

St Jacobs Place COVID-19 Protocols for Resident Absences

The protocols below reflect changes as of **July 14, 2021, effective July 16, 2021**, that must be followed by all residents who leave for absences, as applicable.

There are four types of absences:

1. **Medical absences** are absences to seek medical and/or health care.
 2. **Compassionate/palliative absences** are absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.
 3. **Short term (day) absences** split into:
 - A. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity; and
 - B. **Social outings** - absences other than for medical, compassionate/palliative, or essential outings that do not include an overnight stay outside of the home.
 4. **Temporary (overnight) absences** refer to absences that involve two or more days and one or more nights away from the home for non-medical purposes.
- For all types of absences, if a resident is unable to source a medical mask, one will be provided free of charge by the residence.
 - Residents will be reminded to practice public health measures, such as physical distancing (2 meters separation) and hand hygiene, while they are away from the residence. We require that resident's and/or their SDM/POA/Caregiver report to our Wellness Team if they will be away overnight and/or require medical documentation and/or medications for their absence. 48 hours advance notice is requested to ensure that all departments affected can plan to prepare in advance for their absence and/or return.
 - Resident's MUST enter and exit through the front door in order to accommodate this procedure. If a resident does not pass screening, the residence will follow existing isolation policies.
 - The residence will not restrict or deny any absences for medical or compassionate/ palliative at any time. This includes when a resident is in isolation on Droplet and Contact Precautions and/or when a home is in an outbreak; in these situations, homes must consult their local public health unit for further advice. 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.
 - Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that resident is self-isolating and on Droplet and Contact Precautions, or as directed by the local PHU.
 - Residents will not be permitted to start Short term (day) absences and Temporary (overnight) absences if the resident is in an area of the home that is in outbreak, or when advised by public health.

- Should a resident not pass active screening upon return of an absence or be required to isolate, the resident will not visit with others in the corridor or other areas of the home while entering or exiting a from a short absence.
- Should a resident not pass active screening upon return of an absence or be required to isolate, the resident will leave their suite and go directly to the front door for a short absence and return to their suite directly from the front door upon return wearing a surgical mask while in the building.
- Based on a resident’s immunization status and absence type, the following will apply:

| | Requirements (All Residents) |
|---|---|
| Short term (day) absence Essential outing and Social outing | <ul style="list-style-type: none"> • Permitted unless the resident is self-isolating • Residents must follow public health measures during the absence • Active screening on return • Testing or self-isolation not required upon return |
| Temporary (overnight) absence | <ul style="list-style-type: none"> • Permitted unless the resident is self-isolating • Residents must follow public health measures during the absence • Active screening on return • Fully immunized residents do not require testing or self-isolation upon return. • Partially immunized or unimmunized residents require a negative lab-based PCR test upon return to the home. The individual must be placed in isolation on Droplet and Contact Precautions if their test result is pending. If their test result is negative, isolation on Droplet and Contact Precautions can be discontinued. |

Note: Residents who are self-isolating under Contact and Droplet Precautions may only receive Essential Visitors (e.g., residents may not receive General Visitors or Personal Care Service Providers).

References:

Directive #3 (July 14, 2021)

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf

Retirement Homes Policy to Implement Directive #3 (July 14, 2021)

<https://www.rhra.ca/wp-content/uploads/2021/07/RH-Policy-to-Implement-Directive-3-Step-3-FINAL.pdf>

RHRA Scenario Matrix: Retirement Home Covid-19 Visiting Policy (June 9, 2021)

<https://www.rhra.ca/wp-content/uploads/2021/06/Visitor-Matrix-Effective-Date-June-9.pdf>

Appendix A – Symptoms List

Appendix B – How to Put on/Take off a Mask

Appendix A – Symptoms List

Source: Ministry of Health COVID-19 Reference Document for Symptoms (September 21, 2020)

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

Ministry of Health

COVID-19 Reference Document for Symptoms

Version 7.0 – September 21, 2020

Common symptoms of COVID-19 include:

- **Fever** (temperature of 37.8°C/100.0°F or greater)
- **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)
 - *Not related to other known causes or conditions (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)
 - *Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)*

Other symptoms of COVID-19 can include:

- **Sore throat** (painful swallowing or difficulty swallowing)
 - *Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)*
- **Rhinorrhea** (runny nose)
 - *Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline)*
- **Nasal congestion** (stuffy nose)
 - *Not related to other known causes or conditions (e.g., seasonal allergies)*

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September 21, 2020

Refer to link above for full list of typical and atypical signs and symptoms.

Appendix B - How to Put on/Take off a Mask

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 2 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.




Source: World Health Organization ([Medical Mask](#)) *Poster modified to 2 metres