

Long Term Care Home and Retirement Home  
COVID-19 Question and Answer (Q&A)

Table of Contents

Environmental Cleaning .....2

Showers .....2

Cohorting .....3

Post-Mortem .....3

## Environmental Cleaning

### 1. Q: How should LTCHs/RHs handle linens and laundry during the COVID-19 pandemic?

**A:** The Public Health Agency of Canada (PHAC) and Public Health Ontario (PHO) indicate that routine practices are sufficient (no special precautions required) when handling linen during the COVID-19 pandemic. All linen that is soiled with blood, body fluids, secretions or excretions should be handled using the same precautions. For more information on handling linen and laundry, see pages 69 – 72 of PIDAC's [Best Practices for Environmental Cleaning for Infection Prevention and Control](#) document.

References:

PHAC - [Infection prevention and control for COVID-19: Interim guidance for long term care homes](#)

PHO - [COVID-19 Infection Prevention and Control \(IPAC\) Environmental Services for Health Care Settings](#)

PIDAC - [Best Practices for Environmental Cleaning for Infection Prevention and Control](#)

### 2. Q: How should LTCHs/RHs handle waste during the COVID-19 pandemic?

**A:** The PHAC indicates that routine practices are recommended for waste management. Waste from health care facilities is divided into two categories: biomedical (i.e., anatomical, medical, sharps) and general (e.g., PPE, waste from kitchens, washrooms and public areas). Biomedical waste requires special handling and disposal. General waste does not require special handling. Staff need to know the types of waste and their organization's policies for safe handling and disposal of waste.

For more information on the management of waste, see pages 72 – 78 of Provincial Infectious Diseases Advisory Committee's (PIDAC) [Best Practices for Environmental Cleaning for Infection Prevention and Control](#) document.

References:

PHAC - [Infection prevention and control for COVID-19: Interim guidance for long-term care homes](#)

PHO - [COVID-19 Infection Prevention and Control \(IPAC\) Environmental Services for Health Care Settings](#)

PIDAC - [Best Practices for Environmental Cleaning for Infection Prevention and Control](#)

### 3. Q: How should a resident's room be cleaned/disinfected after COVID-19 (Droplet/Contact) Precautions have been discontinued?

**A:** A terminal (discharge/transfer) clean of the resident's room must be done after the discontinuation of Droplet/Contact Precautions.

For more information about discharge/transfer cleaning, see pages 96-97 of PIDAC's [Best Practices for Environmental Cleaning for Infection Prevention and Control](#) document.

References:

PHO - [De-escalation of COVID-19 Outbreak Control Measures in Long-term Care and Retirement Homes](#)

PIDAC - [Best Practices for Environmental Cleaning for Infection Prevention and Control](#)

## Showers

### 4. Q: Can communal showers/tubs be used during the COVID-19 pandemic?

**A:** Showers/tubs that are dedicated to a single resident are preferred. However, if a communal shower or tub is used for multiple residents, PHO recommends scheduling their use so that well residents go first,

followed by well exposed residents, and then ill residents. Personal items (e.g., towels, personal care items) are not to be kept in communal showers/tubs. Communal showers/ tubs should be cleaned and disinfected after each resident use, including high-touch surfaces (e.g., shower handles, faucets, shower chairs, grab-bars). If staff are assisting residents with bathing, they must wear appropriate PPE.

Reference:

PHO - [Preparing for and Managing COVID-19 Outbreaks in Long-Term Care and Retirement Homes](#)

## Cohorting

### 5. Q: How does a LTCH/RH cohort staff/residents during an outbreak?

A: Please review the PHO fact sheet that explains cohorting during an outbreak – [Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes](#). PHO also has a presentation that reviews principles of cohorting. For more information see slides 28 – 32 of PHO's COVID-19 Webinar – [Healthcare Worker Personal Protective Equipment \(PPE\) Use and Cohorting in Long-Term Care and Retirement Homes](#).

## Post-Mortem

### 6. Q: Are N95 masks required when providing post-mortem care?

A: In addition to Droplet and Contact Precautions, Airborne Precautions (wearing an N95 mask) are used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19. According to PHO, post-mortem procedures involving high-speed devices (e.g., bone saws) are considered AGMPs.

The Ministry of Health has developed COVID-19 guidance for [funeral and bereavement Services](#). This guidance document has more information about post-mortem care.

References:

PHO - [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)

MOH - [COVID-19 Guidance: Funeral and Bereavement Services](#)

PHAC - [Infection prevention and control for COVID-19: Interim guidance for long-term care homes](#)

### 7. Q: How does a LTCH/RH determine if a resident's cause of death is COVID-19?

A: The cause of death is determined by the clinician (e.g., physician, nurse practitioner) attending to the resident. Toronto Public Health cannot determine if COVID-19 was the cause of death, however TPH can provide some guidance (if needed). It is important to remember that 'clearance' from COVID-19 means that the person is no longer infectious. Clearance is not related to whether the person has recovered from the damage to their health due to their COVID-19 infection. Complications from COVID-19 infection can persist after a person has been deemed non-infectious (cleared) and can contribute to a person's death later on. If it is felt by the clinician that COVID-19 caused or contributed to the person's death, the death would be considered a COVID-19 related death. The clinician may also request a post-mortem swab to determine if COVID-19 was linked to the cause of death.