

Memo

To: Long Term Care Homes and Retirement Homes and Congregate Living Settings

From: Sarah Titmus: Program Manager – COVID Response

Date: February 11, 2022

Re: Updated COVID-19 Guidance: risk assessments, cohorting & case definitions

Dear Long-Term Care Home, Retirement Home and Congregate Living Setting Colleagues:

On February 4 2022, the Ministry of Health provided updated guidance to public health units on managing cases, contacts and outbreaks in long term care and retirement homes. Haldimand Norfolk Health Unit (HNHU) will also be applying this guidance to congregate living settings. Below is a summary of changes and practices HNHU will be adopting

CONTACT MANAGEMENT: RISK ASSESSMENT & COHORTING

With rising concerns about the increased risk to the physical and mental health of residents who have been placed in isolation during COVID-19 outbreaks, HNHU will be taking steps to balance COVID-19 isolation risk in outbreak settings. This will include:

1. Conducting a risk assessment to determine if contacts of a COVID-19 case/symptomatic person are high-risk, lower risk or negligible risk.
2. Applying cohorting principles for contacts that must isolate (where operationally feasible for the long term care/retirement home/congregate living setting).

This change is in alignment with the latest guidance from the Ministry of Health. Please see the attached reference document to read more about how HNHU will be applying contact isolation and cohorting in outbreaks in highest risk settings.

Some key changes with the risk-assessment approach to contacts include:

- Reducing the isolation period for asymptomatic high-risk contacts who are fully vaccinated and boosted (3rd or 4th dose). They may end isolation after receiving a negative PCR result from a test taken on or after day 5 from last contact.
- Removing isolation requirements for asymptomatic lower-risk contacts who are fully vaccinated and boosted (3rd or 4th dose).

- Removing isolation requirements for previously positive individuals. Asymptomatic residents who have been previously infected with COVID-19 on or after December 20th, 2021 and cleared within the last 90 days are not required to isolate if they have been in contact with a positive case.

CASE DEFINITIONS

On January 12, 2022, HNHU provided interim case definitions. Following updates from the Ministry of Health, below are the most recent outbreak definitions:

- A **suspect outbreak** is defined as one positive PCR test OR rapid molecular test OR rapid antigen test in a resident.
- A **confirmed outbreak** is defined as:
 - two or more residents and/or staff/other visitors) in a home (e.g., floor/unit) each with a positive PCR test OR rapid molecular test OR rapid antigen test AND with an epidemiological link*, within a 10-day period.
*Epidemiological link defined as: reasonable evidence of transmission between residents/staff/other visitors AND there is a risk of transmission of COVID-19 to residents within the home.

ADMISSIONS & TRANSFERS

Recognizing that admissions and transfers to an outbreak floor/unit may not always be avoidable, new guidance is available on how to reduce risk for admissions or transfers to a floor/unit during a COVID-19 outbreak. For more details on testing and isolation for admissions/transfers and when to contact HNHU for consultation, please review [Appendix E: Algorithm for Admissions and Transfers for LTCHs and RHs](#)

This memo and reference document is posted on our website for future reference. Visit <https://hnhu.org/COVID-19> and then click the "COVID-19 Highest Risk Settings" button.

For questions, please contact our COVID-19 hotline at 519-426-6170 ext. 9999 and ask to speak with a member of the highest-risk setting team.