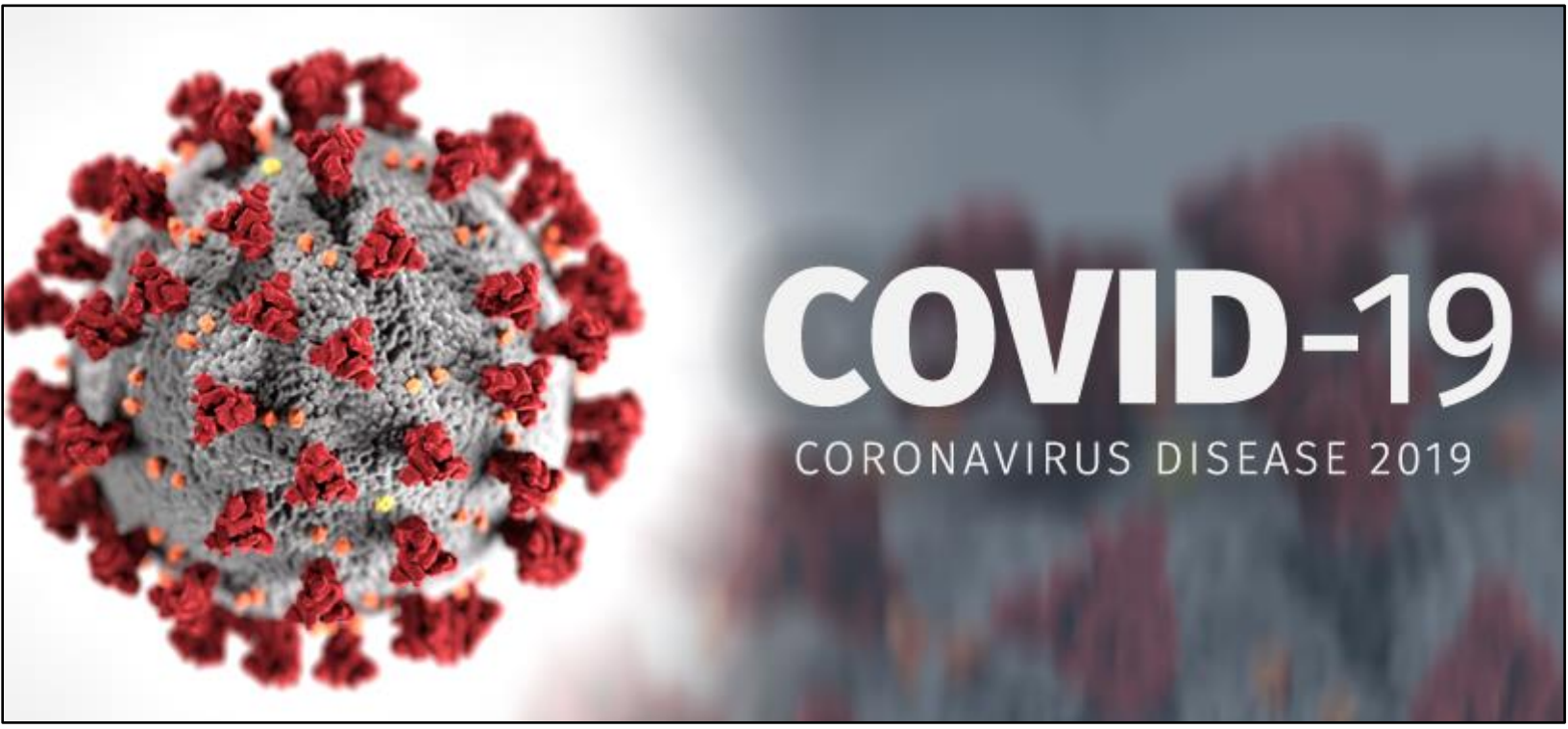
AU CHÂTEAU

Une résidence de choix · A residence of choice



PANDEMIC PLAN

Last revised - November 2025

Index

Acronyms used in this document:

DIN	Drug identification number
DOC	Director of Care
ESM	Environmental Services Manager
IPAC	Infection Prevention and Control
LTC	Long Term Care
LTCH	Long Term Care Home
MOHLTC	Ministry of Health and Long Term Care
PHO	Public Health Ontario
PHU	Public Health Unit

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COVID-19 PANDEMIC PLAN AND OUTBREAK CONTROL MEASURES

This document is based on recommendations issued by the Ministry of Health for Long-Term Care, the Chief Medical Officer of Health, and in consultation with our local Public Health Unit during the COVID-19 pandemic.

While this document was specifically tailored for the management of a COVID-19 Pandemic, it can also serve as a framework should another pandemic of similar magnitude occur in the future. However, it is important to note that this has now become a working document and will need to be adjusted in response to evolving Ministry directives and the nature of any future pandemic.

Mode of Transmission for COVID-19

Emerging information on COVID-19 suggests that older adults with underlying health conditions are at increased risk of severe outcomes. Therefore, early identification of cases associated with LTCHs and rapid implementation of outbreak control measures are essential to preventing spread within the Home.

- COVID-19 is transmitted through direct contact and respiratory droplets.
- The majority of cases have been linked to person-to-person transmission.
- High viral loads have been identified in individuals who were asymptomatic or pre-symptomatic.
- Respiratory droplets have been shown to be propelled up to 2 meters (m).
- Transmission through the ocular surface (eyes) is also considered a possible route of transmission.

In the blue tab section of the manual, information regarding current directives, guidance documents, and current knowledge of COVID-19 can be found:

- COVID-19 – What we know so far about… Social Determinants of Health
- COVID-19 – What we know so far about… Viral Detection
- COVID-19 – What we know so far about… Routes of Transmission
- COVID-19 – What we know so far about… Clinical Severity
- COVID-19 – What we know so far about… Symptoms
- COVID-19 – What we know so far about… Asymptomatic Infection and Asymptomatic Transmission
- COVID-19 – What we know so far about… the Period of Communicability
- COVID-19 – What we know so far about… Zoonotic Origins
- COVID-19 – What we know so far about… the Risks to Health Care Workers
- COVID-19 – What we know so far about… Fecal-Oral Transmission
- COVID-19 – What we know so far about… Bloodborne Transmission
- COVID-19 – What we know so far about… the Incubation Period

Definition of "Staff":

This document uses the term "staff" to include anyone conducting activities in the LTCH, including but not limited to health care workers.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) – GENERAL

As contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 residents, here is a guide for the correct utilization of PPE in the Home.

Universal Masking for Source Control

- COVID-19 is easily transmitted through droplets and contact and may be transmitted *before* symptoms appear, so universal masking is recommended as a method of source control.

- **All** staff and essential visitors at Au Château must wear surgical/procedure masks at **all** times.

- During breaks, staff may remove their mask and maintain physical distancing of at least 2 meters from other staff. Staff must be meticulous with hand hygiene when donning, doffing and accidental touching of the mask.

Extended Use of Masks

- Physical distancing of least two (2) meters (6 ft.) of separation must be maintained while wearing a mask, unless otherwise impossible for providing resident care.

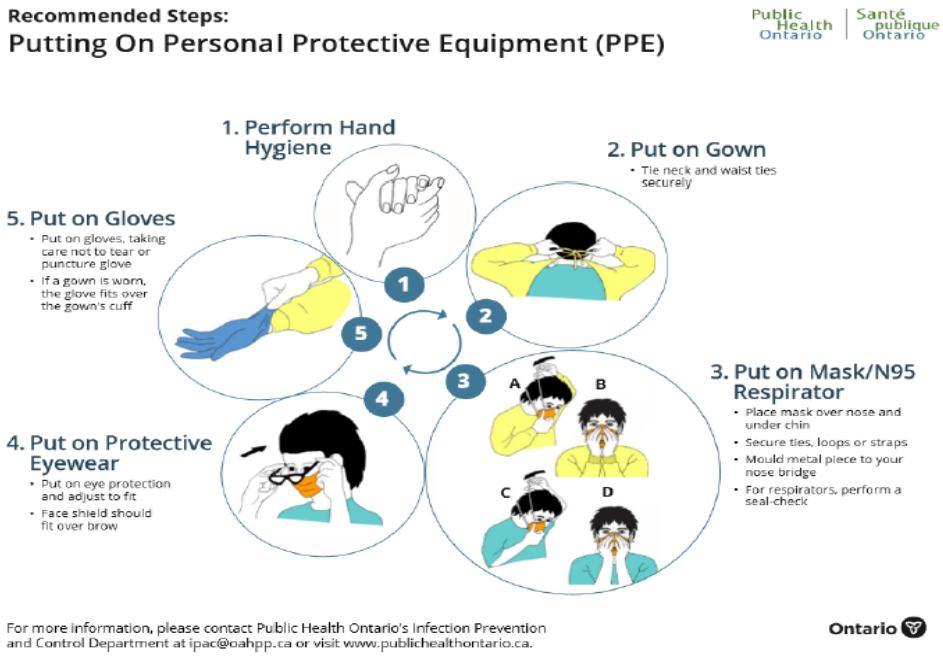
- Staff will be provided with two (2) surgical masks upon reporting to work. As stock supplies allow, staff will be provided with three surgical masks for their shift during extreme warm weather.

- Ideally, masks should be discarded once removed. Under extreme supply limitations, masks may be worn for an extended period or re-used if they are not visibly soiled, wet or damaged.

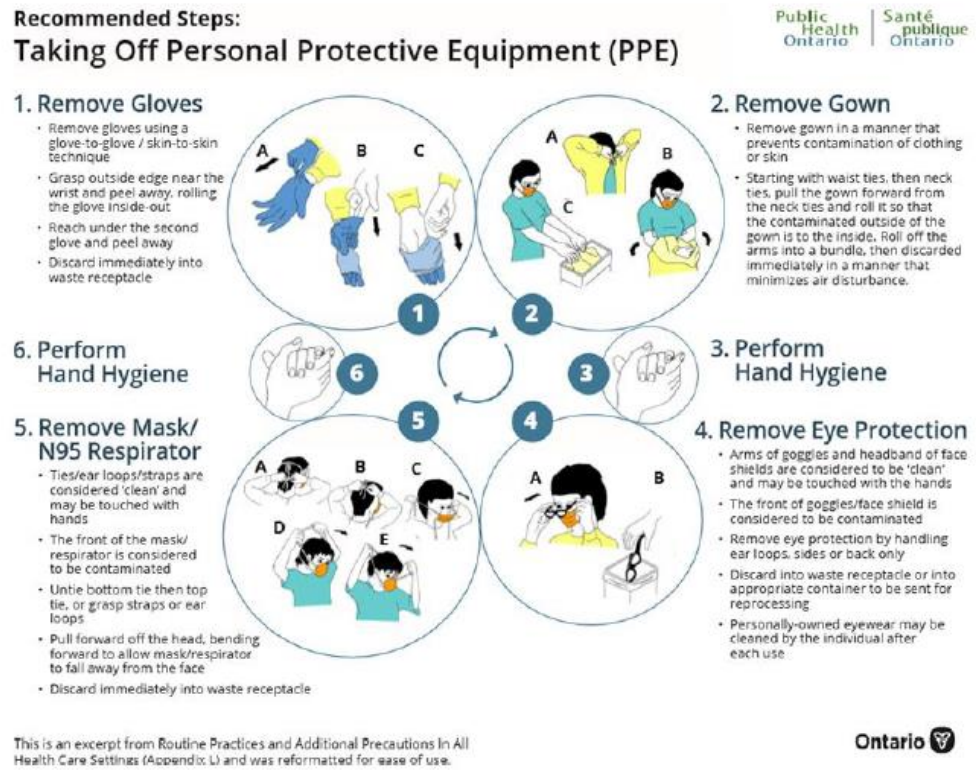
- If re-used, masks are to be handled and stored in a manner that minimizes the potential for cross-contamination. Staff are encouraged not to store their surgical mask in a plastic bag once it has been worn. Brown paper bags are provided and offered to staff wanting to protect their mask. If the mask is going to be re-used, the mask must be handled by the loops - avoiding touching other parts of the mask.

- Hand hygiene is to be performed before putting on and after removing or handling masks.

DONNING PPE



DOFFING PPE



USE OF PPE: GOWNS AS PART OF PPE

- Reusable and disposable isolation gowns used as PPE are available. The use of disposable gowns is restricted for the care of positive COVID-19 residents, as they are available.

- Gowns have long-sleeves, cover the body front and back from the neck to the thighs, overlap in the back, fasten at the neck and back and are easy to put on and take off. Please note that reusable gowns with yellow cuffs and yellow binding have longer sleeves and are longer in length, if required for tall employees.

- All HCWs are trained on the proper donning and doffing of PPE on orientation, and thereafter through SURGE Learning, on a yearly basis. Reminders are sent to staff during the COVID-19 pandemic, signage is present when a resident is on isolation precautions and individual re-instruction is done as required.

- *Conservation strategies during the pandemic*:

  Health Canada suggests the following strategies:

  Save existing supplies by decreasing the need for their use:

  - Place a physical barrier at entry/screening points, if feasible.
  - Bundling activities to reduce the need to change a gown.
  - Cohorting residents to allow for extended use opportunities.
  - Increase the frequency of laundering of reusable gowns.
  - Use expired disposable gowns (ensure they are physically intact, with no wear and tear).
  - Identify other apparel or combination of apparel that could provide similar protection (e.g. coveralls, laboratory coats, aprons, sleeve covers, as appropriate).

USE OF PPE: EYE PROTECTION

Eye protection is used to protect the mucous membranes of the eyes.

Eye protection includes:

- Safety goggles
- Face shields
- Visors attached to masks

N.B. Prescription eye wear is not considered accepted eye protection.

Proper use of eye protection:

- Ensure proper donning and doffing of facial protection (refer to picture on page 4)
- Perform hand hygiene appropriately
- Dispose of single-use PPE at point-of-use

Reprocessing Eye Protection:

- Manufacturer's instructions for use, as well as cleaning and disinfection of reusable eye protection is followed. If none are provided, they are to be cleaned and disinfected following the Home's protocol for cleaning and disinfecting of eye protection.
- Reusing disposable face shields and goggles may be considered as part of a conservation strategy.
- Discard if damaged, difficult to see through or if foam or Velcro components become visibly soiled/contaminated.
- Face shields with foam components are to be assigned to a single user. The user becomes responsible for cleaning their equipment with Saber wipes. Focus disinfection on the outward facing components.

- Reprocessing of eye protection (goggles and face shields) is to be done in the designated area for reprocessing. Reprocessing is done by screeners who have been trained in the cleaning and disinfection of eye protection.

- Collecting bins are placed at point of use to collect the soiled equipment, which is picked up by the screeners, cleaned, disinfected, rinsed to avoid facial skin irritation because of disinfectant after proper contact time, and bagged individually for redistribution or placed in protective bins until future use.

USE OF PPE: GLOVES

- Gloves are **task-specific** and **single-use** for the task.
- Perform hand hygiene before putting gloves on.
- Gloves must be removed and discarded immediately after the task is complete.
- Hand hygiene must be performed immediately after glove removal.
- Avoid inappropriate glove use:

  ☒ Double gloving

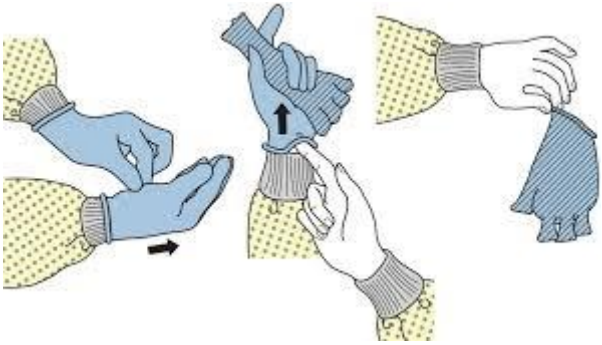
  ☒ Using alcohol-based hand rub on gloves

  ☒ Re-using gloves

  ☒ Wearing gloves in hallways, outside of care areas

  ☒ Not changing gloves between residents when care is provided

- Gloves are not a substitute for hand hygiene.
- Ensure proper donning and doffing of gloves.
- Use glove-to-glove and skin-to-skin technique to remove gloves.
- Dispose of gloves immediately after use.



USE OF PPE: PROPER MASK USE

- Complete a point of care risk assessment. (PCRA – Green tab section)

- When caring for COVID-19 residents (part of Droplet/Contact precautions), masks must be changed as part of routine doffing procedures.

- N95 respirators are used for aerosol-generating medical procedures, such as CPAP and tracheostomy with suctioning. (These procedures have been reviewed and either replaced by non-aerosol generating procedures or completely eliminated.)

- Wearing a mask for long periods of time may contribute to the development of facial skin irritation. To help alleviate symptoms and facial skin irritation:

    - Perform daily hygiene routine followed by moisturizing and/or skin protector.

    - Moisturizer should be applied to regions of greater surface contact (ears, forehead, nose and malar area/cheek bone).

    - Start adjusting the mask to the shape of your nose/face before applying, to limit applying pressure over your nose. Confirm that it is well applied as skin irritation can be related to the misapplication of PPE.

    - It is recommended that masks be removed and pressure areas relieved every 4 hours (e.g. during your meal break). Even during your two 15-minute breaks you get relief in pressure areas.

    - Once PPE has been removed, skin should be inspected.

        - Daily routine: After proper hand washing, face and neck should be thoroughly cleansed using soft soap and water paying special attention to areas under pressure. Do not rub these areas as this may increase tissue damage. Dry face and then apply a moisturizer to the face. If skin breakdown is present, dressings may be required. Daily skin care with hydration and protection will aid in maintaining skin integrity and wound prevention.

          NOTE: HCWs need to optimize daily hydration and nutrition to ensure skin health and a balanced physiological response of their body.

Mask Disposal

Dispose of a mask when it:

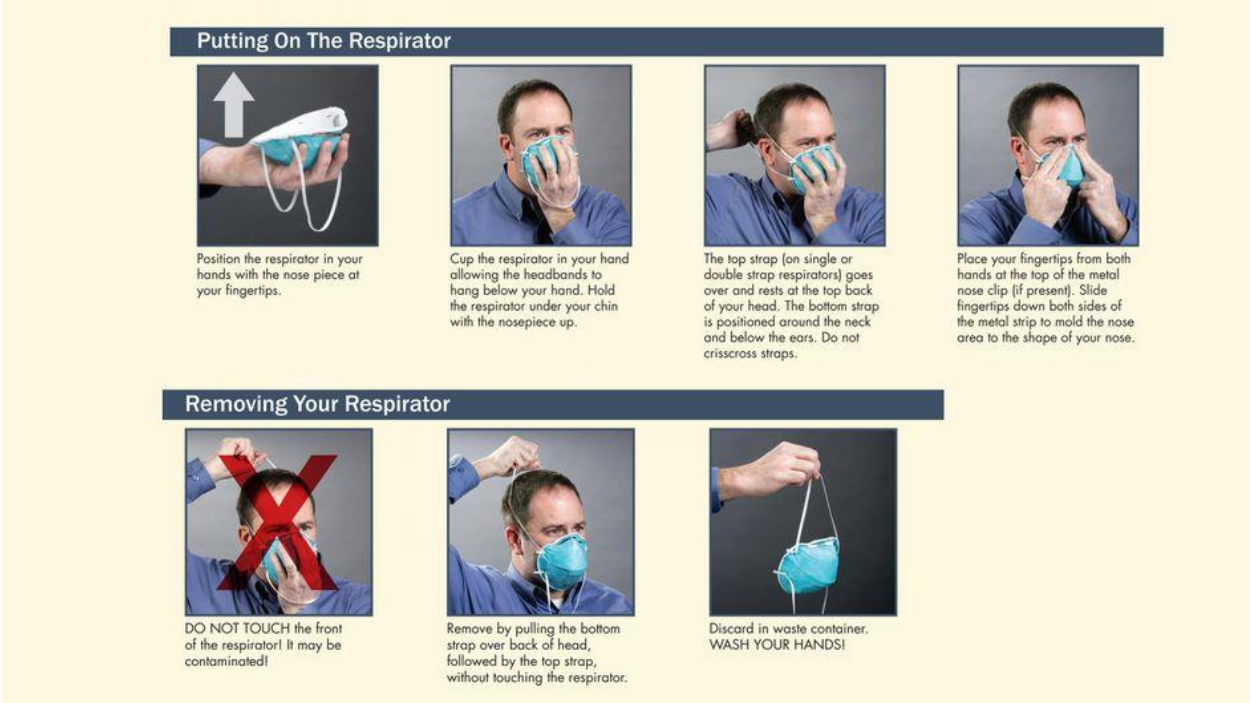
- becomes visibly soiled;
- makes contact with the resident or their droplets/ secretions (unanticipated);
- becomes very moist such that the integrity becomes compromised; or
- is being changed as part of removal of PPE after a resident interaction or care is completed to a cohorted group (i.e., those on Droplet/ Contact Precautions).

Non-Standard Masks/Equipment

The use of non-medical masks for HCWs is not currently recommended, as these have not been tested for compliance with requirements.

To safely remove, clean and store homemade cloth hairbands and extenders (e.g., with buttons for connection to face mask elastic ear loops), staff must handle with clean hands, wash their equipment with soap and water and use cleaned equipment on every shift.

Hairbands and extenders must not be worn on a daily basis without proper cleaning. Plastic extenders can be cleaned with Lysol (or similar home product) and left to air dry. Proper contact time for quats disinfectant is 10 minutes.



Plastic containers are available to store and protect N95 respirators in between use.

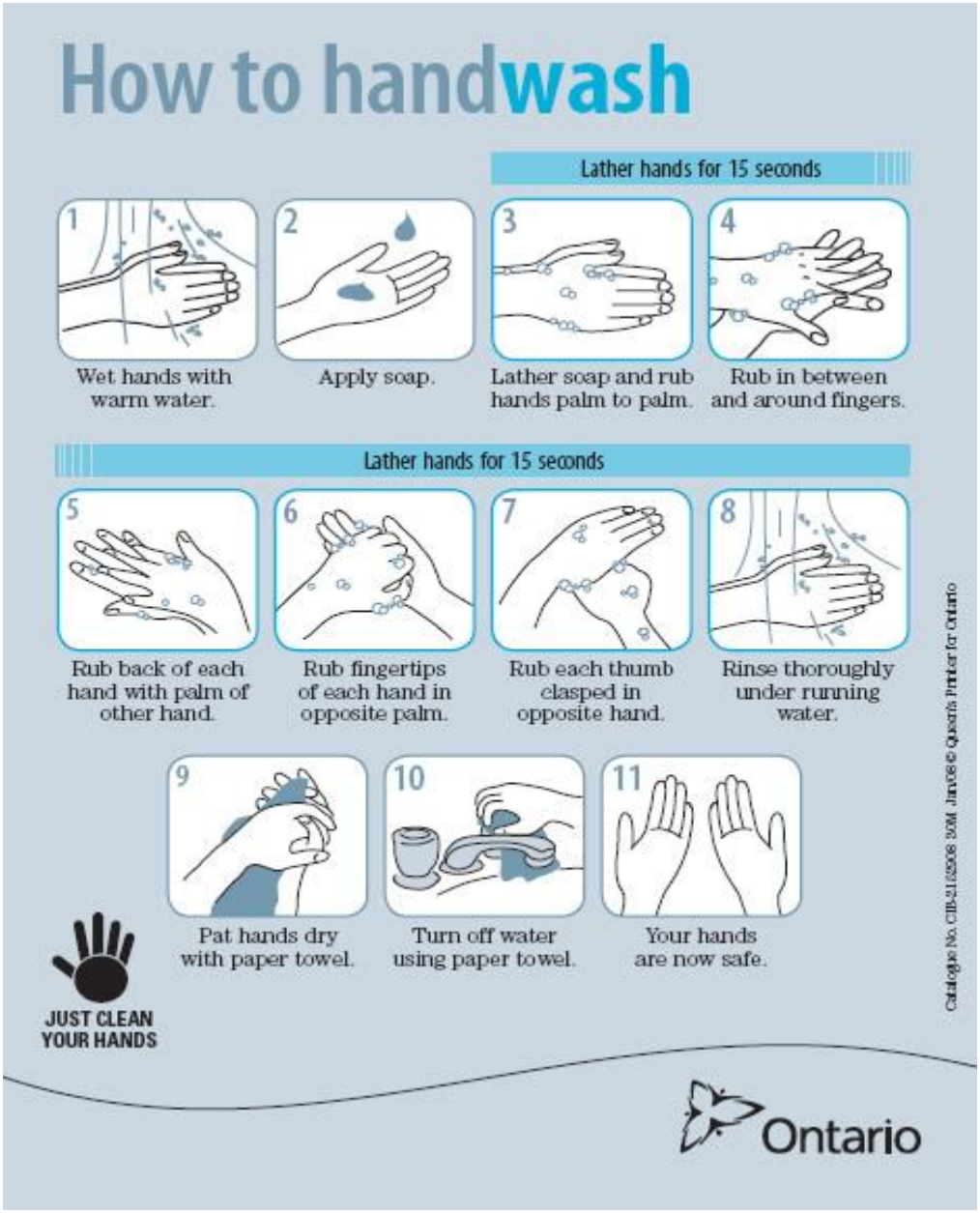
When removing the N95 mask, the container is placed over the mask and the bottom strap is pulled over the container, followed by the upper strap. The plastic cover may be put over the container to protect the mask. When the mask is re-applied, the container is brought to the face and it avoids touching the outside of the mask which may be contaminated. The top elastic is positioned on the top back of the head, followed by the bottom elastic, positioned around the neck and below the ears. The container must be cleaned with Saber wipes in between use.

USE OF PPE: SCREENERS

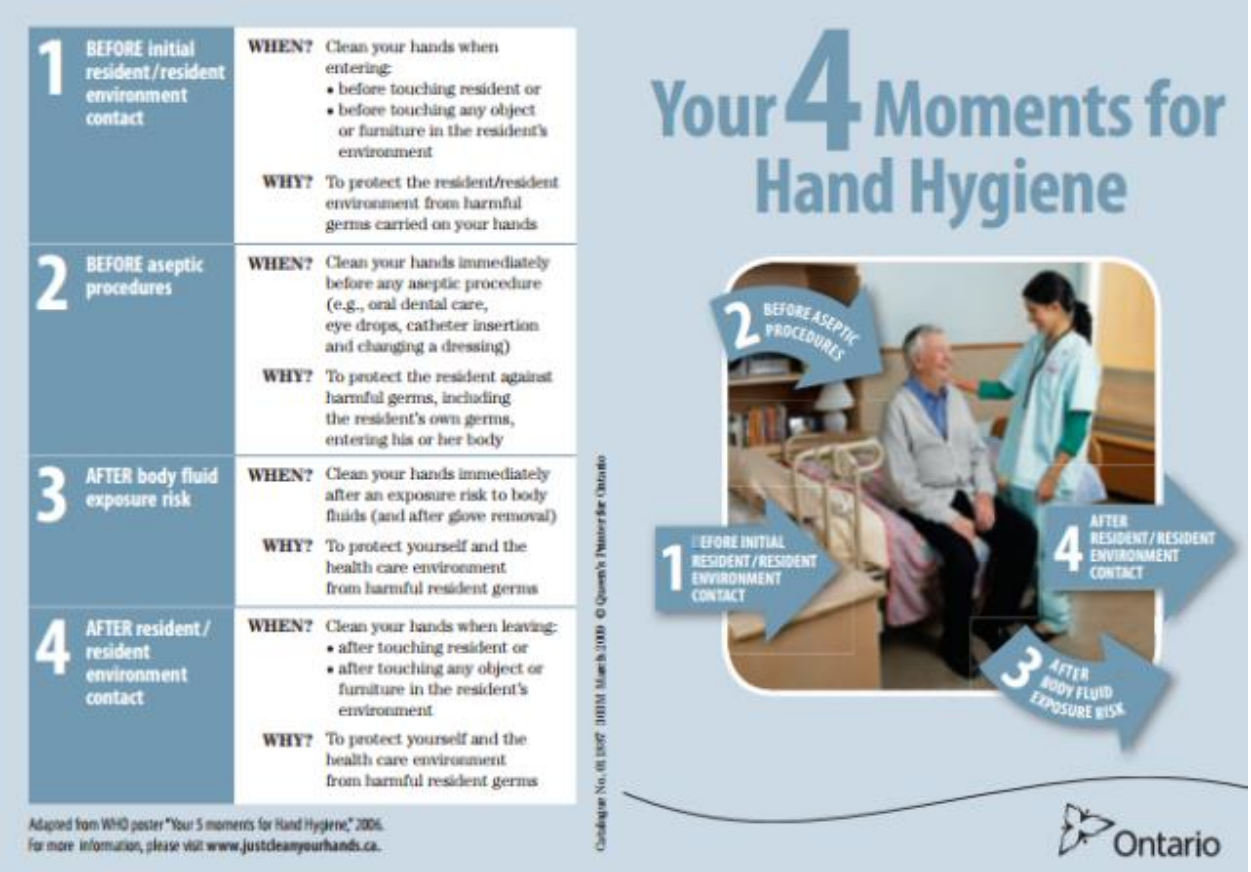
- As most of the time it will be impossible to maintain spatial distance of at least 2 meters or separation by physical barrier, screeners must follow Droplet and Contact Precautions, including:
    - Surgical/procedure mask
    - Isolation gown
    - Gloves
    - Eye protection (goggles or face shield)

HAND HYGIENE

Hand hygiene is of prime importance to prevent the spread of disease and protect both residents and staff. Hand hygiene must be carried out as follows, according to the 4 moments for hand hygiene, and as frequently as required in between:




How to handrub
Rub hands for 15 seconds
1
Apply 1 to 2 pumps of product to palms of dry hands.
2
Rub hands together, palm to palm.
3
Rub in between and around fingers.
4
Rub back of each hand with palm of other hand.
Rub hands for 15 seconds
5
Rub fingertips of each hand in opposite palm.
6
Rub each thumb clasped in opposite hand.
7
Rub hands until product is dry. Do not use paper towels.
8
Once dry, your hands are safe.
JUST CLEAN YOUR HANDS
Ontario



Although staff will often be wearing gloves when providing resident care, hands must be cleaned prior to donning gloves and after removing them.

Hands must also be cleaned at the proper time when removing PPE: after removing gloves and gown, and again after removing facial protection. If hands are not cleaned prior to removing facial protection, the risk of transmitting microorganisms to the head and face are great, and there are several ports of entry in this body region.

Staff must also be careful to take good care of their hands by applying lotion frequently to preserve skin integrity, and by following proper hand cleaning techniques.

Hands must be cleaned with soap and water if they are visibly soiled, contaminated or have become sticky from using hand sanitizer.

Hands must be cleaned for a minimum of 15-20 seconds, either with soap and water or hand sanitizer.

To help alleviate symptoms and irritation caused by hand cleansing:

- Use lukewarm water when washing your hands – make sure the water is not too hot.
- Rinse well.
- Pat dry your hands and do not rub dry.
- Frequently apply lotion/protective cream to your hands, for example, following hand washing, to minimize the risk of contact dermatitis.
- The best hand cream if one where the cream's fat content is approximately 70%.
- Remove all nail polish, artificial nails, and jewelry – they are not permitted per policy but also present a risk of skin irritation and piercing gloves. They have been associated with outbreaks. Keep your nails short, clean, and the only jewelry permitted is one plain wedding band, no stones. No jewelry when working frontline is the best.
- Ensure hands are clean and dry prior to donning gloves (after washing, using hand sanitizers or applying moisturizer).
- Frequently inspect your skin for signs of irritation and seek medical attention if irritation persists.

Triggering an Outbreak Assessment

As part of active surveillance for residents and staff, new symptoms compatible with COVID-19, including atypical symptoms, must be rapidly identified, investigated and managed to prevent potential spread in the Home.

Symptoms compatible with COVID-19 include: Version 5.0 – May 25, 2020
(Orange tab section)

As soon as even one resident or staff presents with new symptoms compatible with COVID-19, the Home will immediately conduct an outbreak assessment and take the following steps:

For an ill resident:

- Place the symptomatic resident under *Contact and Droplet precautions* ;
- Test the symptomatic resident for COVID-19 immediately, under the Home's prescribing physician;
- Test the roommate of the symptomatic resident; and,
- Further testing on those identified is assessed, in collaboration with the local public health unit, using a risk-based approach based on exposures, as required.

For an ill staff/essential visitor:

- The staff / essential visitor is to self-isolate immediately at home.
- The staff / essential visitor is instructed to contact the Public Health Unit at the number 705-474-1400 and must inform them that they are working in a LTC Home or are an essential visitor at the Home, and have been referred for testing because of symptoms compatible with COVID-19.
- The referred staff / essential visitor must follow the Health Unit's directives for testing (date, time and place of testing).

Specimen Collection

Specimens from residents of institutions, including LTCHs are prioritized for testing at PHO Laboratory. Please follow the example as provided by Public Health for filling out the requisitions, to make sure the requisition contains all the necessary information for COVID-19 testing, but also for the identification of another virus, if clinically warranted to investigate current symptoms.

Swabs are provided by the Public Health Unit, and are kept in the doctor's office. They do not need to be refrigerated. They could be nasopharyngeal (NP) swabs or nasal swabs. A count of the swabs is done on a daily basis, as requested by the Ministry, and to ensure we have a constant supply.

A "Disease of Public Health Significance (DOPHS) Reporting Form" must be filled for every specimen collected on residents. The form must be faxed at: 705-474-2809. The original form is left with the DOC and a copy scanned for the IPAC Coordinator. This form must be filled out completely with all required information and no areas left blank. (Sample form attached to this document – orange tab section).

Staff collecting specimens must follow PHO's guidelines for testing including specimen collection and specimen handling procedures, and how to prepare samples for transport. (e.g. bagging the specimen, filling out the requisition and including the fluid absorbent white pad in case of a spill, and safeguarding the specimen in the designated refrigerator until pick-up or sent to the laboratory).

If the Home receives negative test results on the initial person who was tested, then the Home can end the suspect outbreak assessment related steps.

Outbreak Definition

The Home must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed COVID-19 outbreak in the Home. The outbreak will be declared in collaboration between the Home and the Public Health Unit to ensure an outbreak number is provided.

The Health Unit will call and inform the Home of positive and negative results for residents. They will also inform the Home of a positive result for staff. Staff will be contacted directly only in the case of a positive result. Otherwise, staff may obtain their results from the portal created by the Ministry. (https://covid-19.ontario.ca)

The person receiving the information of a positive result in either a resident or a staff member, must immediately contact the following individuals in order to trigger the implementation of outbreak measures:

- IPAC Coordinator
- Home's physician
- Director of Care
- Administrator

Information on Outbreak Data Entry in Provincial Surveillance :

Guidance has been provided to PHUS in the form of an Enhanced Surveillance Directive from PHO which includes instructions on how to report a confirmed COVID-19 outbreak in the integrated Public Health Information System (iPHIS).

Outbreak Management

Assessing for Additional Cases

Once an outbreak has been declared, residents, staff and essential visitors who were in close contact with the infected individual(s) should be identified and tested, if not already completed (e.g. sentinel testing)

This involves:

- Assessing for illness in those who had exposure to the case(s) 14 days prior to illness onset to identify potential source cases.

- Assessing for illness in those who had exposure to the case(s) while the case(s) were infectious and not in isolation with "Contact and Droplet Precautions" in place.

The period of communicability is considered to be from 48 hours before the onset of symptoms to 14 days from symptom onset.

In the event of a positive test result in an asymptomatic individual, the period of communicability is considered to be from 48 hours before the specimen collection date.

Specimen Collection and Testing for Outbreak Management

- Testing for COVID-19 should be conducted for **every symptomatic resident** in the LTCH:

  - This includes testing every resident whether linked to a COVID-19 outbreak or not, including deceased residents who were not previously tested.

  - Health Units are responsible for following usual outbreak notification steps to the PHO Laboratory. If submitting specimens from persons being tested during a laboratory confirmed COVID-19 outbreak, this must be documented on the PHO Laboratory requisition.

  - Up to four outbreak specimens will be tested at PHO Laboratory for respiratory viruses other than COVID-19 by MRVP. There is little utility in testing more than four outbreak specimens for such viruses. MRVP should be ordered on the laboratory requisition if required.

  - PPE for collecting specimens: surgical mask with eye protection is the current recommended level of protection (e.g. surgical mask with face shield is the preferred PPE for the Home, or mask with visor), gown and gloves. If an RN feels she should be wearing an N95, the mask must be protected by a face shield. (Please refer to the Point of Care Risk Assessment During COVID-19 Pandemic, attached document in the green tab section.)

  - The Home's physician must be informed of the symptoms presented by the resident and that a specimen was sent to the lab. Orders may be received for treating symptoms or other diagnostic tests may be ordered. Proceed as per medical orders.

- **All Symptomatic Staff Should be Tested for COVID-19.** When specimens are submitted for laboratory testing from staff "Healthcare Worker", and if relevant, the outbreak number must be documented on the PHO Laboratory COVID-19 Virus Test Requisition in order to prioritize and expedite testing.

- At this time, the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance will be used for testing and clearance. See attached document of May 28, 2020, in the blue tab section.

- There should be a low threshold to test residents and health care workers within the home for COVID-19; even one compatible symptom should lead to testing (see COVID-19 Provincial Testing Guidance).

- If specimens are submitted to PHO Laboratory for testing before an outbreak number has been issued, clearly indicate on the requisition the setting as "Institution".

- Once an outbreak is declared, any additional compatible illness in residents should be managed as a probable case (symptoms and close contact with a confirmed case) and presumed COVID-19, while waiting for their testing results.

- Testing of asymptomatic residents or staff for outbreak management purposes:

    - Testing of asymptomatic residents and staff is generally not recommended. (Except for sentinel testing, as directed by the Ministry or the Public Health Unit)

    - In the context of a confirmed outbreak, and in consultation with the Public Health Unit, the following asymptomatic individuals should be tested to inform outbreak management by identifying potential asymptomatic source cases and extent of current spread at the time of outbreak declaration:

        - All residents living in adjacent rooms

        - All staff working in the outbreak unit/care hub

        - Any essential visitors that attended the outbreak unit/care hub

        - Any other contacts deemed appropriate for testing based on a risk assessment by local public health

    - A negative test does not rule out the potential for the individual to still be incubating illness, and all close contacts should be under isolation for 14 days following last unprotected exposure.

    - Residents and staff who initially tested negative may need to be retested if they develop symptoms.

    - Re-testing residents and staff who continue to be asymptomatic is not recommended, unless directed to do so by the Public Health Unit.

Additional Precautions (Isolation Precautions) for Residents While Awaiting Results of Testing

- Precautions must take into consideration all modes of transmission. Since COVID-19 is transmitted via droplets from infected persons and contact with contaminated surfaces/items, both Contact and Droplet Precautions are required in addition to Routine Practices.

- Based on IPAC best practice, PPE for infections spread through contact and droplet transmission require the use of PPE, which includes a surgical or procedure mask, eye protection, gloves and a gown.

- Contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 residents. (Ministry COVID-19 Directive #1[3] – blue tab section)

- Residents showing typical and atypical signs of COVID-19 must be placed on "Droplet / Contact" or "Contact Precautions Enhanced" following observation of symptoms and swabbing, until lab results are received. The type of additional precautions depends on the symptoms the resident is exhibiting:

  - "Droplet / Contact" for most symptoms (Surgical mask with face shield – for more severe respiratory infections where there are profuse secretions, frequent coughing spells and sneezing then the surgical mask with visor is the preferred choice.)

  - "Contact Enhanced" for symptoms of infectious gastroenteritis (Surgical masks with visor)

- The resident placed on isolation:

  - Must remain in his / her room (Staff must do their best in the presence of residents exhibiting psychogeriatric conditions preventing their cooperation with IPAC measures – if there are concerns in this respect, the whole unit may need to be regarded as one room and staff wear PPE accordingly during their shift.)

  - Must take their meals in their room.

  - Staff entering the room must wear appropriate PPE according to signage.

- Entry into the room must be minimized, by maximizing all that can be provided in one entry – assess sequencing of tasks, including administration of medication.

- Keep spatial separation by pulling the curtains in between the beds.

- Enhanced hand hygiene for staff and residents.

- Enhanced cleaning of surfaces in the room by housekeeping staff.

- Equipment must de disinfected between residents' use with Saber wipes, if it cannot be dedicated.

- Resident's personal care: bed baths until IPAC measures are discontinued.

Discontinuing Precautions When Negative Results are Received

If negative lab results are received for residents tested, precautions are to be discontinued in the following manner:

- *Resident has "private-room" accommodation* :

  - Upon confirmation of negative results by the Public Health Unit, the resident's precautions may be discontinued as long as he/she has not showed further symptoms of illness for at least 24 hours.

- *Resident is in a "basic" room or "semi-private" accommodation* :

  - The resident's **and** the roommate's results must both be received to discontinue any of the two isolations.

  - The resident who was presenting with symptoms must also have been 24-hour symptom-free before precautions can be discontinued.

Disposing of PPE Equipment and Cleaning of Carts / Bins:

- Isolation precautions (additional precautions) shall be discontinued by the RN Supervisor / DOC / IPAC Coordinator, in a consultation process.
-
- When the isolation precautions can be discontinued, isolation (PPE) carts are to be disinfected with Saber on the outside by the Housekeeping staff, wrapped in plastic and brought to the designated reprocessing room;

- Screeners are responsible for emptying the carts, inspecting supplies/PPE left in the cart and disinfecting the inside of the cart;

- Disinfected carts are to be stored at the back of the chapel;

- Soiled linen bins / garbage bins are to be disinfected by Housekeeping staff and wrapped in plastic to indicate they have been cleaned and disinfected. They must be stored in the back of the chapel as well;

- The screeners are responsible for cleaning / disinfecting the soiled goggle and face shield collecting bin, wrap them in plastic and store them at the back of the chapel; and,

- The screeners are responsible for disinfecting the isolation signs and return them to the nursing ward clerk for storage.

Outbreak Control Measures

Steps in an Outbreak: If a COVID-19 outbreak is declared at the Home, the following measures must be taken:

Step 1 – Receiving a Positive COVID-19 Result

- The Home must consider one single positive laboratory confirmed case of COVID-19 either in a resident or a staff member, as a confirmed COVID-19 outbreak in the Home.

- The outbreak area must be defined: there are five (5) possible areas. (Section A, First Floor, Section B, Second Floor and Third Floor). In the case of a COVID-19 outbreak, the home is automatically considered in a facility-wide outbreak. For the implementation of additional outbreak measures at the nursing unit level, the area(s) under "superior precautions" will correspond to the area(s) where positive results were found.

- Consider all residents in the area under "superior precautions" to be either infected or exposed and potentially incubating.

- Cohort or "group together" all residents in the outbreak area as much as possible, and restrain resident movement with the use of physical barriers to prevent circulation from an affected unit to the rest of the Home. The nursing unit will be sealed off with a temporary barrier, allowing access by unzipping the partition. This partition must be zipped back closed as soon as possible after use. The restriction will apply for a full period of communicability for COVID-19, which is 14 days.

- Staff must use **Droplet and Contact precautions** for all resident interactions in the outbreak area.

- Continue **enhanced monitoring** of all residents and staff in the home for new symptoms.

Step 2 – Preparing the COVID Unit - Located in the Grand Salon

- Most of the preparations will have been done prior to the use of the area. (e.g. sealing the Grand Salon, sealing of the corridor leading to the Unit, cleaning of the room, removing unnecessary articles and preparation of equipment and supply carts)

  Steps remaining will include the following:

  - Remaining equipment immediately taken out of storage areas, if any left;
  - Portable shower installed in the staff washroom for staff use throughout the outbreak;
  - Privacy screens / partitions set up in the room;
  - Bedside tables set up in the room;
  - Linen carts brought up to the room;
  - Resident will be transferred to the area via wheelchair or stretcher and his own bed will follow shortly after. In the interim, the resident will be accommodated in a temporary bed. All necessary personal belongings, medications, and required equipment (e.g. oxygen, lift…) will be transferred to the area;
  - Dietary personnel must be notified to prepare for bringing food trays, as per the resident's diet, directly to the COVID Unit. Disposable dishes should be used and discarded after resident(s)' meals. Food trays will be delivered at the entrance of the COVID Unit, without dietary staff entering the area;
  - Housekeeping staff must be notified to prepare for cleaning, disinfecting and retrieving soiled items on a daily basis; and,
  - Laundry personnel must be notified to prepare for providing required linen supplies daily and handling soiled linen.

Step 3 – Cohorting of Well and Unwell Residents

- Resident(s) with positive lab-confirmed results will be immediately transferred to the designated Covid Unit, which is the Grand Salon.

- Resident(s) must wear a surgical mask during transfer.

- Affected resident(s) will remain in the designated COVID Unit until their repeat testing for COVID-19 returns negative for two consecutive tests, not less than 24 hours apart.

- If the resident(s) has basic or semi-private room accommodation, this resident's roommate must be tested for COVID-19 and put on isolation precautions for a period of 14 days, confined to the room. The roommate's precautions may be discontinued after one negative lab-confirmed result.

- Residents in the "sealed" area must all be tested for COVID-19.

- Residents in the "sealed" area are to be asked to remain in their room as much as possible, but if they cannot be convinced of the need to self-isolate, they must be offered a surgical mask to wear when outside of the room. Frequent hand hygiene must be re-enforced with residents.

- Respite and palliative beds/rooms may be considered to provide additional accommodation, if required.

Step 4 – Cohorting of Staff – COVID Unit

- As per the "COVID-19 Guidance: Long-Term Care Homes" document, of April 15, 2020, and the "Emergency Management and Civil Protection Act, to minimize the risk of residents and other staff exposure to COVID-19, staff work locations must be limited to include one long-term care employer only.

- Staff cohorting must be instituted to prevent the spread of the disease.

- Staff may be assigned 8 or 12 hour shifts, as deemed suitable.

- Staff will be assigned to work with the unwell resident(s) in the COVID Unit starting with RPNs, because of medication administration and other responsibilities requiring registered staff competency.

- As more residents are transferred to the COVID Unit, staffing decisions will be made to include PSWs and/or Helping Hands as required.

- Staff assigned to work in the COVID Unit must not be travelling to other areas of the Home during their shift and limit their movement to the COVID Unit and immediate area only.

- In the event that a resident becomes unstable, the need to assign an RN to the COVID Unit will be reviewed.

- As much as possible, RN Supervisors will maintain supervision and make visits via virtual means, as well as the attending physician.

- Staff assigned to the COVID Unit shall take their meal and breaks in the COVID Unit, outside the resident(s)' area in the "safe zone", respecting physical distancing. (Table and chairs will be placed outside the room.) Staff may go outside through the back door for fresh air or may also stay in the COVID Unit, depending on the number of residents and activities going on in the area.

- It is expected that staff will work together and participate in all activities of the COVID Unit in a team spirit to meet the needs of residents and ensure all tasks are done. (i.e. replenishing supply carts, feeding residents and other resident care…)

Step 5 - IPAC Precautions for the COVID Unit

- "Droplet and Contact" precautions shall be applied at all times in the COVID Unit. Routine precautions including enhanced hand hygiene continues to apply, in addition to the additional precautions.

- Single-use items are preferred for use in the COVID area.

- Staff assigned to the COVID Unit shall enter the Home by the side door leading directly to the Grand Salon.

- Staff shall start by screening – screening at change of shift will be done jointly by oncoming and outgoing staff.

- Staff are to come in dressed in their street clothes and shoes and change into their scrubs or uniform and working shoes once in the Home, but prior to entering the resident area or COVID Room.

- Staff are to go directly to the designated staff washroom (women's washroom) after screening, and leave their street clothes, shoes and personal items on the clothes rack outside the COVID Room. Staff must put personal items in a bag on the upper shelving, to facilitate cleaning of the area by Housekeeping.

  N.B. The men's washroom will be reserved for residents in the COVID area.

- Required PPE for the COVID Unit include:

  - Disposable gown

  - Surgical mask with visor is the recommended facial protection – staff who wish to wear an N95 may do so, this being left to their discretion

  - Hair cap

  - Shoe covers

  - Gloves – "Fitguard" brand preferred

- Before entering the COVID Room, staff must don all PPE as above.

- As care is provided in the COVID Room, PPE must be changed as follows:

    - Mask: if it becomes damaged, contaminated or wet / humid. Masks should be changed at least twice through an 8-hour shift and 3 times through a 12-hour shift.

    - Gown: if it becomes contaminated with body fluids or has been wet with other fluids. The gown should be changed after bed baths, as the potential for wetting the gown is high. Disposable gowns are preferred.

    - Shoe covers: it they become contaminated, soiled.

    - Gloves: before contact with the resident for personal care, immediately following care, before and after assisting resident with meal / hydration, before and after medication administration, and any time gloves have been contaminated and are soiled.

    - Hair cap: can be worn for the complete shift without being changed, unless it has been contaminated, damaged or wet.

- Fresh / clean PPE are to be brought to the COVID Unit by screeners. The cart used to deliver supplies shall not enter the COVID Unit. Supplies will be delivered in plastic bags, once a day and as required, for the staff working in the area to replenish carts as required. Supplies shall be put on a designated table. The clean plastics bags should be used for the soiled linen and garbage bins, if of appropriate size. Staff assigned to the COVID Unit are responsible for the daily disinfection of the PPE carts.

- Required clean linen will be brought to the area by laundry personnel, once a day, to minimize possible contacts, and their cart must not enter the COVID Unit. Clean linen shall be delivered in plastic bags. Clean linen is to be put on the designated table for staff working in the area to replenish their linen cart.

- Staff using their cell phone in the COVID area shall place their phone in a zip-lock plastic bag that they shall discard of at the end of their shift.

- At the end of their shift, staff are to remove PPE and shower in the staff washroom. Staff are asked to put their soiled uniform in the soiled linen bin for their clothes to be washed by the Laundry department. It is recommended that staff working in the COVID Unit have 3 sets of uniform, pre-labeled by the Laundry Department, to avoid running out. The Laundry Department are responsible for making sure uniforms are returned to the COVID Unit in a timely manner.

- Staff must don their "street" clothes and "street" shoes before exiting the COVID Unit and it is recommended staff clean their working shoes at the end of each shift with Saber wipes. Staff must screen themselves again prior to leaving the building.

- It is recommended staff take extra precautions when they go back home for the protection of their family and determine how they can best isolate themselves and protect their loved ones.

- Nursing staff must wash their hands frequently while working in the COVID Unit, following proper hand hygiene procedures.

Aerosol Generating Medical Procedures (AGMPs)

- The use of an N95 respirator is recommended instead of a surgical mask as part of precautions for AGMPs on residents with known or suspected COVID-19.

- Unless directed otherwise, no aerosol generating procedures are to be carried out in the COVID Room. Refer to medical directives as required for alternatives.

- Collection of nasopharyngeal swabs are not aerosol generating procedures.

- Suctioning, if required, should be limited to the mouth only. Deep suctioning is considered an aerosol generating medical procedure.

- These directives apply whether the Home is in an outbreak situation or not.

Step 6 – Cardiopulmonary Resuscitation in the COVID Unit

Please note there will be no cardiopulmonary resuscitation in the COVID Unit by the Home's personnel, as per the Home's physician medical directive.

If end of life plan/advance care planning includes receiving CPR, this matter must be discussed between the treating physician and the resident. The resident and POA should be made aware that CPR will not be provided in the case of a lab-positive COVID-19 result. Paramedics will be called in and they will take over the resident's care when arriving to the scene. Staff are to hand over the care to Paramedics personnel at that point, and provide pertinent information as required.

If end of life plan/advance care planning clearly indicates "DNR" – "do not resuscitate", then the resident's care will follow the usual Home's protocol for palliative care, as ordered by the treating physician.

Step 7 – Care of the Body After Death

- The body must be placed in a "body bag" without removing anything from / attached to the resident's body:
  - Clamp subcutaneous sets, and remove CADD pump, if any;
  - Subcutaneous set / needle must remain in situ; and,
  - Any type of catheter that is attached to the resident must remain in place.
- On the outside of the bag, the following information must be written in black permanent marker:
  - Resident's name
  - Resident's date of birth
  - If the resident had a pacemaker
  - Resident's status for COVID-19 (Positive or negative)
- If the family member would like to have a piece of jewelry, (e.g. ring), staff may give the item requested after it has been disinfected. The "Release of Personal Effect" form must be signed by family if they decide to take away any article.

Please see attached document in the blue tab section for full instructions.

Step 8 – Daily Care Tasks for Nursing Staff Providing Care in the COVID-Unit

(Document attached – yellow tab section)

Step 9 - Cleaning and Disinfection in the COVID Unit

- For soiled linen and garbage pick-up, housekeeping staff are responsible for the removal of soiled items, by using a dedicated carrying bin, for which the housekeeping staff will be responsible to keep clean and disinfected with Saber. Garbage can be disposed of in the usual manner and soiled linen is to be brought to the Laundry department to be cleaned. Linen and resident's clothing can be washed in the usual manner. Soiled linen bags must not be put in other departments soiled utility areas, but must be brought down to the Laundry Department directly. Laundry personnel must be informed of contaminated linen bags by the assigned housekeeping staff so they can take additional precautions in the handling of linen. Soiled staff uniforms can be washed separately in the small washer and dried according to usual process.

- Housekeeping staff assigned to the COVID Unit is responsible for the daily cleaning and disinfection of the area, using hospital grade disinfectant with a drug identification number – DIN (e.g. Saber) and must sequence their tasks according to the care being given in the COVID Room. An area or surface contaminated by a resident must be cleaned as soon as possible, over and above the daily cleaning routine.

- Areas to be cleaned include the room itself, the area immediately adjacent to the room / entrance, and the washrooms. Staff shall proceed from less to more soiled or contaminated and start by cleaning the entrance and coat rack area, the staff washroom, the resident washroom and finish with the COVID Room.

- Housekeeping staff shall use a ready-to-use cleaning solution in a bottle to avoid dipping in a bucket. Cleaning rags shall be changed as frequently as required, between areas to be cleaned, and shall not be re-used until they have been cleaned. Floors can be cleaned in the usual way, changing water in between areas to be cleaned. Clean mops heads are to be used every day, and cleaning equipment / cart must be disinfected daily. Mop heads and cleaning rags can be washed and reused.

- For cleaning a spill of body fluids, rags are to be used, which shall be discarded after use. Rags used to clean a body spill are not to be cleaned. A hospital-grade disinfectant with a DIN must be used, for example, Saber or Complete 6000.

- Frequent hand hygiene must be carried out by housekeeping personnel while working in the COVID Unit, following proper hand hygiene procedure.

Step 10 – Required Maintenance in the COVID-Unit Area

If maintenance services are required in the designated COVID-Unit area, staff shall enter the unit by the hall – unzip and zip the partition door – and wear PPE as follows:

- Full body suit
- Surgical mask with visor or N95 mask
- Goggles if not close to a resident
- Face shield if must work in proximity to the resident(s)
- Gloves
- Shoe covering

Hand hygiene while working in the COVID Unit is very important and must be carried out according to hand hygiene protocols.

The following outbreak measures apply to the Nursing Unit where the positive COVID case was identified:

Step 11 – Isolating the Nursing Unit Under "Superior Precautions"

- Section A: Physical barriers will be set up in the following areas:

  - Passed the ESM office for the left entrance and passed the doctor's office for the right side entrance. Additional barriers will be set up for meals, to create a "passage" for residents to the main dining room and avoid them traveling to other areas of the Home.

    Access to Section A will be restricted to nursing staff, dietary staff, activity staff, and housekeeping staff specifically assigned to this nursing unit. Maintenance staff may be required to enter the nursing unit for essential work that cannot be delayed for health and safety and security reasons.

- First Floor: Physical barriers will be set up at the entrance of the unit, at the level of the fire doors. The smoking area will become inaccessible to other staff, except those working on First Floor. The RAI Coordinator and back-up employee will be re-located in case the First Floor needs to be under "superior precautions".

  - Access to First Floor will be restricted to nursing staff, dietary staff, activity staff, and housekeeping staff specifically assigned to this nursing unit. Maintenance staff may be required to go to the nursing unit for essential work that cannot be delayed for health and safety and security reasons.

- Section B: Because this part of the Home presents with isolation challenges, a decision was made to consider this area as an entity of its own. Physical barriers will be set up after the last resident room, beside the nursing scheduler's office. The fire doors will serve as barrier at the west end of the section, prior to leaving the unit. Dividers will serve to create a passage leading to the Library, for meal times.

  - Access to Section B will be restricted to nursing staff, dietary staff, activity staff, and housekeeping staff specifically assigned to this nursing unit.

- Maintenance staff may be required to go to the nursing unit for essential work that cannot be delayed for health and safety and security reasons.

- Screening staff will need to access the reprocessing room (First Aid Room) by Room 125.

- Administration staff will need to limit their trips to reception or other areas of the Home, and use the outside inner court for access, as much as possible.

- Second Floor: Physical barriers will be set up at the entrance of the unit, at the level of the fire doors.

  - Access to Second Floor will be restricted to nursing staff, dietary staff, activity staff, and housekeeping staff specifically assigned to this nursing unit. Maintenance staff may be required to go to the nursing unit for essential work that cannot be delayed for health and safety and security reasons.

- Third Floor: Physical barriers are already in place at the entrance of the unit.

  - Access to Third Floor will be restricted to nursing staff, dietary staff, activity staff, and housekeeping staff specifically assigned to this nursing unit. Maintenance staff may be required to go to the nursing unit for essential work that cannot be delayed for health and safety and security reasons.

Step 12 - Cohorting of Staff – For The Nursing Unit Under "Superior Precautions"

- As per the "COVID-19 Guidance: Long-Term Care Homes" document, of April 15, 2020, and the "Emergency Management and Civil Protection Act, to minimize the risk of residents and other staff exposure to COVID-19, staff work locations must be limited to include one long-term care employer only.

- Staff cohorting must be instituted to prevent the spread of the disease.

- Staff currently working in an area where a positive resident was identified, shall be tested for COVID-19 and remain assigned to this nursing unit until precautions are lifted.

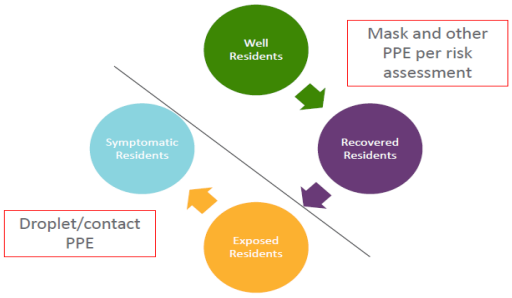
- Staff who have worked in the affected area in the last 48 hours shall also be tested for COVID-19.

- Staff working on a unit where a positive COVID-19 was identified will remain assigned to this unit for the duration of precautions, and shall not travel to other areas of the Home for working on other nursing units.

- Staff usually assisting for meals (e.g. activity assistants and housekeeping staff) shall not travel from an "affected" area of the Home to an "unaffected" area.

- If possible within the unit, staff should be assigned to care for a defined cohort, such as symptomatic residents. If this is not possible, staff must first care for unexposed well residents, then move on to well exposed residents, and then to symptomatic residents.

Example of Flow for Providing Care to Cohorts



ORGANIZE CARE ACTIVITIES/SCHEDULE, MOVING FROM NEGATIVE RESIDENTS TO SYMPTOMATIC RESIDENTS

- Staff working on an "affected" unit shall take their meal and breaks in the Activity Room of the department, respecting physical distancing.

- It is expected that staff will work together and participate in all activities of the unit in a team spirit to meet the needs of residents and ensure all tasks are done. (i.e. replenishing supply carts, feeding residents and other resident care, cleaning and disinfection duties etc…)

Step 13 - IPAC Measures for The Nursing Unit Under "Superior Precautions"

- "Droplet and Contact" precautions shall be applied at all times on the nursing Unit. Routine precautions, including enhanced hand hygiene continues to apply, in addition to additional precautions.

- Despite the unit is on "superior precautions" because of a positive case that was identified on that particular unit, other residents may need to be placed on additional precautions because of presenting symptoms. The roommate of the positive resident and any other symptomatic resident on isolation must be cared for using either droplet and contact precautions or enhanced contact precautions, depending on their clinical presentation. These residents must remain in their room for 14 days and until negative lab results have been received.

- Staff assigned to the nursing unit shall enter and leave the Home by the designated door for the affected unit. Designated doors for nursing units are:

  - Section A: Loading dock
  - First Floor: Loading dock
  - Second Floor: Loading dock
  - Third Floor: Loading dock

- After entering the Home, staff must go downstairs / basement to be screened, as per usual procedure, including temperature taking. Social distancing for screening is in effect for incoming and outgoing staff.

- Staff must don a surgical mask following screening and use hand sanitizer.

- After being screened, staff are to proceed to their locker for leaving their outdoor clothes and personal effects.

- When coming back up from the basement, staff must access their assigned work area by the following path:

  - Section A: Access by the stairs leading to the loading dock

  - First Floor: Access by the stairs leading to the Library

  - Section B: Access by the stairs leading to the Library

  - Second Floor: Access by the stairs leading to the Library, directly to Second Floor – staff will come out on "C" wing

- Third Floor: Access by the stairs leading to the Library:

  If no outbreak on First, Second or Third, staff are to access Third Floor by the elevators on First.

  If there is an outbreak on First: staff are to walk up to Second Floor and then take the elevator to Third Floor.

  If there is an outbreak on Second Floor: staff are to take the elevator on First Floor to Third Floor.

  If the outbreak is on Third Floor: staff are to take the elevators on First Floor to Third Floor.

- Screening forms are to be put in envelopes, dated daily, and sent to Occupational Health for filing. Staff must wear their surgical mask before entering the nursing unit and use hand sanitizer again.

- Staff are to come in wearing a fresh / clean uniform on every shift, without making errands in the community before or after their shift. Staff that are unable to come straight to work are asked to change downstairs in the staff change room, prior to going on the unit. The same when leaving the facility, if staff are unable to go straight home, they must change into street clothes prior to leaving the premises. Uniform should be bagged in a plastic bag. For staff going straight home, it is recommended that staff change their clothes immediately when getting home, and wash their uniform as soon as possible in the usual manner.

- Before entering the nursing unit, staff must don PPE: gown, surgical mask (already donned when reporting for work), and goggles.

- When providing care in a cohorted area of ill residents, droplet/contact related PPE must be donned before entering the room and removed upon exiting. Always follow signage posted by the resident's room door. Signage will provide communication on the resident's status for isolation and additional precautions.

- The HCW can provide care to residents in a well cohort without changing PPE (if not wet or soiled), **other than gloves. Always perform hand hygiene after removing gloves and before putting on a new pair.**

- Remove PPE once care is completed to the cohorted group. Signage will be available as a reminder of the sequence for removing PPE at the designated removal location.

- As care is provided on the nursing unit, PPE must be changed as follows:

  - Mask: If it becomes damaged, contaminated or wet/humid. Masks should be changed at least twice through an 8-hour shift.

  - Gown: If it becomes contaminated with body fluids or has been wet with other fluids. The gown should be changed after bed baths, as the potential for wetting the gown is high.

  - Gloves: Before contact with the resident for personal care, immediately following care, before and after assisting resident with meal / hydration, before and after medication administration, and any time gloves have been contaminated and are soiled. Hand hygiene after removal, before donning a new pair.

  - For resident(s) on additional precautions, all PPE except the surgical mask if it was protected by a face shield, must be changed upon entering and leaving this resident's room.

  - For staff meals and breaks: Gowns and gloves are to be removed for meals and breaks and put in the soiled collection bins by the dedicated room for breaks. New PPE must be donned before going back to the unit. Facial protection can be removed and safeguarded on a paper towel or in a brown paper bag. Either must be discarded after one use. Staff must be careful to handle the mask by the loops only and not touch the outside of their mask.

- Fresh / clean PPE are to be brought to the nursing unit by screeners. The cart used to deliver supplies shall not enter the nursing unit. Supplies are to be delivered in plastic bags once a day and as required, for the staff working in the area to replenish PPE carts as required. Bags are to be placed on the designated table by the unit's entrance. These clean plastics bags should be used for the soiled linen and garbage bins, if of appropriate size. Staff assigned to the nursing unit are responsible for the daily disinfection of the PPE carts (exterior of carts and handles).

- Required clean linen will be brought to the area by laundry personnel once a day to minimize possible contacts, and their cart left at the entrance of the nursing unit. Staff working in the area are responsible for replenishing their linen cart and delivering residents' clothes to their room. Carts are to be brought back to the nursing unit's entrance and disinfected with Saber by housekeeping and/or laundry personnel.

- Residents' meals: Dishware and eating utensils are effectively decontaminated in commercial dishwashers with hot water and detergents. Reusable dishware and utensils may be used for all residents including those on Additional Precautions. Disposable dishes are not required.

  Residents will be taking their meals according to the following procedure:

  - Section A: Residents will take their meals in the main dining room.

    At meal time, residents will be escorted to and from the dining room by staff through the barriers at the entrance of the Nursing Unit. Barriers will be put at the entrance of the hall leading to the Chapel and reception, to avoid residents going to other areas of the Home.

    Staff will take their meals in the activity room, which will be closed to residents, to provide a safe area for staff. More individual activities / interactions will need to be done with residents by activity staff. Staff working on Section A may go outside to smoke by the door behind the tub room. Residents are to be directed to the same area for smoking.

  - First Floor: Residents will take their meals in their regular dining room.

    Staff will take their meals in the activity room, which will be closed to residents, to provide a safe area for staff. More individual activities will need to be done with residents by activity staff. Staff working on First Floor, may go outside to smoke in the regular smoking area. Residents are to be directed to the First Floor balcony for smoking.

  - Section B: If First Floor is affected, Section B will become a Nursing Unit on its own, as it presents a particular challenge.

    Portable dividers will be used to isolate the area. The Library will be closed and be used as a meal area for residents and staff. Exceptionally, food will be served using tray service, with disposable dishes. In the event that not all rooms are occupied, staff may be directed to take their meals in the vacant area for further seclusion. Staff and residents can smoke in the Pavillon area, going out by the door near the First Aid Room.

  - Second Floor: Residents will take their meals in their regular dining room.

    Staff will take their meals in the activity room, which will be closed to residents, to provide a safe area for staff. More individual activities will need to be done with residents by activity staff. Staff working on Second Floor, may go outside to smoke on the balcony. Residents are to be directed to the same area for smoking.

- Third Floor: Residents will take their meals in their regular dining room.

  Staff will take their meals in the activity room, which will be closed to residents, to provide a safe area for staff. More individual activities will need to be done with residents by activity staff. Staff working on Third Floor, may go outside to smoke on the balcony. Residents are to be directed to the same area for smoking.

- Staff using their cell phone in the area shall place their phone in a zip-lock plastic bag that they shall discard at the end of their shift.

- At the end of their shift, staff are to remove PPE and discard appropriately in the provided bins.

- Staff must screen again at the end of their shift, but not in the reception area. Screening is to take place in the same designated screening area in the basement, as when they came in.

- It is recommended staff take extra precautions when they go back home for the protection of their family and determine how they can best isolate themselves and protect their loved ones.

IPAC measures for residents under additional precautions (isolation)

- Staff should make every effort to redirect residents to their room.

- "Wandering guards" and physical barriers can be applied to resident doorways.

- Residents wandering in common areas should be encouraged to wear a mask, if possible.

- Staff are to assist residents with hand hygiene.

- Appropriate 1:1 activities can be arranged and performed by activity assistants.

Step 14 - Cleaning and Disinfection for The Nursing Unit Under "Superior Precautions"

- For soiled linen and garbage pick-up, housekeeping staff are responsible for the removal of soiled items, by using a dedicated carrying bin. Soiled items shall be placed directly outside the unit, and soiled items will be picked up by assigned housekeeping staff.

- Garbage can be disposed of in the usual manner and soiled linen is to be brought to the Laundry department to be cleaned. Linen and resident's clothing can be washed in the usual manner. Soiled linen bags must not be put in other departments soiled utility areas, but must be brought down to the Laundry Department directly. Laundry personnel must be informed of contaminated linen bags by the assigned housekeeping staff so they can take additional precautions in the handling of linen. Soiled linen can be cleaned using the usual cleaning and drying process.

- Housekeeping staff assigned to the nursing unit is responsible for the daily cleaning and disinfection of the area, using hospital grade disinfectant with a DIN (e.g. Saber) and must sequence their tasks according to the care being given in the area. An area or surface contaminated by a resident must be cleaned as soon as possible, over and above the daily cleaning routine.

- Areas to be cleaned include residents' rooms, residents' washrooms, tub rooms, hallways, nursing station, residents' dining area and staff area. Staff shall proceed from less soiled to more soiled or contaminated, as they sequence their work.

- Housekeeping staff shall use a ready-to-use cleaning solution in a bottle to avoid dipping in a bucket. Cleaning rags shall be changed as frequently as required, between areas to be cleaned, and shall not be re-used. Floors can be cleaned in the usual way, changing water in between areas to be cleaned. Clean mops are to be used every day, and cleaning equipment / cart must be disinfected daily. Mop heads and cleaning rags can be washed and reused.

- For cleaning a spill of body fluids, rags are to be used, which shall be discarded immediately after use. Rags are not to be cleaned. A hospital-grade disinfectant with a DIN must be used, for example, Saber or Complete 6000.

Additional Outbreak Control Measures

In addition to the IPAC measures previously described, the following additional measures will apply and must be initiated during a COVID-19 outbreak.

- Ensure EMS and hospitals are informed when residents are to be transferred from the Home.

- Maintain ongoing assessment of contingency plans for procurement of essential supplies (e.g. stock rotation, ordering, alternatives, etc.)

- Consider cultural, ethnic and indigenous needs as well as religious practices and determine acceptable alternatives as indicated. This must be coordinated between the Pastoral Care Director and the priest / pastor / minister / chaplain. Individuals providing spiritual care are considered essential visitors. (Must be screened and assisted with donning and doffing PPE).

- Consider alternative measures to be taken for residents with cognitive disabilities (e.g. one on one programs, use of preventative wandering barriers, dedicate resident time for sensory stimulation activities, take advantage of High Intensity Needs Funding if available)

- Ensure that isolation of residents and restriction of visitors takes into consideration the detrimental physical, emotional and social impacts on the residents. As such, consideration for alternative options for support should be considered (e.g. exercise programs for the room, one on one programs, use of technology to allow visual and auditory contact with family and friends, distracting activities that meet the needs of individual residents).

- Where possible, encourage visitors to keep in touch with loved ones by phone or video chat or other technologies, as available. Care packages from families and friends are encouraged, but family and friends are to be reminded that if they are ill with cough, sneezing, or runny nose they should not prepare/send packages. Care packages will be kept for a period of 3 days and then released to residents.

- Visiting the very ill and palliative care: Visiting will be allowed for the very ill and residents in palliative care. (Exceptional circumstances will be reviewed on an individual basis.) One visitor will be allowed, and must be screened, including temperature taking. The visitor will need to wear full PPE for the duration of their visit. Visitors will be assisted by screeners and staff to ensure proper donning and doffing of PPE. Visitors must be encouraged and reminded regarding hand hygiene, when they enter the Home and during their visit in the Home.

Mask use, Personal Protective equipment (PPE), Hand Hygiene and Signage

- PPE will be available and accessible for use by those who require use of PPE based on current directives and current recommendations.

- All LTC staff and essential visitors must wear surgical / procedure masks at all times for the duration of their shift or visit in the LTC Home as a measure of source control to prevent asymptomatic and presymtomatic transmission from the staff and essential visitors. This applies whether the Home is in outbreak or not.

    - During breaks, staff may remove their mask but must remain two meters away from other staff to prevent staff to staff transmission.

- Hand hygiene products (soap and water or alcohol-based hand rub) are available and accessible throughout the Home.

- Signage are posted to alert staff to:

    - Symptoms of COVID-19

    - Measures to assist in preventing COVID-19

    - Reminders for hand hygiene

    - No visitors allowed in the Home except for the very ill or palliative care

    - Additional precautions signage as appropriate at the resident's room door

    - Proper donning and doffing of PPE at the resident's door on isolation

Environmental cleaning

- Currently, there is no requirement to enhance or change the use of cleaning products and hospital grade disinfectants that are normally used for environmental cleaning in LTCHs.

- Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the Home, and consideration given to increasing the frequency of cleaning.

- If absolutely required, staffing in Environmental Services department may allow for surge capacity (e.g. additional staff, supplies, equipment). Alternatives must be explored.

Work Self-Isolation

In *exceptional circumstances*, asymptomatic staff critical to operations, but who have been advised to self-isolate (either from travel, high-risk exposure, or testing positive), may continue to attend work. "Work self-isolation" means continuing to work (where appropriate) while using appropriate personal protective equipment and undertaking active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolating if symptoms develop.

- Staff under work self-isolation are doing so as approved by the IPAC Coordinator, and need to report to the Coordinator as directed.

- Staff must follow self-isolation recommendations outside of the workplace.

- During work, at a minimum, a mask must be worn at all times, including in common areas.

References:

"How to self-isolate while working – COVID -19" Fact sheet - in the pink tab section.

"PPE Recommendations for Staff on Work Isolation" – in the pink tab section.

Communications

- Staff, families and residents are kept informed about COVID-19. Staff are reminded to monitor themselves for COVID-19 symptoms, and to immediately self-isolate if they develop symptoms.

- Signage in the LTCH is clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident. This information is also communicated to staff through group e-mailings - staff are kept updated on a regular basis.

- Food and other product deliveries are dropped in an identified area and active screening of delivery personnel is not required as they are not entering the Home.

- In the event of an outbreak, the IPAC Coordinator will communicate with the local hospital IPAC designate regarding the outbreak, including the number of residents in the facility, and the number who may potentially be transferred to hospital if ill, based on advanced care directives.

- Communications with the local Public Health Unit and the Ministry of Labour will be done throughout an outbreak to collaborate and for support in the investigation and response.

- The Ministry of Long-Term Care and/or the Long Term Care Association (AdvantAge Ontario) will also be in communication with the facility experiencing an outbreak.

When Are Residents "Cleared"?

Most residents will be "cleared" from their infection when:

- They are 14 days from symptom onset and their symptoms are resolving; OR

  14 days from the specimen collection date if consistently asymptomatic.

- Residents hospitalized for their infection must be "cleared" by two consecutive negative specimens, and transferred back to the Home within 24 hours of receipt of the test results.

- If the resident has not been hospitalized, two negative tests are still required for clearance.

- Some residents will be "cleared" before the outbreak is over.

What is Needed for "Cleared" Residents?

- "Cleared" residents are no longer infectious to others.

- Droplet and Contact precautions are no longer needed when providing care to a "cleared" resident.

- There is currently no evidence of "re-infection".

  - However, it is unclear whether someone who has been "cleared" from a prior infection has immunity or is susceptible if re-exposed to the virus.

  - Where possible, "cleared" residents must avoid exposure to residents who are still infectious.

- "Cleared" residents should not be cohorted with sick residents.

Symptomatic COVID-Negative Residents

- Symptomatic residents who test negative for COVID-19 should be evaluated for:
    - Other causes of their illness
    - Worsening or progression of symptoms that warrant re-testing for COVID-19
- Consult with the Public Health Unit about additional testing.
- In an exposed resident (in the outbreak area), a negative test does not rule out that they may still be incubating and become infectious.

Positive Results After Being "Cleared"

- Re-testing is generally not recommended after someone has been "cleared".
- Due to surveillance / sentinel testing required by the Ministry, some asymptomatic staff and residents will be re-tested after being "cleared" and tested positive.
- The Public Health Unit must be notified of symptomatic residents and staff who test positive after clearance, for further investigation and guidance.

Declaring the Outbreak Over

In collaboration with the local Public Health Unit, the outbreak may be declared over when there are no new cases in residents or staff after 14 days (maximum incubation period) from the latest of:

- Date of isolation of the last resident case; OR
- Date of illness onset of the last resident case; OR
- Date of last shift at work for last staff case.