

# LTC+ Acting on Pandemic Learning Together

## SIX PROMISING PRACTICES AND POLICY OPTIONS

The CFHI-CPSI report [Reimagining Care for Older Adults: Next Steps in COVID-19 Response in Long-Term Care and Retirement Homes](#) identified practices in six key areas that could reduce the risk of another wave of COVID-19 or mitigate its effects. Although they are summarized below, all coaches must read the report for full context.

### 1. Preparation:

- There is a comprehensive, clear, and well-communicated pandemic plan in place.
- There is a comprehensive, clear, and well-communicated outbreak plan in place.
- There is a co-designed regional partner response for different outbreak scenarios.
- Infection prevention and control (IPAC) protocols, education, training, compliance measures and signage are updated and implemented in the case of an outbreak.
- There is a plan in place for communicating with regional/provincial/territorial public health authorities during a pandemic or outbreak.
- Leadership responsibilities regarding a pandemic/outbreak response are clearly stated and communicated.
- It is clear how staff, long-term care residents and care partners are informed of emerging pandemic or outbreak information and points of contact within the home.
- There is an understanding of when an outbreak can be declared over.

### 2. COVID-19 Prevention:

- There are procedures in place for screening and testing residents, staff and care partners for COVID-19.
- It is clear how the home will respond to a suspected or known case of COVID-19.

### 3. People in the workforce:

- Staff are limited to working in only one higher risk environment and supports are in place to make this possible.
- The community transmission risk that staff and their care partners/families face are understood and mitigated where possible.
- There are psychosocial supports for all members of the care team, and they are informed about psychological health and safety.
- There is a policy in place regarding volunteers and non-medical service providers.

### 4. Pandemic response and surge capacity:

- There are surveillance methods to proactively identify an outbreak or where surge capacity may be needed.
- Leadership knows where to turn for assistance (support and / or resources) in the region/province/territory if there is an outbreak.



- There is a pre-agreed plan in place for surge capacity support.
- There are criteria for cohorting residents and developing/maintaining appropriate care plans in the case of an outbreak.
- There are measures in place for safe admissions or readmissions during a pandemic and/or outbreak.

**5. Plan for COVID-19 and non-COVID-19 care:**

- All residents have a current, person-centred, integrated care plan, including goals of care, and an implementation plan.
- All residents have access to high quality primary health care that can be delivered in place during an outbreak.
- There is a plan for prioritizing critical and non-essential services.
- There are psychosocial supports to support residents during an outbreak.
- There are approaches in place to reduce the number of people waiting in hospital for other types of care and/or who need long-term care.

**6. Presence of family: family caregivers as residents' essential partners in care:**

- Families are recognized and supported as essential partners in care for residents.
- It is clear how visiting policies will be updated and by who as new information emerges during a pandemic and/or outbreak, as well as how and when residents and/or family caregivers will be consulted to inform policy changes.
- Infrastructure, policies (including harm reduction approaches to support family presence) and supplies are appropriate to support care normally provided by care partners.