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COVID-19 Policy

Policy:
Riverview Heights Retirement Residence will take all necessary steps and control measures to assist in the prevention and monitoring of COVID-19. Additionally, all staff, students, visitors and residents must agree to abide by the health and safety practices contained in the Ministry for Seniors and Accessibility's COVID-19 Guidance Document for Retirement Homes in Ontario and MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs. Recommended public health measures, as noted throughout this policy, as well as all applicable laws, will be practiced at all times.

Where noted in this policy, "**up to date**", as it relates to COVID-19 vaccination, means a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible. Refer to Ministry of Health's Staying Up to Date with COVID-19 Vaccines: Recommended Doses.

Organizational Risk Assessment
The residence's Organizational Risk Assessment should be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering (e.g., ventilation, cleaning & disinfecting), administrative (e.g., vaccination program) and PPE measures. This will be communicated to the Joint Health and Safety Committee including the review of the environment when a material change occurs.

Ensuring Preparedness (COVID-19 Outbreak Preparedness Plan)
The residence should have a COVID-19 Outbreak Preparedness Plan, according to requirements outlined in the MOH's COVID-19 Guidance: LTCH/RH and CLS for PHUs. This plan is recommended to be developed in consultation with the Joint Health and Safety Committees (or Health and Safety Representatives if any), ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including:

- Identifying members of the Outbreak Management Team (OMT),
- Identifying the home's local IPAC hub and their contact information,
- Enforcing an IPAC program in accordance with the RHA and O. Reg. 166/11 both for non-outbreak and outbreak situations, in collaboration with IPAC hubs, public health units, local hospitals, Home and Community Care Support Services, and/or regional Ontario Health,
- Ensuring non-expired testing kits are available and stored appropriately, and plans are in place for taking specimens (including training staff on how to collect specimen),
- Ensuring sufficient PPE is available and that all staff and volunteers are trained on IPAC protocols, including how to perform a personal risk assessment and the appropriate use of PPE,
- Developing policies to manage staff who may have been exposed to COVID-19,
- Developing and implementing a communication plan to keep staff, residents, and families informed about the status of COVID-19 in the homes, including frequent and ongoing communication during outbreaks.

IPAC Program and Audits
As outlined in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units, the residence will have an IPAC program and will ensure staff have received IPAC training.
As well, the residence should conduct self-audits every two weeks when the home is not in an outbreak and at every week when the home is in an outbreak and include in their audit PHO's COVID-19 Self-

Assessment Audit Tool for Long-Term Care Homes and Retirement Homes; keeping the results for 30 days to be shared with inspectors (e.g., PHU, RHRA) upon request.

Active and Passive Screening

Passive Screening means those entering the setting review screening questions themselves. There is no verification of screening (e.g., signage at the entrances of the residence as a visual reminder not to enter if symptomatic) (as outlined in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units).
Anyone entering the retirement home is required to conduct passive screening, independently, prior to entry into the home.

The residence should communicate to staff, students, volunteers, and visitors that they are not to enter the home if they are feeling ill or would fail screening (e.g., they have tested positive in the last 10 days or are symptomatic).

Active Screening means there is some manner of attestation or confirmation of screening. The confirmation or attestation can be in person or through a pre-arrival online screening submission that is verified by staff prior to entry.

Active Screening procedure

Though not required, the residence could continue to have an established process for conducting active screening for COVID-19 symptoms and exposures for visitors (including General Visitors, Personal Care Service Providers, and Essential Visitors) entering the residence and ensure this is clearly communicated and well-understood. The Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes remains available to help facilitate the residence's screening process.
In the event the home is declared in an outbreak or on the direction of Public Health, active screening may resume.
Reception and all person(s) conducting active screening will be expected to wear appropriate PPE – to be determined at the time active screening resumes based on risk assessment.
The screening will occur indoors at the front entrance (Reception) during reception hours between 9 am and 5 pm. Outside of these business hours, visitors will use the front entrance phone (located between the entrance doors) and call nursing to be screened and granted entry.
Exemptions to active screening apply to First responders, visitors for imminently palliative Residents, and individuals with post-vaccination symptoms, those who are not required to pass screening but must remain masked and maintain physical distance from other Residents and staff for the duration of the visit.

Essential Visitors and General Visitors are not permitted access if they do not pass screening and should be advised to follow the current case and contact recommendations. Visitors who do not pass screening will be instructed to contact RCVTAC at 1-844-727-6404 for further advice/direction. In the event an Essential visitor is denied entry due to failure of screening, the Director of Care or designate will review the needs of the Resident individually and assist in facilitating needs (e.g. with home and community care services or via fee for service from Care services department or dietary department).

The residence will maintain a visiting Calendar with all visitors listed for contact tracing purposes and to be readily available to local public health for outbreak management

- If staff are unsure, based on their symptoms, whether they should come to work, they should consult the Director of Care (DOC) or a healthcare professional or call Telehealth Ontario (1-866-797-0000) or RCVTAC at 1-844-727-6404
- Those who do not pass screening and are not exempt per above will be advised to contact their health care provider or Telehealth Ontario (1-866-797-0000) or RCVTAC at 1-844-727-6404 to get medical advice or an assessment, including if they need a COVID-19 test.
- Managers should monitor staff on vacation and inquire as to whether they have travelled outside of Canada in the last 14 days, and if so, whether they are exempt from federal quarantine requirements.
- Signage should be posted throughout the building, including staff entrances and in staff break rooms indicating signs and symptoms of COVID-19, reminding individuals to monitor themselves for COVID-19 symptoms and steps that must be taken if COVID-19 is suspected or confirmed. Signage for performing hand hygiene and following respiratory etiquette should also be posted.

Daily Symptom Screening of Residents

- Residents with COVID-19 symptoms should seek molecular testing (laboratory based or rapid) if eligible.
- Note: Residents with COVID-19 symptoms who use rapid antigen tests should be aware that they may produce false negative results, particularly early in COVID-19 infection. Repeat testing at least 24 hours after an initial negative test improves confidence in a negative test result as set out in the Management of Cases and Contacts of COVID-19 in Ontario.
- The residence must ensure that all residents are assessed at least ***once*** daily for signs and symptoms of COVID-19. Temperature checks are not required as part of the assessment.
- Daily temperature checks are still recommended for residents who are symptomatic, COVID-19 cases, and close contacts as per the MOHs COVID-19 Guidance: LTCH/RH/CLS for PHUs.
- Any resident who presents with signs or symptoms of COVID-19 must be immediately isolated, placed on Additional Precautions (Symptoms check and temperature twice daily) and tested for COVID-19 as per the Management of Cases and Contacts of COVID-19 in Ontario.
- When the screening is completed, the nurse should note the screening in the progress notes

Test to Work

(See Appendix A of Ministry of Health's Management of Cases and Contacts of COVID-19 in Ontario)
Employees working in retirement settings who have had a high-risk exposure to a COVID-19 case should speak with their employer to report their exposure and follow their workplace guidance for return to work, especially if:

- They have been diagnosed with COVID-19 or have had a close* contact with a person who has tested positive for COVID-19.
- All employees should self-isolate immediately if they develop any symptom of COVID-19 and seek testing if eligible.
- They are in ongoing close contact with and are not able to effectively isolate away from a COVID-19 case (e.g., providing care to a COVID-19 positive household member).
- When they have received a positive COVID-19 test result or have symptoms of COVID-19 (i.e., are a confirmed or suspect COVID-19 case).

Close contact is defined as an individual who has a high-risk exposure to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result. This refers to individuals who have been in contact with the case/infectious person within the 48 hours prior to the case's symptom onset if symptomatic or 48 hours prior to the specimen collection date (whichever is

earlier/applicable) and until they have completed their self-isolation period and were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without measures such as masking, distancing and/or use of personal protective equipment.

Routine Operations for Staffing Options:

- When available, use of testing options is preferred to other options.
- Close contacts should be prioritized for return to work over positive COVID-19 cases.
- If staffing shortages are impacting care, routine return to work options listed below should be exhausted prior to progressing to options for critical staff shortages, which have more risk of COVID-19 transmission within the setting.
- The use of options with more risk of COVID-19 transmission should be commensurate to the risk of insufficient staffing to residents to provide adequate care.

1. Routine Operations Staffing Options	For routine operations, COVID-19 positive cases that work in highest-risk settings may return to work if they have no fever and other symptoms have been improving for 24 hours (or 48 hours if vomiting/diarrhea) AND meet at least one of the following criteria: 1) 10 days after symptom onset or date of specimen collection (whichever is earlier) OR 2) After a single negative molecular test any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier) 3) OR **4)** After two consecutive negative rapid antigen tests that are collected at least 24 hours apart any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier). **NOTE:** Testing for clearance is **NOT** recommended. For settings that are using testing to support return to work, staff may routinely return to work earlier than day 10 if criteria 2 or 3 are met.
2. Options for Critical Staffing Shortages	For critical staffing shortages, if routine best practice operations (above) cannot be met, COVID-19 positive staff may return to work earlier with adherence to Workplace Measures for Reducing Risk of Exposure in place, and making organizational decisions with the following principles for reducing risk of spread: 1) Staff must be afebrile and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea).

	2) While there is no specific minimum time prior to returning to work, staff who are closer to day 10 from their symptom onset date/specimen collection date should be prioritized for early return to work ahead of staff closer to their symptom onset/specimen collection date 3) Staff who have never had symptoms should be prioritized ahead of staff who have been symptomatic. 4) Assignment of staff on early return to work should be prioritized to caring for COVID-19 positive/recovered patients/residents, if possible. With appropriate IPAC oversight, staff on early return to work may be assigned to care for all patients/residents (including COVID-19 negative patients/residents), with strict adherence to workplace measures for reducing risk of transmission, and avoiding caring for patients/residents at highest risk of severe COVID-19 infection, where possible.
3. Ongoing Critical Staffing Shortages that are not mitigated above (2)	For ongoing critical staffing shortages that are not mitigated, COVID-19 positive cases that work in highest risk settings and ONLY care for COVID-19 positive residents or residents who have recently recovered from COVID-19 infection, OR for staff who do not have direct resident contact, may return to work: • Earlier than day 7 (i.e., day 6, preferable to day 5, etc.) without testing AND • Provided they have no fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

Workplace Measures for Reducing Risk of Exposure

Ensuring well-fitting source control masking for the staff on early return to work to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator or KN95).

- PPE and IPAC practices should be reviewed (including audits) to ensure meticulous attention to measures for staff on early return to work.
- Providing supports (e.g., separate breakroom) such that individuals on early return to work do not remove their mask in the presence of other staff who are unmasked to reduce the risk of exposing co-workers.
- Staff cases on early return to work should be prioritized to work on a single ward or area of the facility for at least 10 days after date of specimen collection or symptom onset (whichever is earlier) in order to prevent transmission across the setting, as much as possible.
- Staff should be working only in one facility, as much as possible

Administrative Considerations for Selecting Staff for Return to Work under Critical Staffing Shortages

- The fewest number of staff who are COVID-19 cases should be returned to work early to allow for business continuity and safe operations.
- Staff who are nearest to completion of their self-isolation period should be returned first.

Masking (Per the Ministry for Seniors and Accessibility COVID-19 Guidance for RHs)

Indoors

- The residence must ensure that all staff, students, and volunteers wear a medical mask for the duration of their shift indoors.
- Visitors wear a medical mask for the duration of their visit in indoor common areas. Visitors may remove their masks if they are visiting in a resident's room.
- Besides being outside of a high-risk exposure, an outbreak or any advice and direction from a PHU, there is no requirement for residents to wear a mask inside the residence. However, the home will ensure that its policies encourage residents to wear or be assisted to wear a medical mask or non-medical mask when receiving direct care from staff, when in common areas with other residents (exception of meal times), and when receiving a visitor, as tolerated.

Outdoors

- Masks are not required outdoors. However, outdoor masking is still recommended when in close proximity to others.

Exemptions

Exceptions to the masking requirements include:

- Children who are younger than two years of age;
- Any individual (staff, student, volunteer, visitor, or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code; or
- If entertainment provided by a live performer requires the removal of their mask to perform their talent.
- The residence must have policies for individuals (staff, students, volunteers, visitors, or residents) who:
- Have a medical condition that inhibits their ability to wear a mask; or
- Are unable to put on or remove their mask without assistance from another person.

Eye Protection: From an occupational health and safety perspective, regardless of their COVID-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and Essential Visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s).

Note: Where eye protection is used, the residence should establish appropriate procedures for cleaning and disinfecting of re-useable eye protection.

Information and Training (PPE):

(See Ministry of Health COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities and Guidance to PHUs)

- The DOC should provide all staff and any visitors who are required to wear PPE with information and training on the care, safe use, maintenance and limitations of that PPE, including training on proper donning and doffing. The residence will follow COVID-19 guidance and measures to ensure appropriate PPE, including: engaging in the conservation and stewardship of PPE, assessing the available supply of PPE on an ongoing basis, exploring all available avenues to obtain and maintain a sufficient supply of PPE, and if a shortage will occur, communicating PPE supply levels and developing contingency plans (in consultation with affected labour unions as applicable).

- The residence should designate staff to help ensure the appropriate use of PPE by residents, visitors, and staff.

Training

Using, applying, and removing PPE correctly is critical to reducing the risk of transmission of COVID-19. Prior to visiting any Resident in a home declared in outbreak for the first time, the residence should provide training to Essential Caregivers and Support Workers who are not trained as part of their service provision or through their employment. Training must address how to safely provide direct care, including putting on (donning) and taking off (doffing) required PPE, and hand hygiene.

Read:

- The home's visitor policy; and
- Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE)

Watch:

- Putting on Full Personal Protective Equipment;
- Taking off Full Personal Protective Equipment; and
- How to Hand Wash.
- Taking off Mask and Eye Protection

Recommended Precautions for Care of Patients with Suspect or Confirmed COVID-19

The residence must ensure they take the following precautions (as per COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities):

- A **point-of-care risk assessment (PCRA)** should be performed by every health care worker before every resident interaction and task to determine whether there is a risk to the worker or other individuals of being exposed to an infection, including COVID-19 (in some circumstances, this may be achieved by room signage indicating the level of precautions needed as determined by the IPAC designate) *(see OCRA resource in ORCA's COVID-19 Response Guide)*
- **All health care workers providing direct care to or interacting with** a suspect or confirmed case of COVID-19 should wear eye protection (goggles, face shield or safety glasses with side protection), gown, gloves and a fit-tested, seal-checked N95 respirator (or approved equivalent).
- Health care workers who are not yet fit-tested for an N95 respirator (or approved equivalent) should wear a well-fitted surgical/procedure mask or a non-fit-tested N95 respirator (or approved equivalent), eye protection (goggles, face shield, or safety glasses with side protection), gown and gloves. Employers of health care workers should make reasonable efforts to ensure health care workers obtain fit testing at the earliest opportunity.
- Fit-tested, seal-checked N95 respirators (or approved equivalent), should be worn by everyone in the room when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on residents with suspect or confirmed COVID-19, along with gowns, gloves and eye protection (goggles, face shield, or safety glasses with side protection).

Supplies of Personal Protective Equipment

- The residence will endeavor to keep a four-week stockpile of PPE based on high transmissibility & low clinical severity scenarios as per the Ministry of Health's Addendum: Guidelines for Pandemic Stockpile Use. The residence will assess available supply of PPE on an ongoing basis, and explore all available avenues to obtain and maintain a sufficient supply.

- Each department manager will be responsible for maintaining contact with their suppliers to identify their ability to meet residence needs and re-ordering of supplies to maintain adequate inventories. The residence will also utilize local food and hardware supplies as needed.
- The DOC or designate will monitor the inventory of personal protective equipment (gloves, masks, gowns) and ensure they are in a secure location to prevent any theft or unnecessary use. The residence should maintain an inventory of supplies.
- The residence will ensure N95 fit testing is up to date as per policy on N95 respirators
- The home will refer to the latest IPAC Recommendations for PPE when caring for residents with suspect or confirmed COVID-19 and Ministry of Health COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities

Environmental Cleaning

- The residence should maintain regular (i.e. at least once a day) environmental cleaning of the building; cleaners and disinfectants with a DIN number will be used
- Enhanced environmental cleaning and disinfection will be done for high-touch surfaces (e.g., doorknobs, elevator buttons, light switches, etc.) and all common areas (including bathrooms) should be cleaned and disinfected at least once a day and when visibly dirty.
- All shared equipment (e.g., shower chairs, vital machines, lifts) are to be cleaned and disinfected between each resident/use.
- Contact surfaces (i.e., areas within 2 metres) of a person who has screened positive should be disinfected as soon as possible.

See PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition for more details.

Hand Hygiene

All residents, visitors, staff and volunteers should be reminded through training and signage to: *(See the ORCA COVID-19 Response Guide)*

- Clean hands by washing with liquid soap and water or using ABHR (70%- 90% alcohol).
- Wash hands with soap and water if hands are visibly dirty.
- If gloves are being used, perform hand hygiene prior to putting on gloves.
- After use, gloves should be placed in the garbage. After removing them, clean hands again.
- The residence will ensure adequate supplies are maintained and available throughout the building including entrance, common areas, dining room, care areas, reception area/screening stations.

Staffing and Operations (Also see section *Test to Work*)

- The residence should review staffing schedules, availability of alternate staff, and emergency contact numbers for staff
- The residence may organize staffing assignments for consistent grouping of staff to specific resident areas or different areas of the home. To the extent possible, staff may be grouped to work on consistent floors/units even when the residence is not in an outbreak.

Admissions and Transfers

- Residents will continue to be screened for symptoms and exposures on admission or transfers. Regardless of their COVID-19 vaccination status, residents who have symptoms and/or a diagnosis of COVID-19 must be tested, self-isolated and placed on Additional Precautions at the residence.

- Admissions and transfers to a retirement home outbreak floor/unit should be avoided in the following circumstances, recognizing it may not always be possible or safe to do so (in which case, consultation with the local PHU is advised):

  o Newly declared outbreak where there is an ongoing investigation;
  o Outbreaks where new cases are occurring beyond those known contacts who have already been isolating (i.e., uncontrolled/uncontained*); OR,
  o Admissions or transfer to floors/units where many residents are unable to follow public health measures
  Residents with conditions that present an increased risk to themselves or others if they become infected should not be admitted to the outbreak unit/floor without appropriate public health measures to prevent transmission.

  For example, residents:
    - Who are severely immunocompromised;
    - With a history of wandering/confused behaviour;
    - Who are not up-to date on their COVID-19 vaccines;
    - With conditions requiring extensive care provisions unless there is adequate staffing to manage resident care needs; OR
    - With other concerns which may result in decreased compliance with public health measures.

For admissions or transfers from an acute care facility, the discharging physician should agree to the admission or transfer to a home in outbreak.

If absolutely necessary, residents who do not have an active COVID-19 infection may be admitted or transferred to a floor/unit with an outbreak, provided the following conditions are met:

- The resident is up-to-date on their COVID-19 vaccinations;
- Client/resident (or substitute decision-maker) is made aware of the risks of the admission or transfer and consents to the admission or transfer. It is important to note the client/resident should not face any unintended consequences in terms of placement should the client/resident (or substitute decision-maker) choose not to consent;
- Client/resident is admitted or transferred to a private room.

Residents in Isolation:

- Residents requiring isolation should be placed in a single room on additional precautions. Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in self-isolation on Additional Precautions.

Note: Residents on Additional Precautions should:

- Stay in their room during their self-isolation period but may be allowed outdoors or in the hallway (e.g., walking, with one-on-one supervision) while wearing a well-fitted medical mask, if tolerated, and minimizing any interaction with others.
- Be encouraged to wear a well-fitted mask, if tolerated, when receiving direct care in their room

If the resident is referred to hospital:

- The residence should coordinate with the hospital, local PHU, paramedic services and the resident to make safe arrangement for travel to the hospital that maintains isolation of the resident.

- For all residents on any type of additional precautions, ensure that PPE is available at the point of care (including disposable gowns, gloves, procedure masks and eye protection) and a garbage bin and hand sanitizer are available immediately outside the room.

Visitors
Refer to the residence's COVID-19 Visitor Policy for details of visitor definitions, access, etc.

Requirements for Absences

- Absences for medical or compassionate/palliative reasons are the only absences permitted when the resident is in isolation on Droplet and Contact Precautions (due to symptoms, exposure, and/or diagnosis of COVID-19) or when the home is in outbreak, at the discretion of the PHU. The home should consult their local PHU for their advice.

COVID-19 Vaccination
Effective March 14, 2022, the CMOH lifted the Letter of Instruction (LOI) requiring retirement homes to establish a COVID-19 vaccination policy. Per MSAA, as employers, retirement homes may mandate vaccination requirements for existing and new staff, students, and volunteers, provided they comply with all applicable law, such as the Human Rights Code. Operators may determine whether to continue a policy on COVID-19 vaccinations for visitors provided they are in compliance the Retirement Homes Act, 2010 (RHA) and other applicable laws. This includes:

- *Subsection 51(1) of the RHA which outlines the Residents' Bill of Rights.*
- *Subsection 61(2) of the RHA which prohibits licensees from interfering with the provision of care services to a resident by an external care provider (only subject to the licensee's duty to protect residents from abuse and to prevent the use of restraints).*

Social Gatherings and Organized Events

- Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games).
- The residence no longer is required to keep attendance records for social gatherings, organized events, communal dining, and other recreational activities, unless directed by the PHU during an outbreak.
- Participants of social gatherings and organized events in the residence are subject to follow masking protocols set out in this policy.
- Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events until they are no longer experiencing symptoms and have been cleared from isolation.
- The residence will offer residents in isolation individualized activities and social stimulation.

Communal Dining

- Unless otherwise advised by the local PHU, communal dining is permitted at all times with the following public health measures in place:
  - Participants of communal dining are subject to masking requirements.
  - Visitors may accompany a resident for meals to assist them with eating; however, they must remain masked at all times and not join in the meal.
  - Frequent hand hygiene is recommended for staff, residents, and visitors.

The residence must ensure residents who are experiencing signs and symptoms ofCOVID-19 do not participate in communal dining until the resident is no longer symptomatic and has been cleared from isolation. This must not interfere with providing a meal during the scheduled mealtime to the resident.

Other Recreational Services

- The residence may operate libraries, saunas, steam rooms, indoor/outdoor pools, and indoor sport and recreational fitness facilities, including gyms at **full** capacity.
- The residence may operate outdoor pools, sport and recreational fitness facilities at **full** capacity.
- All recreational service participants are subject to the masking requirements.

Requirements for Social Gatherings, Dining and Recreational Services When the Home is <u>in Outbreak</u>

Note: The local PHU will direct testing and public health management of all those impacted (staff, residents, and visitors) using a risk-based approach. It is important to consider both the risk to residents and the potential harm of resident isolation and testing when implementing public health measures.

- Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units. At the discretion of the PHU/OMT, group activities and communal dining for cohorts (exposed separated from unexposed) may resume.
- At the discretion of the PHU/OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.

Requirements for Retirement Home Tours

- Prospective residents may be offered in-person, targeted tours of suites **at any time** unless they have been advised otherwise by their local PHU. These tours must adhere to the following precautions:
    - All tour participants are subject to the General Visitor screening requirements outlined in the Ministry for Seniors and Accessibility COVID-19 Guidance for RHs in Ontario and masking requirements.
    - Tours may continue during an outbreak, however, outbreak areas in the home should be avoided.

Managing a Symptomatic Individual: anyone who shows signs or symptoms of COVID-19, must be advised to self-isolate and encouraged to get tested for COVID-19 using a laboratory-based molecular test (PCR) or a rapid molecular test. Rapid Antigen Tests (RATs) should NOT be used for residents and staff who are symptomatic without parallel molecular testing.

- **When a resident is symptomatic:** The resident will self-isolate and be placed on appropriate additional precautions, and be tested for COVID-19, even during non-COVID-19 outbreaks, using a laboratory-based molecular test or a rapid molecular test.

- **In the Event of a Symptomatic Staff or Visitor**: Symptomatic staff or visitors must not be permitted entry into the residence. If they become symptomatic during their shift or visit, must leave the residence immediately and be directed to self-isolate and be encouraged to get tested for COVID-19. Staff and visitors who test positive for COVID-19 will not return to the residence until 10 days after symptoms onset or date or positive specimen collection and provided that they have no fever and other symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms).
  For Influenza any other acute respiratory Infection, symptomatic staff or staff who test positive for influenza or another respiratory virus should be excluded from the home until afebrile without the use

of fever-reducing medication and symptoms have been resolving for at least 24 hours (48 hours if GI symptoms)

Managing a COVID-19 Case in the Home

- As COVID-19 is a designated disease of public health significance and thus all probable and confirmed cases of COVID-19 are reportable to the local public health unit under the Health Protection and Promotion Act, 1990 (HPPA):
  - The residence will notify the local PHU of all probable and confirmed cases of COVID-19 as soon as possible.
  - The residence will ensure compliance with minimum IPAC requirements, including conducting IPAC self-audits, active screening, and cohorting among residents and staff to limit the potential spread of COVID-19.
  - The local PHU is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes and Congregate Living Settings for Public Health Units and the HPPA.
  - The residence will ensure any health system partners and/or external agencies that may be engaged to assist the home follow the directions of the local PHU when providing services at the home or otherwise on-site at the home.
- Staff who test positive for COVID-19 should report their illness to their manager or to the Occupational Health and Safety committee or representative per residence practice. The manager or Occupational health designate must promptly inform the Infection Control designate of any cases or clusters of staff including contract staff who are absent from work. In accordance with the Occupational Health and Safety Act, the home must provide notice to the Ministry of Labour, Training and Skills Development within four days if a worker has an occupationally acquired illness.

Outbreak Management

A **confirmed outbreak** in a home is defined as: two or more residents with a common epidemiological link (e.g., same unit, floor, etc.), each with a positive molecular or rapid antigen test, within a 7-day period, where both cases have reasonably acquired their infection in the home.

The local PHU will direct testing and public health management of all those impacted (staff, residents, and visitors) using a risk-based approach. It is important to consider both the risk to residents and the potential harm of resident isolation and testing when implementing public health measures.

Confirmed outbreak management should include the following steps at minimum:

- Defining the outbreak area of the home (i.e., floor or unit) and cohorting based on COVID-19 status (i.e., infected or exposed and potentially incubating);
- Assessing risk of exposure to residents/staff based on cases' interactions;
- Initiating Additional Precautions for all symptomatic residents and those with suspect or confirmed COVID-19. Post appropriate signage outside the resident's room;
- Facilitate assessment of IPAC and outbreak control measures, as needed;
- Resident close contacts who remain asymptomatic do not need to be placed on Additional Precautions, however, the following risk reduction measures should be recommended by the PHU for the duration of the outbreak:

- Even if not under Additional Precautions, exposed residents within the outbreak area of the home should be cohorted separately from non-exposed residents.
- Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units. At the discretion of the PHU/OMT, group activities and communal dining for cohorts (exposed separated from unexposed) may resume. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and wellbeing.
- Staff should remain in a single cohort per shift, wherever possible. If staff must work with more than one cohort during a single shift, it is recommended that staff work with unexposed residents first.
- At the discretion of the PHU/OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.
- At the discretion of the home, in consultation with the PHU, resumption of day programming may occur during an outbreak. However, all staff and residents who are part of the outbreak should be cohorted so as to be kept separate from participants and staff of day programs.
- Homes should conduct enhanced symptom assessment including temperatures (minimum **twice daily)** of all residents in the outbreak area to facilitate early identification and management of ill residents.
- Homes should conduct weekly IPAC self-audits for the duration of the outbreak. The results of these audits should be reviewed by the OMT.
- Increased cleaning and disinfection practices (e.g., at least two times a day and when visibly dirty for high touch surfaces);
- General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.
- Caregivers, support workers, or individuals visiting a resident receiving end of life care, are allowed when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with the PPE recommendations above. Admissions and transfers are generally not permitted during an outbreak.

Considerations for Management of Mixed Outbreaks in Retirement Homes

In the context of one or more residents testing positive for COVID-19 and one or more residents testing positive for influenza, a cautious approach is warranted. The following recommendations may be considered, at the discretion of the PHU:

- All additional symptomatic residents and staff may be considered for FLUVID testing (beyond the first 4 MRVP+). PHUs are to contact PHOL.
- Influenza antiviral prophylaxis should be initiated for all asymptomatic residents and residents who are COVID+/influenza negative until the influenza outbreak is declared over.
- For COVID-19 positive residents, both Tamiflu and Paxlovid can be given at the same time; however, given potential drug-drug interactions, the decision to initiate treatment is at the discretion of the treating physician.

In general, it is recommended that outbreak testing be guided by clinical and epidemiological risk factors for the purposes of active case finding. Point prevalence testing may be done at the discretion of the PHU to guide assessment and management in the context of a new (sub)variant or an especially

challenging/prolonged outbreak, however, if done, it is recommended that asymptomatic individuals not be required to remain in isolation pending test results.

PHUs are responsible for following usual outbreak notification steps to PHO's laboratory to coordinate/facilitate outbreak testing and ensuring an outbreak number is assigned. See PHO's Respiratory Outbreak Testing Prioritization protocol for details.

Communications
Communicate with your GM/DOC designate daily if your residence is experiencing:

- Any type of respiratory symptoms in your residence
- Any significant concerns with your PPE supply
- Concerns with staffing shortages

Media

- No staff will communicate with the press. Any requests please forward to GM at dgleason@riverviewheights.ca

Attachments:
Appendix A – Ministry of Health Visitor Signage
Appendix B – Sample Letter to Staff
Appendix C – Sample Letter to Residents and Family
Appendix D – Screening Form
Appendix E – Release of COVID-19 Laboratory Test Results

Additional Resources and Information:

- Public Health Ontario - IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (March 2022)
- Ministry of Health COVID-19 Screening Tool for LTC and Retirement Homes (August 31, 2022)
- Ministry of Health Management of Cases and Contacts of COVID-19 in Ontario (November, 2022)
- Ministry of Health Case Definition – Coronavirus Disease (COVID-19) (January 17, 2022)
- Ministry of Health COVID-19 Guidance: LTC & Retirement Homes, and Other Congregate Living Settings for Public Health Units (January 18, 2023)
- Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario (October 6, 2022)
- Ministry of Health Staying Up to Date with COVID-19 Vaccines: Recommended Doses (May 2, 2022)
- Public Health Ontario Infection Control Checklist for LTC and Retirement Homes (November 2021)

ORCA COVID-19 Response Guide - to be used with the ORCA COVID-19 policy for expanded info on:

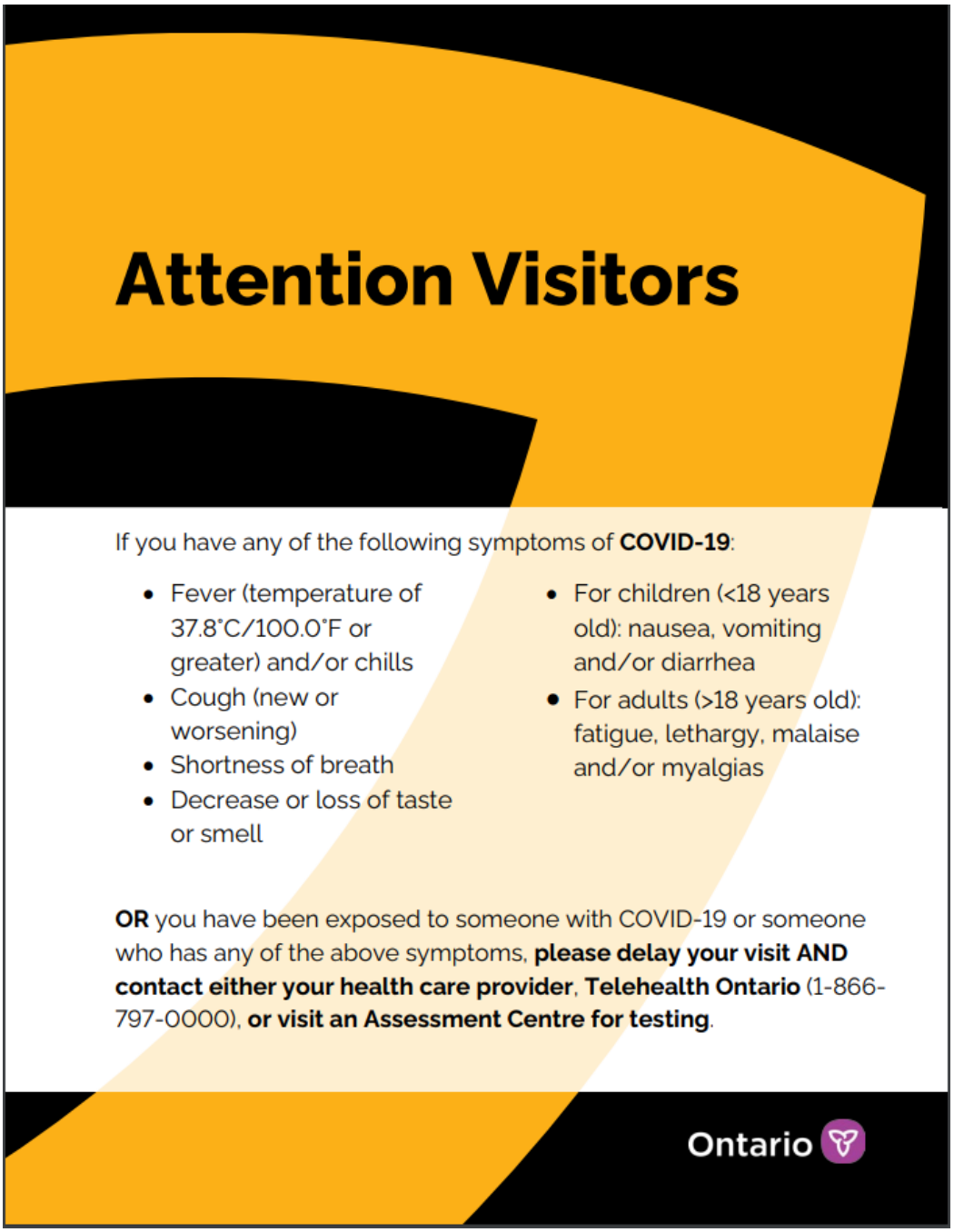
- ORCA resources and policies for Infection Control
- Tutorials for Infection Control and COVID-19
- Links to key documents on COVID-19 from reputable sources
- ORCA daily COVOD-19 bulletins
- Training and Operation manuals (for policies located on The Learning Centre)
- COVID-19 updates and guidance resources located on ORCA website

ORCA COVID-19 Visitor Policy

Appendix A - Ministry of Health Visitor Signage

Source: Ministry of Health (updated)
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_visitors.pdf

See MSAA visitor signage here: https://www.orcaretirement.com/wp-content/uploads/RetirementHomes-Visitors_Posters-EN-FINAL-july172020-FINAL-ua.pdf



Appendix B – Sample Letter to Staff

SAMPLE LETTER TO BE MADE SITE SPECIFIC

Riverview Heights Retirement Residence
(Date)

Dear Riverview Heights Retirement Residence Team,

I am writing to inform you that we received confirmation today from the Renfrew County District Health Unit that that one of our **[residents/team members]** has tested positive for COVID-19. The **[current state of resident or team member – isolating, transferred to hospital, etc.]**

I understand that this may not be easy to hear, but rest assured, everyone is doing an outstanding job and I am confident that our highly trained team will get through this challenging time.

We are working diligently with public health, who have confirmed that the following additional measures be put in place immediately:

List of COVID-19 related measures:

- Team members will assess each symptomatic resident at least twice daily for signs and symptoms of COVID-19, including temperature checks.
- Team members will actively screen each asymptomatic resident at least once daily, including temperature checks.
- All visitors and staff entering the home will be actively screened with RAT testing.
- Testing will be conducted for COVID-19 per RHRA, PHU and provincial guidance

If you have any questions or concerns, please reach out to me at dgleason@riverviewheights.ca and I would be happy to speak with you. I will continue to update the team as new information becomes available in the coming days.

Thank you so much for continuing to provide our residents with the outstanding care they deserve during this difficult time. You are an exceptional team, and we truly appreciate each and every one of you. We are all in this together.

Sincerely,

Deborah Gleason
General Manager
Dgleason@riverviewheights.ca

Appendix C – Sample Letter to Residents and Family

SAMPLE LETTER TO BE MADE SITE SPECIFIC

Riverview Heights Retirement Residence

[Date]

Dear Residents and Families,

I am writing to inform you that we received confirmation today from Renfrew County District Health Unit that one of our **[residents/team members]** has tested positive for COVID-19. The **[current state of resident or team member – isolating, transferred to hospital, etc.]**

The team at Riverview Heights is highly skilled in infection control and active screening procedures and we continue to protect the health and safety of our residents each and every day.

We are working diligently with public health and are putting extra measures in place effective immediately, including:

List of COVID-19 related measures:

- Team members will actively screen each symptomatic resident at least twice daily, including temperature checks.
- Team members will actively screen each asymptomatic resident at least once daily, including temperature checks.
- All visitors and staff entering the home will be actively screened and RAT tested.
- Testing will be conducted for COVID-19 per RHRA, PHU and provincial guidance.

Our team will continue to update you as new information becomes available in the coming days. If you have any questions or concerns, please send us an email to dgleason@riverviewheights.ca and we would be happy to speak with you.

Thank you for your ongoing support during this unprecedented time.

Sincerely,

Deborah Gleason
General Manager
Dgleason@riverviewheights.ca

COVID-19 PASSIVE SCREENING TOOL – STAFF

1.	**In the last 10 days, have you experienced any of these symptoms? Choose any/all that are new, worsening, and unrelated to other known causes or conditions that you already have.** **Select "No" if all of these apply:** **1. Since your symptoms began, you tested negative for COVID-19 on one PCR or rapid molecular test, or have two negative rapid antigen tests taken 24-48 hours apart; and** **2. You do not have a fever; and** **3. Your symptoms have improved for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea.**		
	Do you have one or more of the following symptoms?	**Yes**	**No**
	Fever and/or chills - *Temperature of 37.8^{O} Celsius/100^{O} Fahrenheit or higher*		
	Cough or barking cough (croup) - *Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions, you already have*		
	Shortness of breath - *Not related to asthma or other known causes or conditions you already have*		
	Decrease or loss of smell or taste - *Not related to seasonal allergies, neurological disorders, or other known causes or conditions, you already have*		
	Muscle aches/joint pain - *Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or otherknown causes or conditions you already have)* **If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mildmuscle aches/joint pain that only began after vaccination, select "No"**		
	Fatigue *- Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, orother known causes or conditions you already have)* **If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination select "No."**		
	Sore throat *- Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)*		
	Runny or stuffy/congested nose - *Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have*		
	Headache *- New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, orother known causes or conditions you already have)* **If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select "No."**		
	Nausea, vomiting and/or diarrhea *- Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have*		
4.	**In the last 10 days (regardless of whether you are currently self-isolating or not), have you been identified as a "close contact" with someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptomsconsistent with COVID-19?**	**Yes**	**No**
5.	**In the last 10 days (regardless of whether you are currently self-isolating or not), haveyou tested positive, including on a rapid antigen test or a home-based self-testing kit?** **If you have since tested negative on a lab-based PCR test, select "No."**	**Yes**	**No**
6.	**Have you been told (by ANY healthcare provider, federal border agent, or government authority) that you should currently be quarantining, isolating, staying at home, or not attending a high-risk setting (e.g. LTC or RH)** **Please note that there are federal requirements (https://travel.gc.ca/travel-covid) for individuals who travelled outside of Canada, even if exempt from quarantine.**	**Yes**	**No**

Screening Passed (P):

A. Volunteers may enter the home if they answer NO to #1-4.

Screening Failed (F):

A. If the volunteer answered **YES to questions 1 or 2:** they must not enter the home. They should stay home(self-isolate) until they do not have a fever and their symptoms have improved for at least 24 hours (48 hours for nausea, vomiting, and/or diarrhea). If COVID-19 testing is available, they should get tested, and seek treatment, if eligible. If they test positive for COVID-19, they should not enter the homefor at least 10 days after developing symptoms (or date of specimen collection, whichever is earlier/applicable) AND provided that they have no fever and other symptoms have been improving for at least 24 hours (or 48 hours if vomiting/diarrhea). General visitors are recommended to postpone non-essential visits to the home for 10 days after developing symptoms, regardless of the results of their COVID-19 test results, to reduce the risk of introducing any respiratory pathogens into the highest-risk settings.

COVID-19 SAFETY REVIEW – VISITORS

A. Residence not in an outbreak:

Visitors: Prior to visiting any resident for the first time, and at least once every month			
1.	Read/Re-Read the following documents:		
	I. The home's visitor policy	Yes	No
	II. Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment (PPE)	Yes	No
2.	Watched/Re-watched the following Public Health Ontario videos:		
	I. Putting on Full Personal Protective Equipment	Yes	No
	II. Taking off Full Personal Protective Equipment	Yes	No
	III. How to Hand Wash	Yes	No

B. Residence declared in an outbreak:

Prior to visiting any resident for the first time, *the Essential Caregiver/Support Worker verbally attests that they have:*		
Received training on the proper use of PPE (i.e., how to safely provide direct care, including putting on (donning) and taking off (doffing) required PPE, and hand hygiene)*	Yes	No
Print name		
Date		

**Training provided by the residence, or individually directed to Public Health Ontario resources*

Appendix F - Release of COVID-19 Laboratory Test Results

To: _____
(Public Health)

Address of PH: _____

Fax #/Email Address of PH: _____

From: _____
(Name of Retirement Home)

Address of RH: _____

Phone #: _____

Email Address: _____

I, _____authorize the release of my COVID-19 laboratory test
Name of Staff Member (Please print)

results to _____ (above mentioned retirement home).

Thank you for your cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact me at the phone number provided above.

Sincerely,

_____ _____
Staff Member's Signature Witness Signature

Date: _____

Revised: April 2023