubating illness and all patients should remain under Droplet and Contact Precautions for a 14-day isolation period following transfer.

Respite Care

- Respite stays can be considered, if the patient can be tested prior to admission and be placed in a single room under Droplet and Contact Precautions for the duration of their stay to up 14 days. After 14 days, Droplet and Contact Precautions can be discontinued.

COVID-19 Symptoms: What to do

- Staff and visitors who have symptoms compatible with COVID-19 should not be allowed to enter the hospice.
    - They should go home immediately to self-isolate and be encouraged to get tested. Information on Assessment Centres can be found on the government's COVID-19 website.
- Patients with symptoms of COVID-19 must be isolated under Droplet and Contact Precautions and tested.
- Clinical judgement or the discretion of the Medical Director should be used in situations where patients are in their last days/hours of life and they develop fever or congestion as an expected consequence of their illness.
- Staff should provide care to patients who are suspected or confirmed for COVID-19 using the precautions outlined in Directive #1 for Health Care Providers and Health Care Entities, as well as Public Health Ontario's IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19.
- For any visitor in contact with a patient in the hospice who is symptomatic or confirmed with COVID-19, appropriate personal protective equipment (PPE) should be worn (see IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19).

Testing for COVID-19

- Testing should be conducted on every symptomatic patient and staff member in the hospice as outlined in the COVID-19 Provincial Testing Guidance Update . A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms.
- Hospices should collaborate with local health system partners to determine the most appropriate way to have symptomatic patients tested.

Reporting

- COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable by certain institutions under the *Health Protection and Promotion Act* (HPPA).

- If a worker has tested positive for COVID-19 due to exposure at the workplace, or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB), the employer must give notice in writing within four days to:
    - the Ministry of Labour, Training and Skills Development
    - the workplace's joint health and safety committee or a health and safety representative
    - the worker's trade union (if applicable)
- Additionally, any occupationally acquired illnesses must be reported to the WSIB within three days of receiving notification of the illness.

Outbreak Management

- An outbreak within a hospice is defined as one laboratory confirmed case in a resident or staff. Outbreaks are declared by the local medical officer of health or their designate, in consultation with the administrator of the hospice. A single patient who tests positive but who has been in isolation and cared for by staff wearing full PPE may not necessarily constitute an outbreak.
- Once an outbreak has been declared, the local public health unit will direct testing and associated public health management of all those impacted (staff, patients, and visitors).
- The local public health unit will provide guidance with respect to any additional measures that should be implemented to reduce the risk of COVID-19 transmission in the setting.

Control Measures

- Control measures are any action or activity that can be used to help prevent, eliminate or reduce a hazard. Once an outbreak is declared, the local public health unit will provide direction to help manage the outbreak, and the control measures that should be implemented. These include:
    - Defining the outbreak area (i.e., affected unit(s) or the whole hospice).
    - Undertaking enhanced cleaning practices.
    - Limiting or restricting new admissions and transfers.
    - Limiting or restricting visitors, depending on the nature of the outbreak.
    - Providing out-patient support services or programming virtually if possible.

Declaring the Outbreak Over

- The local medical officer of health or their designate will declare when the outbreak is over.
- Generally, an outbreak is declared over when there are no new cases of COVID-19 in patients or staff after 14 days.

Occupational Health & Safety

Staff Exposure/Staff Illness

- All staff who have been advised to self-monitor for 14 days from an exposure should notify their supervisor.
- All staff who are required to self-isolate should not come to work.
- Anyone with symptoms of COVID-19 should be told to self-isolate immediately and be encouraged to get tested. Information about assessment centres can be found here. If they have questions related to COVID-19, they should contact their primary care provider or Telehealth Ontario (1-866-797-0000) or visit Ontario's COVID-19 website.
    - They should report their symptoms to their manager/supervisor. Staff responsible for occupational health at the hospice should follow up on all staff who have been advised to self-isolate.
- Staff who test positive for COVID-19 should notify their manager/supervisor.
- If COVID-19 is suspected or confirmed in a staff member, return to work should be determined in consultation with their health care provider and the local public health unit.

Personal Protective Equipment (PPE)

- Where applicable, hospices should follow the precautions outlined in Directive #1 for Health Care Providers and Health Care Entities.
- Appropriate precautions should be taken as dictated by the nature of the patient interaction, see PHO's guidance on IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19.
- Anyone required to wear PPE, should be knowledgeable on the proper sequence of donning and doffing PPE. A visual factsheet for Putting on and

taking off PPE is available on PHO's website. Videos are also available on PHO's website.

- Hospices should ensure that an adequate supply of PPE is available for staff and visitors.
- Summary of required HCW precautions are displayed in the table below.

Activity	**HCW Precautions**
Before every patient interaction	HCW must conduct a point-of-care risk assessment to determine the level of precautions required
All interactions with and within 2 metres of patients **who screen positive**	Droplet and Contact precautions: • Surgical/procedure mask* • Isolation gown • Gloves • Eye protection (goggles or face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE
All interactions with and within 2 metres of patients **who screen negative**	• Surgical/procedure mask required • Use of eye protection (goggles or a face shield) should be considered • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE

*N95 respirator must be worn for Aerosol-Generating Medical Procedures (AGMPs)

- HCW precautions should take into consideration both COVID-19 and other potential communicable diseases as part of the point-of-care risk assessment (PCRA).
- Hospices should ensure that an adequate supply of PPE is available for staff and visitors.

Limiting Work Locations

- Wherever possible, hospice employers should work with staff to limit the number of work locations that staff are working at, to minimize risk to patients and other staff of exposure to COVID-19.

Appendix: Summary for Active Screening for Residential Hospices

	Staff and Visitors Entering the Hospice	Current Patients of the Hospice	Patient Admissions to the Hospice
Who does this include?	Staff working at the hospice, and any person visiting a patient including essential visitors.	Patients currently living in the hospice.	Patients newly admitted or transferred.
What are the screening practices?	Staff should be actively screened twice daily (at the beginning and end of the shift) to identify any symptoms as listed in the COVID-19 Reference Document for Symptoms. Temperature checks can be included in this screening. All visitors, including essential visitors should: • Be actively screened on entry for symptoms and exposures for COVID-19 and not being admitted if they do not pass the screening. • Only visit the patient they are intending to visit, and no other patient. Masking for source control is recommended for all staff and visitors while in the hospice.	Conduct active screening of all patients, at least twice daily (at the beginning and end of the day) to identify any symptoms, including temperature checks and atypical symptoms, as listed in the COVID-19 Reference Document for Symptoms.	Screen all new admissions/transfers for potential exposure to COVID-19 and identify any symptoms, including temperature checks and atypical symptoms, as listed in the COVID-19 Reference Document for Symptoms. Testing of new admissions or transfers should follow COVID-19 Provincial Testing Guidance Update. Discretion should be used whether new patients/referrals who test positive should be admitted to the hospice. Place all new patients in isolation in a single room under Droplet and Contact Precautions for 14 days on arrival at the hospice regardless of a negative COVID-19 test result.
What if someone screens positive?	Staff and any visitors attempting to enter the hospice who are showing symptoms of COVID-19 should not be allowed to enter and should go home immediately to self-isolate and be encouraged to get tested for COVID-19.	Patients with symptoms of COVID-19 must be isolated in a single room and placed under Droplet and Contact Precautions and should be tested. Clinical judgement or the discretion of the Medical Director should be used in situations where patients are in their last hours of life and they develop fever or congestion as an expected consequence of their illness.	