Vaccination

* “Up to date” on vaccines means a person has received all recommended COVID19 vaccine doses, including any booster dose(s) when eligible. Employees, students, agency staff, and volunteers are strongly encouraged to stay “up to date” on their COVID19 vaccines.

Residents who live in the home are not required to be vaccinated against COVID-19 but are highly encouraged to do so.

Screening

All screening, of employees, residents, and visitors and care of residents will follow the guidance documents of the Ontario Ministry of Health.

Passive Screening of All Persons Entering the Home**:**

• All individuals must self-screen for symptoms and exposure history for COVID-19 before they are allowed to enter the home and for outdoor visits. Signs with instructions for self-screening will be posted at every entry to the nursing home and staff common areas.

• Any staff or visitor who fails passive screening (i.e., having symptoms of COVID-19) must not be allowed to enter the home and must be advised to go home immediately to self-isolate, and encouraged to be tested.

There are two exceptions where individuals who fail screening may be permitted entry to the home.

1. Visitors for palliative end-of-life residents must be screened prior to entry. If they fail screening, they must be permitted entry, but homes must ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.
2. Management has approved an early return to work utilizing the latest MOHLTC guidance documents.

Resident Screening

• All residents will be monitored for all symptoms registered staff or designate at minimum once per shift.

Masking

a. Is required by all visitors, caregivers, staff, students, volunteers and contractors in resident areas.

b. A Point-of-Care-Risk-Assessment is required before every interaction with a resident to determine risk and if additional precautions should be taken. See posted infographic.
c. Are required in all areas of the village for those returning to work following a COVID infection during the 10-day period following onset of symptoms or a positive test.
d. Are required in all areas for staff who are close contacts for 10 days following exposure.

- Exceptions to the masking requirements are as follows:
  - Children who are younger than 2 years of age;
  - Any individual (staff, visitor, or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005; and/or
  - Any individual (staff, visitor, or resident) who is being reasonably accommodated in accordance with the Human Rights Code.

Eye Protection

- from an occupational health and safety perspective appropriate eye protection (for example, goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspected or confirmed COVID-19 and in the provision of direct care within two metres of residents in an outbreak area. In all other circumstances, the use of eye protection by staff is based on the point-of-care risk assessment when within two metres of a resident.

New Admissions and Readmissions, and Transfers

- Admissions, readmissions and transfers of residents affected by an outbreak must be made in consultation with the IPAC lead.

Per section 5.1 of the Minister's Directive, for matters related to admissions and transfers as well as applicable isolation and testing requirements for long-term care homes, homes are to abide by requirements set out in the Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units (PDF) (see in particular, Appendix E: Algorithm for Admissions and Transfers for Long-Term Care Homes and Retirement Homes).

Visitors

Please refer to the LER-18 Visits policy.

Restrictions during COVID outbreaks or when a resident is isolating for COVID

Essential visitors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak.

General visitors are not permitted:

- when a home or area of a home is in outbreak
- to visit an isolating resident
- when the local public health unit so directs

Signs & symptoms of COVID-

When assessing for the symptoms below the focus should be on evaluating if they are new, worsening, or different from an individual's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions (see examples below).

Primary (the most common) symptoms include:

- **Fever** (temperature of 37.8°C/100.0°F or greater) and/or chills
- **Cough** (that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)
  - o Not related to other known causes or conditions for which current symptoms do not represent a flare-up/exacerbation related to infection (e.g., chronic obstructive pulmonary disease)
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
  - o Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)
- **Decrease or loss of smell or taste**
  - o Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)

Secondary (requires 2 or more for COVID testing) symptoms include:

- **Extreme fatigue, lethargy, or malaise** (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained
  - o Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy, receiving a COVID-19 or flu vaccine in the past 48 hours)
- **Muscle aches or joint pain** that are unexplained, unusual, or long-lasting
  - Not related to other known causes or conditions (e.g., fibromyalgia, receiving a COVID19 or flu vaccine in the past 48 hours)
- **Nausea, vomiting and/or diarrhea**

o Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)

- **Sore throat** (painful swallowing or difficulty swallowing)
  o Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)
- **Rhinorrhea or nasal congestion** (runny nose or stuffy nose)
  o Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline, seasonal allergies)
- **Headache** that is new and persistent, unusual, unexplained, or long-lasting
  o Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines, receiving a COVID-19 or flu vaccine in the last 48 hours)

Other symptoms that may be associated with COVID-19 and should be monitored, include:

- **Abdominal pain** that is persistent or ongoing
  o Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease)
- **Conjunctivitis** (pink eye)
  o Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)
- **Decreased or lack of appetite**
  o for young children and not related to other known causes or conditions (e.g., anxiety, constipation)

Resident Isolation

• All residents presenting with 1 primary and/or two secondary COVID signs/symptoms as above must be placed on droplet/contact isolation, preferably in a private room. If no private room is available, roommates will also be on isolation as well.

• If a resident is on isolation in their room with a roommate, ensure the privacy curtain between the two beds is drawn at all times to allow for a barrier to be in place.

• All residents placed on isolation with any COVID related symptom must have a nasopharyngeal (NP) swab (or nasal swab) collected and sent to laboratory (either Health Sciences North (HSN) or Public Health Laboratory (PHOL), or, two rapid antigen tests at least 24 hours apart. NP swabs are preferred. If the resident is

presenting with respiratory symptoms the swab needs to be sent to PHOL for COVID AND multiplex.

• All roommates of symptomatic residents must also be placed under isolation and tested for COVID-19.

• Residents who refused COVID testing must be isolated for 14 days. If an asymptomatic roommate refuses testing their isolation can be discontinued if and when symptomatic roommate tests negative for COVID -19.

• Resident isolation can be discontinued immediately with a negative COVID-19 test if the resident only presented with one symptom. If this is the case the room does not require a terminal clean (i.e. does not require to be carbolized).

• If a resident presented with more than one symptom they must be isolated for the standard time lines for as per normal additional precautions (respiratory symptoms = isolation for five days from the onset of symptoms or until all symptoms have completely resolved, whichever is shorter or for enteric symptom = 48 hours after the last episode of vomiting or diarrhea). If this is the cases the room does require a terminal clean (i.e. it is required to be carbolized).

- If the resident tests positive for COVID-19 please follow the latest Case and Contact Management guidelines. Following the completion of isolation, the room does require a terminal clean.

Staff Illness or Staff Family Illness

Symptomatic Staff members

a. • Staff members with any symptom of COVID-19 must NOT be attending work and need to test for COVID-19 via Rapid Antigen Test

• Symptomatic staff may attend work 24 hours after symptoms resolve if they were only experiencing one symptom, headache for example, and have negative Rapid Antigen Test results.

• Staff with more than one respiratory symptom must adhere to the regular IPAC guidelines of being off from work for 5 days from the onset up symptoms or until all symptoms have resolved plus 24 hours, whichever is shorter. Staff must mask if they are positive for COVID-19 until 10 days following symptom onset or positive test date.
• Staff with gastroenteritis (nausea/vomiting /diarrhea) are excluded from work until 48 hours after the last episode of either vomiting or diarrhea. Staff must mask if they are positive for COVID-19 until 10 days following symptom onset or positive test date.

Point of Risk Assessment
A point of risk assessment is to be completed by all staff members prior to entering a room to assess the risk of entry.
• Is the appropriate PPE available?

• Do I require a second team member to provide safe care on the resident to ensure additional precautions are maintained?

• Will aerosol generating medical procedures be done?

Use point of risk assessment to determine the required PPE and the number of staff required to complete task(s).

Additional Precautions
Given updated information on COVID-19, Droplet and Contact precautions are recommended for the routine care of residents with suspected or confirmed COVID-19.
Airborne precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on residents with suspected or confirmed COVID-19 or at any time the health care provider's risk assessment warrants its use. AGMPs that may occur in the nursing home can include open airway suctioning, cardiopulmonary resuscitation (CPR), and the use of nebulizers and/or CPAPs.

Management of PPE
The home will supply PPE so that it can be used as best practice. However, in times of shortages the home, in consultation with the IPAC lead, will use a risk assessment and determine how staff will use PPE to ensure PPE remains available.

Outbreak of COVID-19
If an outbreak is declared notify the DOC or ADOC or CCO or Administrator 24/7 and refer to Finlandia Nursing Home's Outbreak Management Policy for further steps. Follow guidance of PHSD. The IPAC Lead or their designate will report to the ministry upon declaration of an outbreak.

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