

## General Guidelines for Admissions, Transfers, and Respite during Outbreaks

The following guidelines are meant to assist decision-makers in LTC who are responsible for patient/resident transfers from facility/unit to facility/unit. As each situation will differ, one guideline cannot account for all eventualities. However, in general, when in the midst of an outbreak, the following should be kept in mind when considering admissions, transfers, or respite care.

### Closures

The demands on the healthcare system tend to peak during winter at the same time gastroenteritis and respiratory outbreaks occur, as such closures to facilities should be avoided. Staffing a facility adequately during an outbreak may become an issue if a significant number of staff becomes ill, and may lead to temporary bed closures. Decisions to close a facility or beds within a facility should be made with the site's senior administration and Infection Control Professional in consultation with the WRHA LTC Program Director, WRHA LTC Manager of Infection Prevention and Control, and the Long Term Care Access Centre.

### Admissions

Ideally, new residents should not be admitted to units with ongoing symptomatic cases during an outbreak; however demands on the healthcare system often do not permit the closure of a facility or unit during outbreaks. Consider new and or re-admissions on a case-by-case basis taking into account the risks and benefits of delaying admission, the burden to the healthcare system overall, and the risk of exposure to the circulating communicable disease:

- **The main risk is to the resident being admitted; therefore, the resident, family and physician should be informed that an influenza outbreak is in progress.**
- **When an outbreak is declared prevention and control measures and Routine Practices are in place to protect all residents within the facility. Often the risk of communicable exposure is reduced in a facility when compared to the community.**

### Transfers

**Hospital:** If a resident with symptoms of a communicable disease is transferred to hospital, the receiving facility should be notified of the suspected (or confirmed) diagnosis, as well as the transporting service (ambulance etc.). The LTC site should notify the receiving facility both on the transfer referral form and with a phone call.

**Transfers (readmissions) from hospital back to LTC** must not be delayed. Sites have the opportunity to promptly recognize signs and symptoms and respond with immediate implementation of Additional Precautions should a re-admitted resident develop signs and symptoms. Sites concerned about transmission to residents returning home cannot shelter their resident in an acute care bed until the outbreak has resolved. Outbreak management/mitigation measures, when executed properly, prevent transmission to returning residents.

**Transfers from other facilities or other units within the LTC site**

Admissions need to be told that they are going into a facility or unit where an outbreak exists. Beds will not be held for individuals who refuse admission due to an active outbreak.

**Respite**

Respite admissions should be cancelled or rescheduled during an outbreak when possible. If rescheduling is not possible, consider proceeding on a case-by-case basis ensuring the resident and/or substitute decision maker understand the risks and benefits of admission during an outbreak in terms of possible exposure to the communicable disease.