

Ministry of Health

# Guidance for COVID-19 Immunization In Long-Term Care Homes and Retirement Homes

Version 1.0 January 18, 2021

This information can be used to help guide decision making on prioritizing and immunizing residents, staff and essential caregivers in Long-Term Care Homes (LTCH) and Retirement Homes (RH), particularly in the context of COVID-19 outbreaks. Staff is defined in this document as anyone 'conducting activities' in the LTCH, including but not limited to health care workers, consistent with [Ministry guidance](#). Essential caregivers are defined as persons providing 'direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making), per [Ministry guidance](#).

This guidance provides basic information only. It is not intended to provide medical advice, diagnosis or treatment, or legal advice. In the event of any conflict between this guidance document and any applicable emergency orders, or directives issued by the Minister of Health, Minister of Long-Term Care, or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

**This guidance should be used in conjunction with Canada's National Advisory Committee on Immunization (NACI) recommendations, provincial resources, guidelines & directives pertaining to LTCHs and RHs. , , Local Medical Officers of Health may recommend additional or different actions based on the local context.**

This guidance is current to January 18, 2021 and may be updated as the COVID-19 situation evolves.

## Background

- NACI develops evidence-based advice on vaccines approved for use in Canada and has developed recommendations for all currently available COVID-19 vaccines (i.e., the Moderna and Pfizer-BioNTech mRNA COVID-19 vaccines). As new COVID-19 vaccines are authorized for use and as new evidence emerges, these recommendations are modified.
- Immunization against COVID-19 has been shown to be efficacious in preventing COVID-19 illness in the short term through large clinical trials involving tens of thousands of volunteers; trials are ongoing.<sup>1</sup>
- The immunization of staff and essential caregivers who work in LTCHs /RHs and residents who live in LTCHs /RHs can be expected to reduce the incidence of illness caused by COVID-19 among those vaccinated.<sup>2</sup>
- LTCH (and high-risk retirement home) residents, staff and essential caregivers are all identified within Phase 1 (highest priority) of the Ontario vaccine distribution implementation plan.<sup>3</sup>
- There is currently insufficient evidence on the duration of protection of COVID-19 vaccines as well as whether the vaccines prevent asymptomatic infection and reduce transmission of COVID-19. Public health measures and ongoing testing should continue to be followed after vaccination to help prevent the transmission of COVID-19.
- There is currently no evidence on the use of COVID-19 vaccine for post-exposure prophylaxis. Vaccination during an outbreak is not anticipated to impact the current outbreak among those currently exposed but may prevent infection from future exposure.

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<sup>1</sup> National Advisory Committee on Immunization. Recommendations on the use of COVID-19 vaccines. 2020 Dec 23. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

<sup>2</sup> NACI. Guidance on the prioritization of initial doses of COVID-19 vaccine(s). 2020 Dec 18. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-prioritization-initial-doses-covid-19-vaccines.html>

<sup>3</sup> COVID-19 Vaccine Distribution Task Force. Ontario's Vaccine Distribution Implementation Plan. 2020 Dec 11. <https://files.ontario.ca/moh-covid-19-vaccine-distribution-implementation-plan-en-2020-12-11-v3.pdf>

## PHU Planning for Implementation

- Each PHU is recommended to maintain a list of all LTCHs/RHs within its jurisdiction and indicate whether the home is in outbreak to support appropriate planning for vaccinating.
- Each PHU is recommended to liaise with locally relevant health sector partners (e.g. Ontario Health, hospitals, LTCHs/RHs) to ensure/develop plans for immunizing staff members, essential caregivers, and residents. Specific additional measures at each LTCH/RH should be in place to allow for vaccination during an outbreak (discussed further in the sections below).
- Depending upon the local mechanisms and organizations involved in immunization, PHUs may play differing roles in both planning and direct implementation.

## Considerations for Immunization in LTCH/RH Settings

### Individuals living and working in LTCHs /RHs

- Individuals without acute [symptoms](#) of a COVID-19-like illness currently working/providing care or living in LTCHs/RHs, should be offered vaccination, ideally at times and locations that facilitate uptake.
  - Staff who are isolating/quarantining should defer coming to a vaccination site until they are out of isolation to prevent risk of exposure at the vaccination clinic site. Staff who are coming to the LTCH/RH on [work self-isolation](#) for being close contacts of cases can be vaccinated at their work location.
  - Residents in quarantine for being close contacts of cases or due to transfers can be vaccinated on site while maintaining infection prevention and control measures to help protect the immunizer(s) from infection.

- Individuals who have acute symptoms of a COVID-19 like illness should not be vaccinated until their symptoms are resolving and they are afebrile for at least 24 hours in order to avoid attributing any complication resulting from infection to a vaccine-related adverse event and to minimize the risk of COVID-19 transmission.<sup>4</sup>
  - Residents in isolation as a case who are resolving as above can be vaccinated on site while maintaining infection prevention and control measures for the immunizer(s).
  - Residents who are asymptomatic cases can be vaccinated on site if at least 72 hours has passed since their specimen collection date to decrease the likelihood that they are not pre-symptomatic cases.
  - Staff and essential caregivers who are isolating as a case should defer coming to a vaccination site until they are cleared from isolation.
- Individuals who have previously tested positive for COVID-19 and have resolved can be offered COVID-19 vaccination. This includes individuals who have only partially completed their vaccine series.
  - Based on guidance from NACI and the balancing of potential harms and demonstrated benefits of COVID-19 immunization, persons with pre-existing medical conditions should not be denied immunization against COVID-19, however persons with immunocompromising conditions, those with autoimmune disease and pregnant or breastfeeding women should be vaccinated after a [risk benefit analysis](#). This is because these specific populations were either excluded from or were represented by small numbers of participants in clinical trials.<sup>5</sup>

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<sup>4</sup> National Advisory Committee on Immunization. Recommendations on the use of COVID-19 vaccines. 2020 Dec 23. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

<sup>5</sup> National Advisory Committee on Immunization. Recommendations on the use of COVID-19 vaccines. 2020 Dec 23. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

- Individuals with contraindications to immunization as described by the regulator (Health Canada), manufacturers and relevant provincial guidance should not receive COVID-19 vaccines.<sup>6,7,8</sup>

## Facilities in Outbreak

- In line with vaccine availability, PHUs/other relevant organizations are recommended to prioritize LTCHs/RHs not in outbreak and then LTCHs/RHs in outbreak who have approval from the local Medical Officer of Health based on assessment of current staffing, Infection Prevention and Control (IPAC) and other challenges associated with the outbreak.
- It is recommended that vaccination in LTCHs /RHs without adequate outbreak management to address ongoing transmission, staffing issues and infection control challenges should defer vaccination until those measures stabilize the LTCH/RH. Given the potential benefit of vaccination in the LTCH/RH setting, PHUs/other relevant organizations should work with the LTCH/RH to quickly develop a plan to facilitate vaccination as early as possible once the LTCH/RH is stabilized. The outbreak does not need to be declared over for vaccination to begin.
- Ideally, LTCHs/RHs in outbreak should facilitate vaccination of staff on-site to minimize the risk of a potential not yet identified asymptomatic case exposing others at off-site vaccination clinics.
- If on-site vaccination is not possible, asymptomatic staff that are not in isolation/quarantine and working in an outbreak facility may attend an off-site clinic for vaccination. Appointments should ideally be scheduled at the end of the clinic day to reduce risk of exposure to others in the clinic.

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<sup>6</sup> Ontario Ministry of Health and Ontario Ministry of Long-Term Care. COVID-19 Vaccine-relevant Information and Planning Resources.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/covid19\\_vaccine.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/covid19_vaccine.aspx)

<sup>7</sup>Pfizer-BioNTech COVID-19 vaccine (COVID-19 mRNA vaccine) product monograph.  
<https://covid-vaccine.canada.ca/info/pdf/pfizer-biontech-covid-19-vaccine-pm1-en.pdf>

<sup>8</sup> Moderna COVID-19 vaccine (mRNA-1273 SARS-CoV-2 vaccine) product monograph.  
<https://covid-vaccine.canada.ca/info/pdf/moderna-covid-19-vaccine-pm1.pdf>

## Facilitating Vaccine Uptake

- Immunization of residents is optimally done in the LTCH by trained staff who know the residents, e.g. nurses or physicians who work in the LTCH to help, reduce the risk of additional external staff potentially bringing COVID-19 into the LTCH.
- In the absence of contraindications to the vaccine, LTCHs /RHs should obtain consent in advance from residents or substitute decision-makers for the immunization.
- Consent should include a discussion of the lack of evidence on the effectiveness of COVID-19 vaccines on asymptomatic infection, reducing transmission, and use as post-exposure prophylaxis.
- Based on experience across other jurisdictions,<sup>9</sup> efforts to reduce vaccine hesitancy among staff and essential caregivers may be particularly important to facilitate uptake.

## Additional Planning Considerations

- Fatigue, headache, chills, and fever are relatively common after receipt of COVID-19 vaccines, particularly after the second dose<sup>10</sup>. In an effort to reduce the possibility that post-vaccine side effects would remove staff and essential caregivers from their workplaces due to their confusion with symptoms of COVID-19 or feeling unable to work, immunization of staff and essential caregivers should be staggered. The home should review staffing schedules and assignments to ensure adequate staffing in case of staff being off due to side effects following vaccination. Where operationally feasible, immunization would ideally be scheduled to allow 48 hours until the person's next shift.<sup>11</sup>

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<sup>9</sup> Centers for Disease Control and Prevention. Preparing Staff for COVID-19 Vaccination. 2020 Dec 23. <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/prepare-staff.html>

<sup>10</sup> National Advisory Committee on Immunization. Recommendations on the use of COVID-19 vaccines. 2020 Dec 23. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

<sup>11</sup>Ministry of Health. COVID-19 Guidance for Health Care Settings: Managing Health Care Workers with Symptoms within 48 Hours of Receiving COVID-19 Vaccine. Version 1: December 14, 2020. [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/managing\\_HCWs\\_with\\_symptoms\\_within\\_48hr\\_receiving\\_vaccine.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/managing_HCWs_with_symptoms_within_48hr_receiving_vaccine.pdf)

- Staff absence due to vaccine side-effects will have a greater impact on LTCHs /RHs in outbreak where staffing requirements are higher to manage the outbreak. As above, outbreak management including staffing levels should be stabilized in the LTCH/RH before proceeding with vaccination.
- LTCHs /RHs should have a plan in place to ensure new and returning staff, residents and essential caregivers are offered immunization and that the vaccine series, as appropriate, is completed. This includes following up with staff and essential caregivers who missed an initial vaccination time if they were in isolation/quarantine and had to delay their vaccination. Where required, LTCHs/RHs should engage with the local PHU and other partners for this planning.

### **Infection Prevention and Control (IPAC)**

- In addition to routine practices for COVID-19 immunization clinics,<sup>12</sup> IPAC measures should be in place appropriate to the LTCH/RH outbreak status.<sup>13</sup>
- Resident and staff cohorting should remain in place, including, where possible, LTCH staff cohorting for those providing the vaccine to residents.
- At this time, there is **no change** to case, contact and outbreak management if a new confirmed infection is identified in a previously vaccinated individual. There is also **no change** to contact management if a contact has been vaccinated.

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<sup>12</sup> Public Health Ontario. Infection Prevention and Control (IPAC) Guidance for COVID-19 Immunization Clinics. <https://www.publichealthontario.ca/-/media/documents/ncov/vaccines/2020/12/fact-sheet-ipac-guidance-immunization-clinics.pdf?la=en>

<sup>13</sup> Public Health Ontario. COVID-19 Long-Term Care Resources. <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/long-term-care-resources>

## Adverse Events Following Immunization (AEFIs) and COVID-19 Disease

- Symptoms and signs following vaccination may represent side effects from vaccination or COVID-19 disease.
- COVID-19 testing can be used to distinguish side effects from COVID-19 disease.<sup>14</sup>
- Residents with a new onset of COVID-19 symptoms after vaccination should be immediately placed in isolation until further assessment of their symptoms and COVID-19 testing results can be obtained.
- For staff and essential caregivers: follow the guidance on [managing HCWs with symptoms within 48 hours after receiving the vaccine](#).

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<sup>14</sup> National Advisory Committee on Immunization. Recommendations on the use of COVID-19 vaccines. 2020 Dec 23. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>