

St Jacobs Place COVID-19 Policy

Introduction:

This policy should be used in conjunction with ORCA policy I 4.5 Pandemic Preparedness and Response to ensure COVID-19 has been incorporated into emergency management planning and the ORCA COVID-19 Response Guide. All retirement communities should refer to the Ministry of Health (MOH), Ministry for Seniors and Accessibility (MSAA), Public Health unit (PHU) and the Retirement Homes Regulatory Authority (RHRA) for direction on management and prevention of COVID-19.

Note: Per Directive #3/Retirement Homes Policy to Implement Directive #3, homes must have policies on:

- Admissions and Transfers
- Absences including short term (day) and temporary absences
- Visitors (*Refer to COVID-19 Visitor Policy*)
- Communal Dining
- Organized Indoor Activities/Gatherings

Additionally, OCMOH Instructions require:

- Covid-19 Vaccination Policy (including antigen testing)

Policy:

St Jacobs Place will take all necessary steps and control measures to assist in the prevention and monitoring of COVID-19. Additionally, all staff, students, visitors and residents must agree to abide by the health and safety practices contained in Directive #3 as outlined in this policy and the Retirement Homes Policy to Implement Directive #3 as a condition of entry into the home. Recommended public health measures, as noted throughout this policy, as well as all applicable laws, must be practiced at all times regardless of whether or not an individual has received a COVID-19 vaccine.

Where noted in this policy “**fully immunized**” refers to an individual having received:

- the Full series of a Covid-19 vaccine authorized by Health Canada, or any combination of such vaccines
- One or two doses of a Covid-19 vaccine not authorized by Health Canada, followed by one dose of a Covid-19 mRNA vaccine authorized by Health Canada, or
- Three doses of a Covid-19 vaccine not authorized by Health Canada; and
- They received their final dose of the Covid-19 vaccine at least 14 days ago

The above definition is based on the [Ministry of Health’s COVID-19 Fully Vaccinated Status in Ontario](#).

Prevention and Monitoring

- The residence will establish a Team or Designate to lead and coordinate the implementation of directives issued by local, provincial or federal regulation and other regulatory bodies. This team or designate would be called upon to be part of the Outbreak Management Team (OMT) once a home goes into outbreak.
- The residence will take steps to assess their preparedness for responding to COVID-19. *See the ORCA COVID-19 Response Guide for links to sample preparedness checklists.*

Organizational Risk Assessment

The residence’s Organizational Risk Assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering (e.g., ventilation, cleaning & disinfecting), administrative (e.g., physical distancing, vaccination

program) and PPE measures. This will be communicated to the Joint Health and Safety Committee including the review of the environment when a material change occurs.

Ensuring Preparedness (COVID-19 Outbreak Preparedness Plan)

The residence, in consultation with the Joint Health and Safety Committees (or Health and Safety Representatives if any), will ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including developing and implementing a COVID-19 Outbreak Preparedness Plan which will include:

- Identifying members of the OMT,
- Identifying the home’s local IPAC hub and their contact information.
- Enforcing an IPAC program in accordance with the RHA and O. Reg. 166/11 both for non-outbreak and outbreak situations, in collaboration with IPAC hubs, public health units, local hospitals, Home and Community Care Support Services, and/or regional Ontario Health,
- Conducting regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak. This is to identify and address gaps in IPAC practices. The home will follow the MOH’s COVID-19 [Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#) for detailed requirements and information regarding IPAC audits.
- Ensuring testing kits are available and plans are in place for taking specimens,
- Ensuring sufficient PPE is available, and that appropriate stewardship of PPE is followed,
- Ensuring that all staff and volunteers, including temporary staff, are trained on IPAC protocols including the use of PPE,
- Developing policies to manage staff who may have been exposed to COVID-19, and
- Permitting an organization completing an IPAC assessment to do so and share any report or findings produced by the organization with any or all of the following: public health units, local public hospitals, Ontario Health/LHINs and the RHRA, as may be required to respond to COVID-19 at the home, and
- Keeping staff, residents, and families informed about the status of COVID-19 in the homes, including frequent and ongoing communication during outbreaks.

Active Screening of All Persons (including Staff, Visitors, and Residents Returning to the Home)

- To implement active screening protocols, a sign at entrances will be posted that follows directives and states that visitors must delay their visit if they have symptoms, as applicable. Signage will also be posted, directing individuals to enter via the front entrance (*See sample “Entrance Closed” Signage in ORCA policy I 4.5*). *Note the Fire Code stipulates at least two exits must be accessible.*
- Active screening will take place at the screening station at the front That entrance. A screener will conduct active screening during business hours and change of shift. Outside of those times, the process for screening those entering the home and logging visits will be performed by Wellness Staff upon a call from the front entry.
 - Screening will take place 24 hours a day, 7 days a week.
 - Screeners will wear appropriate PPE if unable to maintain physical distancing from the individual being screened and/or plexiglass barriers are not available.
- All individuals, regardless of their vaccination status, will be actively screened and must demonstrate a negative antigen POCT result to be permitted entry, according to the requirements outlined under Directive #3 and the Retirement Homes Policy to Implement Directive #3, including for outdoor visits Minimum requirements for active screening outlined in the MOH’s [COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#) will be followed.

The residence will also request proof of COVID-19 vaccination and identification as part of screening. Where a visitor does not provide proof of vaccination, they may be permitted entry only if they have complied with the applicable requirements set out in the Retirement Homes Policy to Implement Directive #3.

- Staff and visitors will be actively screened **once** per day at the beginning of their shift or visit.
- Antigen testing frequency (as outlined in the CMOH Letter of Instruction):
 - A staff member who **has provided proof of full vaccination** must submit to regular antigen POCT for COVID-19 and demonstrate a negative result at minimum twice every seven days
 - A staff member, contractor, student, volunteer or Essential Caregiver who has **not provided proof of full vaccination** OR is a Support Worker, Personal Care Service Provider, volunteer, student, contractor, Essential Caregiver or a General Visitor, **regardless of vaccination status** must submit to regular antigen POCT for COVID-19, and demonstrate a negative result, prior to entry. Results are valid for a calendar day.
 - An External Care Provider subject to the vaccination policies required under Chief Medical Officer of Health’s Directive #6 must submit to regular antigen POCT for COVID-19 **regardless of their vaccination status** and demonstrate a negative result prior to entry. Results are valid for a calendar day.
 - If the residence has made reasonable efforts but has an inadequate supply of antigen point of care tests to comply with the above frequencies, all Required Individuals are to submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result at minimum once every seven days.
- Anyone who does not pass screening will be informed of the result and should not be permitted to enter the home. **Staff, students, contractors, volunteers, students and visitors who receive a positive test result in the retirement home must leave the facility immediately and be directed to self-isolate at their own home, as per Directive #3. They may not be permitted to return to the home for 10 days. (Staff exception may apply per Test to Work – see below).** Exemptions to active screening apply to:
 - **First responders** are to be permitted entry without screening in emergency situations.
 - A **resident** returning to the home following an absence, who must be permitted entry but isolated on additional precautions and tested for COVID-19 per the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance](#).
 - **Visitors for palliative end-of-life residents.** This exception does not apply to visitors for imminently palliative residents who failed screening due to federal quarantine requirements
 - Also refer to the residence’s Visitor policy on process when visitors do not pass screening.
 - **Fully vaccinated staff and essential visitors** as per the [Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 or Influenza Immunization](#) document; **Note:** The above groups must remain masked (medical (surgical/procedural) mask) and maintain physician distance from other residents and staff and
 - Staff who are on **Test to Work** must follow the protocols and requirements for Test to Work in RHRA’s Retirement Homes Policy to Implement Directive #3 (see section *Test to Work*)
- The home will document entry of all persons to the home and their screening results, retained for a minimum of 30 days to support contact tracing (including screening results and safety review as

applicable) (See Appendix D for Staff Screening form and St Jacobs Place COVID-19 Visitor Policy for policy/procedures and Visitor screening form).

- If staff are unsure, based on their symptoms, whether they should come to work, they should consult their Occupational Health department (if available) or a healthcare professional or call Telehealth Ontario (1-866-797-0000)
- Those who do not pass screening, and are not exempt per above, will not be allowed to enter the home and will be advised to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
 - Staff and students must inform their manager/immediate supervisor of the failed screening result. The designate will report to the GM, and GM will report to the Owner.
 - Staff responsible for occupational health must follow up on all staff (i.e. phone calls, further screening, etc.) who have been advised to self-isolate based on exposure risk or symptoms.
 - The home will notify the PHU
- Managers will monitor staff on vacation and inquire as to whether they have travelled outside of Canada in the last 14 days, and if so, whether they are exempt from federal quarantine requirements.
- Signage will be posted throughout the building, including staff entrances and in staff break rooms indicating signs and symptoms of COVID-19, reminding individuals to monitor themselves for COVID-19 symptoms and steps that must be taken if COVID-19 is suspected or confirmed.
 - Signage on physical distancing, performing hand hygiene and following respiratory etiquette will also be posted.

Daily Symptom Screening of All Residents

- All residents must be assessed, at least once daily for signs and symptoms of COVID-19, including temperature checks.
 - **All residents being admitted or transferred to the home must undergo twice daily symptom screening for 10 days following arrival** (also see section *Admissions and Transfers*)
- Any resident who presents with signs or symptoms of COVID-19 must be immediately isolated, placed on additional precautions, and tested for COVID-19 as per the [COVID-19: Provincial Testing and Clearance Guidance](#).
- When the screening is completed, the nurse will note the screening in the progress notes (See Appendix E for Resident Screening form).
- **If a resident fails screening:**
 - The resident should wear a protective mask and be placed in a separate room near the entrance to be further assessed by the appropriate staff (avoiding contact with anyone in the process)
 - Staff will use additional precautions, and maintain a 2-metre distance from the resident, but should NOT conduct a physical examination
 - Staff will report to the GM, who will advise the Owner
 - The residence will contact PHU to discuss the most appropriate setting for the resident to be medically assessed and will follow testing requirements per Ministry of Health (see section: Testing)

Test to Work (Also see *St Jacobs Place Staffing Contingency Plan for visuals and additional staffing considerations*)

Retirement home staff must notify the GM/Supervisor/Designate when:

- They have had a **close-risk*** contact with a person who has tested positive for COVID-19.

- When they are in ongoing close contact with and are not able to effectively isolate away from a COVID-19 case (e.g., providing care to a COVID-19 positive household member).
- When they have received a positive COVID-19 test result or have symptoms of COVID-19 (i.e., are a COVID-19 case).

***Close contact** means you were in close proximity (less than 2 metres) to a COVID-19 positive person for at least 15 minutes or for multiple short periods of time without appropriate measures such as masking and use of PPE and in the period of time 48 hours prior to that individual's symptom onset (or positive test result if they were asymptomatic) and until they started self-isolating.

Based on the Ministry of Health's [Interim Guidance for Cases, Contacts and Outbreak Management in Omicron Surge](#), staff who have had COVID ("cases" whether confirmed by testing or assumed on the basis of symptoms) or who have had close contacts with an individual who tested positive for COVID-19 ("close contacts") must not attend work for 10 days from symptom onset/positive test or last exposure to a case if a close contact.

Retirement Homes that May Implement Test to Work

In high-risk settings, including retirement homes, "Test to Work" may be implemented to permit **fully vaccinated** staff the opportunity to return to work before the preferred isolation period of 10 days due to a **critical staffing shortage**. A critical staffing shortage should be determined at the home's discretion unless otherwise advised by the local PHU. Retirement homes without critical staffing shortages should not apply early return to work (e.g., before 10 days) for their staff.

If the home is experiencing a critical staffing shortage, early return to work for staff should not be employed *unless* the following steps are completed:

- Fully utilized staffing contingency plans and continuity of operations planning;
- Taken all steps to avoid and mitigate situations of staffing shortages;
- Taken all appropriate steps to secure testing resources on site. Rapid antigen POCTs have been prioritized to highest risk settings to support Test to Work measures; and
- Consulted with the workplace joint health and safety committee about the measures and procedures that are being taken for workplace safety.

If the home has completed these steps, proceed with implementing early return to work (not required to notify local PHU before proceeding).

Using a Risk-Based Approach to Implementation

The home will consider the risks of early return to work and balance these with the risks to resident and staff safety due to COVID-19 related staffing shortages. In selecting and prioritizing fully vaccinated staff for early return to work, the following considerations may be applied:

- Staff who have the shortest remaining time in their self-isolation period are returned first;
- Staff who have received third doses are returned before staff with only two doses (Note: individuals who are not fully vaccinated are not eligible for Test to Work);
- Staff that have lower risk exposures (e.g., non-household contact) are returned before staff with ongoing close contact (e.g., household) exposure;

- Staff who have experienced a fully resolved, test confirmed COVID-19 infection in the 90 days before their current exposure are returned before those who have not experienced a fully resolved COVID-19 infection in the 90 days before their current exposure; and
- The fewest number of high-risk exposed staff are returned to work to allow for business continuity and safe operations.

If the home has determined Test to Work options are appropriate for the setting, to reduce the risk of COVID-19 exposure from staff who are returning early to work, the following steps should be completed:

- All possible steps have been taken to avoid assigning staff on early return to work to vulnerable residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease);
- PPE and IPAC practices have been reviewed through audits and a plan is in place to ensure staff on early return to work follow the prescribed measures;
- A cohorting plan is in place to ensure staff who are returning early are assigned to work with COVID-19 positive residents only; and
- A plan is in place to support additional precautions for individuals on early return to work including:
 - Active screening ahead of each shift and **taking temperature twice a day** to monitor for fever.
 - A separate space is provided for eating meals to reduce the risk of exposure to COVID-19 negative co-workers (e.g., separate conference rooms or lunchrooms).
 - Working in only one facility/worksite.
 - Well-fitting source control masking (e.g., well-fitting medical mask, fit or non- fit tested N95 respirator, or KN95) is provided and the individual is trained on its appropriate use.

In selecting the early return to work options, the home should consider:

- The risk profile of residents and the potential impacts to resident safety from critical staffing shortages;
- The home’s ability to effectively implement workplace safety and IPAC measures to limit the risk of transmission from staff who return to work early, based on recent feedback from their local PHU, OH&S inspections, RHRA inspections, IPAC audits, and other sources; and
- The home’s physical layout and the opportunity to limit risk of exposure to residents, staff and caregivers from staff who return to work early.

Three progressive levels of options for early return to work, according to the associated risk for further COVID-19 transmission, are outlined in the chart. The residence must consider the progressive levels of risk when determining what staffing option to use under the current staffing shortage circumstances and use the lowest risk option whenever possible:

	Close Contacts – Rapid Antigen Testing (RAT) available	Close Contacts – Contingency when RAT is not available	Cases – With or Without Testing Available
Lowest Risk Staffing Options	I. Return to work after a single negative PCR test collected on/after day 7 from last exposure. OR II. Return to work on day 7 after negative RATs on day 6	Return to work after 10 days from last exposure to the case.	I. Return to work after 10 days from symptom onset or initial positive test (whichever is earliest). OR II. Return to work after single negative PCR test or

	and day 7 after last exposure, collected 24 hours apart.		two negative RATs collected 24 hours apart any time prior 10 days. Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).
Moderate Risk Staffing Options	<p>I. Return to work after a single negative initial PCR test after exposure. OR II. Return to work after two negative RATs collected 24 hours apart after last exposure.</p> <p>Continue daily RATs for 10 days based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option.</p>	Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10.	<p>Return to work on day 7 from symptom onset or initial positive test (whichever is earliest) without testing AND if ONLY caring for COVID-19 positive residents.</p> <p>Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).</p>
Higher Risk Staffing Options	<p>Return to work after a single negative RAT.</p> <p>Continue daily RATs for 10 days based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option.</p>	Return to work on day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10.	<p><i>This option is only to be used in dire staffing situations after all other options have been exhausted and with appropriate IPAC in place.</i></p> <p>Return to work earlier than day 7 (e.g., day 5 or 6) without testing AND if working ONLY with COVID-19 positive residents.</p> <p>Symptoms must be improving for 24 hours (48 hours if vomiting/diarrhea).</p>

Also see the Ministry of Health’s [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings](#).

Food and Product Deliveries: Food and product deliveries should be dropped in an identified area and active screening of delivery personnel done prior to entering the home. Signs will be posted at all delivery areas for delivery personnel to report to reception for screening if they must enter the building. To minimize unnecessary entry into the home, the home will encourage food or package delivery to the foyer for resident pick up or staff delivery where applicable.

Universal Masking and Appropriate Use of Personal Protective Equipment (PPE)

- The residence will follow COVID-19 Directive #5 to ensure appropriate PPE, including: engaging in the conservation and stewardship of PPE, assessing the available supply of PPE on an ongoing basis,

exploring all available avenues to obtain and maintain a sufficient supply of PPE, and if a shortage will occur, communicating PPE supply levels and developing contingency plans.

- **Universal Masking:** The residence will ensure that all **staff** and **essential visitors** wear a well-fitted medical mask for the entire duration of their shift/visit, both indoors and outdoors, regardless of their Covid-19 vaccination status. General visitors must wear a medical mask for the duration of their visit if the visit is indoors, or a medical or non-medical mask during their visit if the visit is outdoors. These requirements apply regardless of whether the home is in an outbreak or not.
 - **Staff** - The residence will ensure that all staff comply with universal masking at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission, staff must remain two metres away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are in contact with residents and/or in designated resident areas.
 - Exceptions to the masking requirements are:
 - Children who are younger than 2 years of age;
 - Any individual (staff, visitor, or resident) who is being accommodated in accordance with the AODA, 2005; and/or
 - Any individual (staff, visitor, or resident) who is being reasonably accommodated in accordance with the Human Rights Code.
 - In addition to the masking requirements and exceptions described above, the residence will follow RHRA's Retirement Homes Policy to Implement Directive #3, as noted elsewhere in this policy where applicable. Additional PPE requirements may apply based on the individual's vaccination status.

Eye Protection: Regardless of Covid-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s). Children 2 years and under are exempt from wearing eye protection.

- **Information and Training (PPE):** The DOC will provide all staff and essential visitors who are required to wear PPE with information and training on the care, safe use, and limitations of that PPE, including training on proper donning and doffing. The DOC will provide staff with re-education on how to don and doff PPE, and staff must be able to demonstrate.
- The residence will designate staff to help ensure the appropriate use of PPE by residents, visitors, and staff as outlined in Directive #5. See Visitor Policy regarding attestation by visitors by (Safety Review)
- Per Directive #5, the residence must ensure they take the following precautions:
 - A **point-of-care risk assessment (PCRA)** must be performed by every **regulated health professional** before every resident interaction (*see PCRA resource in ORCA's COVID-19 Response Guide*)
 - At a minimum, droplet and contact precautions must be used by **regulated health professionals and other health care workers** for all interactions with suspected, probable or confirmed COVID-19 residents. Droplet and contact precautions includes gloves, face shields or goggles, gowns, and a well-fitted surgical/procedure mask.
 - As an interim precaution in light of the uncertainty around the mechanisms of transmission of the COVID-19 Omicron variant of concern (B.1.1.529), required precautions for **all health care workers providing direct care to or interacting with** a suspected, probable (i.e. placed in

precautions as high risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases of COVID-19 are a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves.

- All **regulated health professionals** and **health care workers** providing direct care to or interacting with suspected, probable or confirmed COVID-19 residents must have access to appropriate PPE, including surgical/procedure masks, fit-tested, seal checked N95 respirators (or approved equivalent), gloves, face shields with side protection (or goggles) and appropriate isolation gowns.
- The residence will not deny access to a fit-tested, seal-checked N95 respiratory (or approved equivalent).
- Fit-tested, seal-checked N95 respirators (or approved equivalent), must be used by all **regulated health professionals and health care workers** in the room where AGMPs are being performed, are frequent or probable - for a list of AGMPs, see MOH Directive #5

Supplies and Personal Protective Equipment

- The residence will endeavor to provide a minimum of a 14-day supply of the identified supplies below to be maintained in the residence in preparation for a pandemic.
- The residence will ensure test kits are available and plans are in place for taking specimens.
- The residence will assess available supply of PPE on an ongoing basis, and explore all available avenues to obtain and maintain a sufficient supply
 - Each department manager will be responsible for maintaining contact with their suppliers to identify their ability to meet residence needs and re-ordering of supplies to maintain adequate inventories. The residence will also utilize local food and hardware supplies as needed.

Important note: Understanding that supplies are in high demand and may be difficult to attain from vendors, continue to place orders. Note that large to above norm orders may be flagged and, therefore, not filled. If you are in outbreak status, let the vendor know.

- The GM and DOC will monitor the inventory of personal protective equipment (gloves, masks, gowns) and ensure they are in a secure location to prevent any theft or unnecessary use. The residence should maintain an inventory of supplies (See I 4.5.6 Supplies and Equipment Template: Care in the Residence).
- The residence will ensure N95 fit testing is up to date as per policy on N95 respirators
- The home will refer to the latest [IPAC Recommendations](#) for PPE when caring for residents with suspect or confirmed COVID-19.

Physical Distancing

- Physical distancing (a minimum of 2 metres or 6 feet) must be practiced at all times by all individuals at all times, except for the purposes of providing direct care to a resident.
 - Exceptions may apply per the Retirement Homes Policy to Implement Directive #3.
- The physical space and layout may be reconfigured where appropriate to facilitate physical distancing (e.g. moving furniture, visual marks on ground)

Accommodations

- **Isolation Rooms:** The residence will identify and set aside rooms for isolation purposes. Residents requiring isolation must be placed in a single room on Additional Precautions. If not possible, residents may be placed in a room with no more than one other resident who must also be placed in isolation under Droplet and Contact Precautions.

- **General accommodations:** After completing all testing and isolation requirements per Admissions and Transfers protocol, all new residents will be placed in a single room. Where single rooms are not available, semi-private rooms can be used, provided there is adequate space (minimum 2 metres) between beds.
- **Ward rooms** [*Refer to Directive #3 for requirements if residence has ward rooms*]

Environmental Cleaning

- The residence will maintain regular environmental cleaning of the building; cleaners and disinfectants with a DIN number will be used
- Enhanced environmental cleaning and disinfection will be done for frequently touched surfaces, which may include trolleys and other equipment moved around the residence, handrails, doorknobs, elevator buttons, light switches, etc.
- Where available, dedicated equipment for use in a room where a confirmed or suspect resident is being cared for will be provided, and thoroughly cleaned/disinfected prior to being used elsewhere
- [*If applicable, establishing procedures for cleaning/disinfecting Controlled Areas per the Smoke-Free Ontario Act for smoking/vaping – refer to [LTC and RH Guidance for Public Health Units](#)*]

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

Hand Hygiene

All residents, visitors, staff and volunteers will be reminded about the importance of hand hygiene/washing (*See the ORCA COVID-19 Response Guide*)

- Hand sanitizer (70-90% alcohol) will be available throughout the building including entrance, common areas, dining room, care areas, reception area/screening stations
- Adequate supplies will be maintained for hand washing and access to handwashing stations

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

- **Per O. Reg. 158/20 (Limiting Work to a Single Retirement Home):** Unless **fully vaccinated** against COVID-19 (or otherwise directed by a local medical officer of health), staff must not perform work in another home operated by the same licensee, for another licensee, or for a health service provider (as defined by the Connecting Care Act, 2019); employees must comply with the regulation even if doing so is contrary to the provisions of a collective agreement and they shall not be terminated as a result of complying with the Order.
 - A copy of the order will be posted in a conspicuous, easily accessible location in the residence
 - The residence will maintain a list of staff who are fully vaccinated and working at multiple sites
- The residence will review staffing schedules, availability of alternate staff, and emergency contact numbers for staff
- Per [O. Reg. 118/20](#), the residence may take any reasonably necessary steps related to work deployment and staffing required to respond to, prevent, and alleviate the outbreak of COVID-19 in the home. These may include changes to work and shift assignments, cancellation of vacation or leave of absence, hiring additional part-time/temporary or contract staff, and using volunteers to perform work, noting all grievance processes are suspended for the duration of the order.
- The residence will collect information from staff, contractors or volunteers about their availability to provide services, their likely or actual exposure to COVID-19 or about any other health conditions that may affect their ability to provide services

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

Admissions and Transfers

- In light of greater risk of COVID-19 re-infections with the Omicron variant, all residents who are being admitted or transferred to a home must undergo a PCR test and be self-isolated on additional precautions, regardless of their COVID-19 vaccination status.
- All admissions and transfers must be actively screened upon entry to the home and *twice* daily for 10 days following the admission/transfer.

The residence will ensure that:

A) For admission and transfers from a healthcare facility (e.g., LTC home, another retirement home) **that is NOT in outbreak**, regardless of the vaccination status of the individual:

- A PCR test is required either prior to admission (i.e., within 24 hours of planned transfer) or on arrival (i.e., day 0). The resident must be placed in self-isolation on additional precautions until a negative test is received. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of the planned transfer or arrival at the home. 2 negative RATs are required to discontinue self-isolation.

B) For admission and transfers from a healthcare facility that is IN outbreak, regardless of the vaccination status of the individual:

- An admission or transfer may take place only if approved by the local PHU, and there is concurrence between the home, the local PHU, and the hospital.

C) For admissions from the community, regardless of the vaccination status:

- A PCR test is required prior to admission. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of the arrival at the home. The resident must isolate on Droplet and Contact Precautions for a minimum of 7 days. A second negative PCR test on day 5 or 2 negative RATs on days 6 and 7 are required to discontinue self-isolation on additional precautions by day 7.
- If approved by the local PHU and the home is in concurrence, any resident being admitted or transferred, regardless of their vaccination status, who is identified as having symptoms, exposure and/or diagnosis of COVID-19 must be self-isolated and placed on additional precautions at the home in addition to the requirements above.

Residents in Isolation:

- Residents requiring isolation will be placed in a single room on Droplet and Contact Precautions. If a single room is not available, semi-private rooms may be used provided that there is adequate space (minimum 2 metres) between beds.
- When a resident is self-isolating, the residence will provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation, including individualized mental and physical stimulation that meet the abilities of the individual. The residence will endeavour to use sector best practices whenever possible.
- Per Directive #3: The residence will ensure that:
 - Individuals who may have challenges with isolation due to a medical condition (e.g., dementia) will not be denied admission or transfer on this basis alone. The residence will take all

precautions to ensure the completion of the required isolation period for new or transferred residents to the best of the residence’s ability.

- In exceptional circumstances, residents may complete their isolation requirements upon admission/transfer at alternative facilities designated for this purpose. This requires the consent of the resident and/or their SDM, as well as an agreement between the residence, local PHU, regional Ontario Health, and Home and Community Care Support Services, as well as IPAC hubs and other health care facilities as relevant.

If the resident is referred to hospital:

- The residence should coordinate with the hospital, local PHU, paramedic services and the resident to make safe arrangement for travel to the hospital that maintains isolation of the resident. Resident transfer services should not be used to transfer a resident who screens positive from the residence.
- For all residents on any type of additional precautions, ensure that PPE is available at the point of care (including disposable gowns, gloves, procedure masks and eye protection) and a garbage bin and hand sanitizer are available immediately outside the room

Visitors

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

Requirements for Absences

- 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** – can be split into:
 - A. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity;
 - B. **Social outings** – absences other than for medical, compassionate/palliative or essential outings.
 4. **Temporary (overnight) absences** refer to absences for two or more days and one or more nights away from the home for non-medical purposes.
- For all types of absences, residents will be provided with at minimum a medical mask free of charge if they are unable to source one
- 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. Additionally, all residents on an absence, regardless of type or duration of the absence, must be actively screened upon their return to the home.
- The residence will not restrict or deny any absences for medical or compassionate/palliative reasons at any time. This includes when a resident is in isolation on additional Precautions and/or when a home is in an outbreak; in these situations, homes must consult their local public health unit for further advice. In alignment with Directive #3, 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 who are in isolation on additional precautions and/or reside in an area of the home that is in an outbreak cannot participate in essential, social or temporary absences.
- 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.
- It is strongly recommended that residents only take Short Term Absences that are **essential outings**, such as walks, groceries, medical appointments, filling prescriptions, and emergency room visits. Social outings and overnight absences are discouraged.

The residence will follow requirements based on absence type (short term (day) absences and temporary (overnight) absences) per below:

	Requirements (All Residents)
<p>Short term (day) absence</p> <p>Essential outing and Social outing</p>	<ul style="list-style-type: none"> • The residence will permit short term absences. However, residents are <u>strongly encouraged</u> to remain in the home unless it is for an essential outing. • Residents must follow public health measures during the absence • Active screening is required on return • Testing or self-isolation is not required upon return, unless: <ul style="list-style-type: none"> ○ If the resident has been exposed to a known COVID-19 case during their absence, they must be tested for COVID-19 with a PCR test on return to the home and quarantine. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of returning to the home. <ul style="list-style-type: none"> ▪ A second negative COVID-19 PCR test result collected on Day 7 is required to discontinue quarantine on Droplet and Contact Precautions, or ▪ Alternatively, the resident must isolate on Droplet and Contact precautions and demonstrate negative RAT results from days 6 and 7.
<p>Temporary (overnight) absence</p>	<ul style="list-style-type: none"> • The residence will permit overnight absences. However, residents are <u>strongly encouraged</u> to remain in the home unless it is for an essential outing. • Residents must follow public health measures during the absence • Active screening on return • All residents, regardless of vaccination status, require a negative PCR test upon return to the home. If timely PCR tests are unavailable, perform 2 RATs separated by 24-48 hours, the first of which will be administered within 24 hours of returning to the home. The resident must isolate on Droplet and Contact precautions for a minimum of 7 days. <ul style="list-style-type: none"> ▪ A second negative PCR test on day 5 or 2 negative RATs on days 6 and 7 are required to discontinue self-isolation on additional precautions by day 7. • The residence will not deny entry to residents into their home while awaiting testing results.

Asymptomatic Testing

Asymptomatic testing using antigen Point-of-care Testing (POCT) should be conducted for staff, students, contractors, volunteers, and visitors at the frequencies outlined in the CMOH Letter of Instruction. See section *Active Screening of All Persons for frequencies*. Refer to the residence’s policy on asymptomatic testing (see *ORCA sample Asymptomatic Testing Policy*).

Testing (per MOH Provincial Testing and Clearance Guidance)

The residence will follow public health direction and refer to the MOH Integrated Testing & Case, Contact and Outbreak Management Interim Guidance. In the event of an outbreak, the local public health unit is responsible for managing the outbreak response ([see COVID-19 Guidance: LTC Homes and Retirement Homes for Public Health Units](#)).

For reference, the following groups are eligible for molecular testing (PCR or rapid molecular testing):

- Symptomatic staff, volunteers, residents, essential caregivers, and visitors
- Symptomatic/asymptomatic residents on admission/transfer to the residence
- High risk contacts and asymptomatic/symptomatic people in the context of confirmed or suspected outbreaks
- For asymptomatic testing as per provincial guidance and/or Directives, or as directed by PHUs

COVID-19 Vaccination Policy

The residence will ensure compliance with, and the enforcement of the Letter of Instructions issued by the Office of the Chief Medical Officer of Health effective December 22, 2021 or as current. (See *ORCA's Sample Guideline COVID-19 Mandatory Vaccination Policy*).

Managing a Symptomatic Individual: Once at least one resident or staff has presented with new signs or symptoms compatible with COVID-19, the residence will immediately take the following steps:

- **In the Event of a Symptomatic Resident:** The resident will be placed in isolation under appropriate additional precautions, in a single room if possible, medically assessed, and tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test as per the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance](#).
 - Roommates of the symptomatic resident must also be placed in isolation under appropriate additional precautions and tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test as a high-risk close contact.
- **In the Event of a Symptomatic Staff or Visitor:** The staff or visitor will be advised to go home immediately to self-isolate and will be encouraged to get tested for COVID-19 using a lab-based PCR or molecular point-of-care test.
- The residence will enforce enhanced IPAC measures, including enhanced screening and cohorting among residents and staff to limit the potential spread of COVID-19.

Managing a COVID-19 Case in the Home

- As COVID-19 is a designated disease of public health significance and thus all probable and confirmed cases of COVID-19 are reportable to the local public health unit under the Health Protection and Promotion Act, 1990 (HPPA):
 - The residence will notify the local PHU of all probable and confirmed cases of COVID-19 as soon as possible.
 - The residence will ensure compliance with minimum IPAC requirements as outlined in Directive #3, including conducting IPAC self-audits, active screening, and cohorting among residents and staff to limit the potential spread of COVID-19.
 - The local PHU is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the Public Health Management of Cases and Contacts of COVID-19 in Ontario and the HPPA.
 - The residence will ensure any health system partners and/or external agencies that may be engaged to assist the home follow the directions of the local PHU when providing services at the home or otherwise on-site at the home.

- Staff who test positive for COVID-19 should report their illness to their manager or to the Occupational Health and Safety committee or representative per residence practice. The manager or Occupational health designate must promptly inform the Infection Control designate of any cases or clusters of staff including contract staff who are absent from work. In accordance with the Occupational Health and Safety Act, the home must provide notice to the Ministry of Labour, Training and Skills Development within four days if a worker has an occupationally acquired illness.

Outbreak Management

- The local PHU is responsible for managing the outbreak response and has the authority and discretion to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.
- The local PHU is responsible for defining the outbreak area (e.g., a single affected unit vs. the whole home), directing outbreak testing, permitting work self-isolation for staff, and leading all other aspects of outbreak management including isolation of residents and staff, as well as declaring the end of an outbreak (*Also see COVID-19 Guidance: LTC and Retirement Homes for PHUs*)
- The residence will follow any guidance provided by the local PHU with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.
- The residence will ensure that any health system partners and/or external agencies that participate in any suspect or confirmed outbreak response informs the local PHU and the Outbreak Management Team of their involvement, following any directions provided by the local PHU pursuant to the HPPA.
- Once an outbreak is declared, the outbreak must be reported to the RHRA on the same day that it is reported to PH. The report must be sent to info@rhra.ca and include: Name of home; License number; # of positive resident cases; # of positive staff cases; and Identification of PH contact. The residence should advise the RHRA by email once the outbreak is declared over as well.

Social Gatherings and Organized Events

- Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games).
- Social gatherings and organized events are permitted **at all times**, unless otherwise advised by the local PHU. The residence will maintain activities which promote resident strength, mobility, and mental health to mitigate resident health from deteriorating, except for the following restrictions:
 - Social activities that include singing, dancing, and performing music are **not** permitted.
 - Higher intensity exercise classes (e.g. cardio, Zumba) should be discouraged, as they generate more respiratory droplets and potentially increase the spread of COVID-19.
- Residents, staff, and fully vaccinated Essential Visitors may attend social gatherings and organized events.
- General Visitors who are required to facilitate programs, events, or religious services may attend (e.g., event facilitators, performers, or religious leaders who are visiting to provide the program, event, or service) if they are fully vaccinated, pass active screening and demonstrate a negative antigen POCT. Otherwise, General Visitors are **not permitted** to participate in social gatherings and organized events with residents.
- Social gatherings and organized events will include the following measures:
 - Staff must wear at minimum a medical mask a medical mask (e.g., respirators are allowed).
 - Essential Visitors must wear eye protection, in addition to a medical mask.
 - Residents should be strongly encouraged to wear at minimum a medical mask.
 - Staff and fully vaccinated visitors should physically distance (2 metres separation) from residents and other staff unless providing direct care or support to a resident.

- Must not exceed 25% of the total capacity of the gathering or event space to ensure physical distancing can be maintained, including staff and fully vaccinated facilitators in attendance.
- Enhanced precautions for lower intensity exercise classes, which include:
 - Further limits to the number of residents based on room capacity (<25% of the total capacity);
 - Limiting to highly ventilated rooms (e.g., with open windows and HEPA filters); and
 - Requiring resident masking, if tolerated, and generous physical distancing.
- Residents who are in isolation or experiencing signs and symptoms of COVID-19 will not be permitted to take part in social gatherings or organized events unless they have tested negative for COVID-19 since the onset of the signs and symptoms. Residents in isolation will be offered individualized activities and social stimulation.

Communal Dining

- Unless otherwise advised by the local PHU, communal dining is permitted at all times with the following public health measures in place:
 - **Resident Precautions:**
 - Residents must be seated at all times except to enter and exit the area, move to their table, or use a washroom.
 - Physical distancing (2 metres separation) is recommended.
 - Consistent seating of resident groups is recommended.
 - Masking when not eating or drinking is strongly recommended.
 - No more than 10 people may be seated together.
 - **Staff Precautions:**
 - Universal masking/eye protection is required.
 - Frequent hand hygiene is required.
 - Maintain physical distancing (2 metres separation) from residents (when not serving) and other staff.
- Buffet and shared dish meal service are **not** permitted.
- Fully vaccinated Essential Caregivers may join a resident during mealtime if booked a head to reserve private dining room.
- Residents experiencing signs and symptoms of COVID-19 will not be permitted to participate in communal dining, unless the resident has tested negative for COVID-19 since the onset of the signs and symptoms. This will not interfere with providing a meal during the scheduled mealtime to the resident.

Other Recreational Services

- Services provided by the residence for residents will follow provincial requirements for that activity if applicable, including public health measures (e.g., maintaining physical distancing (2 meters separation), masking, and cleaning/disinfection between use).
- Based on current restrictions, the following may not be operated: saunas, steam rooms, indoor pools, and indoor sport and recreational fitness facilities, including gyms. However, indoor pools and indoor sport and recreational fitness facilities may be used for the purpose of treatment or physical therapy for a disability.
- Outdoor pools and sport and recreational fitness facilities are permitted.
- If the home has a library, it should be reduced to 25% capacity.

Personal Care Service Providers *(Also see Visitor Policy)*

In addition to Personal Care Service Providers (e.g., hairdressing) employed by the home, external or visiting Personal Care Service Providers are permitted in alignment with provincial requirements of the Reopening Ontario Act.

Requirements for Retirement Home Tours

- Only virtual tours will be permitted unless the prospective resident is in the final stages of home selection.
- Prospective residents in the final stages of home selection may be offered in-person, targeted tours of empty suites during off hours. These tours will adhere to all public health measures and the following precautions:
 - All tour participants are subject to the General Visitor screening, testing, and PPE requirements outlined in this policy (e.g., active screening, wearing at minimum a medical mask (e.g. respirators are allowed), IPAC, maintaining social distance).
 - The tour route will be restricted in a manner that avoids contact with residents and staff.
- The tour group must be limited to the tour guide, prospective resident, and one guest.
- The individual accompanying the prospective resident on the tour must pass active screening and demonstrate a negative antigen POCT.
- All in-person tours may be paused if the residence goes into outbreak.

Residence Vaccination Rates

The residence is required to comply with the OCMOH Instructions and will maintain a record of vaccination rates, including the date they were calculated. This information may be requested by the RHRA or the local PHU at any time, including during inspections. These will be kept for 30 days.

Communications

Communicate with your GM/DOC or head office designate **daily** if your residence is experiencing:

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

Media

- No employee will communicate with the press. Any requests please forward to the General Manager at (519)664-6637 ext. #405 or aallen@stjacobsplace.ca.

Accessibility Considerations - The residence will follow all applicable laws such as the AODA, 2005.

Attachments:

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

Additional Resources and Information:

- Public Health Ontario - [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) (December 15, 2021)
- Ministry of Health [COVID-19 Screening Tool for LTC and Retirement Homes](#) (January 11, 2022)

- Ministry of Health [Directive #3 for Long-Term Care Homes](#) (December 24, 2021)
- Ministry of Health [Directive #5 for Hospitals and Long-Term Care Homes](#) (April 7, 2021)
- Ministry of Health [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#) (January 13, 2022)
- Ministry of Health [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings](#) (January 12, 2022)
- Ministry of Health [COVID-19 Reference Document for Symptoms](#) (January 4, 2021)
- Ministry of Health [Case Definition – Coronavirus Disease \(COVID-19\)](#) (January 17, 2022)
- Ministry of Health [COVID-19 Guidance: LTC & Retirement Homes for Public Health Units](#) (January 21, 2022)
- Public Health Ontario [Infection Control Checklist for LTC and Retirement Homes](#) (November 2021)
- RHRA [Retirement Homes Policy to Implement Directive #3](#) (January 26, 2022)
- Chief Medical Officer of Health [Letter of Instruction](#) (December 24, 2021)

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

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

Appendix A - Ministry of Health Visitor Signage

Source: Ministry of Health

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

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



Attention Visitors

If you have any of the following symptoms of **COVID-19**:

- Fever (temperature of 37.8°C/100.0°F or greater) and/or chills
- Cough (new or worsening)
- Shortness of breath
- Decrease or loss of taste or smell
- For children (<18 years old): nausea, vomiting and/or diarrhea
- For adults (>18 years old): fatigue, lethargy, malaise and/or myalgias

OR you have been exposed to someone with COVID-19 or someone who has any of the above symptoms, **please delay your visit AND contact either your health care provider, Telehealth Ontario (1-866-797-0000), or visit an Assessment Centre for testing.**

Ontario 

Appendix B – Letter to Staff



[Date]

Dear **St Jacobs Place** Team,

I am writing to inform you that we received confirmation today from **The Region of Waterloo Public Health and Emergency Services** that that one of our **[residents/team members]** has tested positive for COVID-19. The **[current state of resident or team member – self-isolating, transferred to hospital, etc.]**

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

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

[List of COVID-19 related measures based on CMOH Directive dated December 24, 2021]

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

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

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

Sincerely,

April Allen
General Manager
St Jacobs Place

Appendix C – Letter to Residents and Family



[Date]

Dear Residents and Families,

I am writing to inform you that we received confirmation today from **The Region of Waterloo Public Health and Emergency Services** that one of our [residents/team members] has tested positive for COVID-19. The [current state of resident or team member – self-isolating, transferred to hospital, etc.]

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

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

[List of COVID-19 related measures based on CMOH Directive dated December 24, 2021]

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

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

Thank you for your ongoing support during this unprecedented time.
Sincerely,

April Allen
General Manager
St Jacobs Place

Appendix D –Staff (Employees, Volunteers) Screening Form

COVID-19 ACTIVE SCREENING TOOL – STAFF

Active screening once per day at the beginning of shift is required.

Please have the staff answer the following questions:

1.	Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.			
	Do you have one or more of the following symptoms?		Yes	No
	Fever and/or chills - <i>Temperature of 37.8° Celsius/100° Fahrenheit or higher</i>			
	Cough or barking cough (croup) - <i>Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have</i>			
	Shortness of breath - <i>Not related to asthma or other known causes or conditions you already have</i>			
	Decrease or loss of smell or taste - <i>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</i>			
	Muscle aches/joint pain - <i>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)</i> If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select “No.”			
	Fatigue - <i>Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)</i> If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No.”			
	Sore throat - <i>Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)</i>			
	Runny or stuffy/congested nose - <i>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</i>			
	Headache - <i>New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</i> If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select “No.”			
Nausea, vomiting and/or diarrhea - <i>Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have</i>				
2.	In the last 14 days, have you travelled outside of Canada AND are currently required to be in quarantine per the federal quarantine requirements*?	Yes	No	
3.	Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing. If the RH you are seeking to enter allows you to work in self-isolation (e.g., test-to-work), select “No.”	Yes	No	
4.	In the last 10 days (regardless of whether you are currently self-isolating or not), have you been identified as a “close contact” of someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms consistent with COVID-19?	Yes	No	

	If public health or the RH you are seeking to enter has advised you that you do not need to self-isolate or that you are allowed to work in self-isolation (e.g., test-to-work), select "No."		
5.	In the last 10 days, have you received a COVID Alert exposure notification on your cell phone? If you have already gone for a lab-based PCR test and got a negative result, or if the RH you are seeking to enter allows you to work in self-isolation (e.g., test-to-work), select "No."	Yes	No
6.	In the last 10 days (regardless of whether you are currently self-isolating or not), have you tested positive including on a rapid antigen test or a home-based self-testing kit? If you have since tested negative on a lab-based PCR test, or if the RH you are seeking to enter allows to work in self-isolation (e.g., test-to-work), select "No."	Yes	No
7.	Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? If public health or the RH has advised you that you do not need to self-isolate or that you are allowed to work in self-isolation (e.g., test-to-work), select "No." If the individual experiencing symptoms received a COVID-19 and/or flu vaccine in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No".	Yes	No
8.	In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND currently required to be in quarantine (as per the federal quarantine requirements)?	Yes	No
9.	Do you agree to abide by the health and safety practices contained in Directive #3 and the Retirement Homes Policy to Implement Directive #3? [Condition of entry into home]	Yes	No
	Negative antigen POCT result demonstrated, as applicable?	Yes	No

Screening Passed (P):

If the individual answers **NO** to #1-8 and **YES** to #9, and demonstrates a **negative antigen POCT result**, they have passed the screening and can enter the home*.

*At the frequency outlined in the CMOH Letter of Instructions, the staff member/volunteer/student may be required to demonstrate a negative antigen POCT result to enter the home.

They must follow all public health measures in the home, including hand hygiene, physical distancing and wearing appropriate PPE/masking, as required, and be told to self-monitor while in the home and report any symptoms immediately.

In addition to following all the home’s regular control measures, if the staff member has received a COVID-19 and/or flu vaccine in the last 48 hours and has mild headache, fatigue, muscle ache and/or joint pain that only began after vaccination, and no other symptoms, the worker must wear a medical mask for their entire shift at work even if not otherwise required to do so. Their mask may only be removed to consume food or drink and must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave work immediately to self-isolate and seek COVID-19 testing.

If any of the answers to these screening questions change during the day, the worker should inform their employer of the change, go home to self-isolate immediately, and contact their health care provider or

Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.

Screening Failed (F):

- A. If the individual answers **YES to any of the questions #1-8**, they have not passed the screening and should not be permitted entry). Staff and students should inform their manager/immediate supervisor of the result. [The designate will report to the GM and GM will report to the Owner]. They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
- B. If the individual answers **YES to question #7**, they must be advised to stay home and self-isolate, along with the rest of the household.
- C. If the individual answers **YES to #8** because a member of their household (someone they live with) has recently traveled outside of Canada and have been [instructed to quarantine](#), they should not be permitted entry into the home until the traveler has completed their required quarantine period.
- D. If the individual answers **NO to #9**, report to management to address *[include site specific procedures]*.
- E. If the individual does not demonstrate a negative antigen POCT result, they may have failed screening, as applicable.
- F. **Exception to failing screening:**
Staff may be permitted entry to the home if they fail screening under the **Test to Work**.
Staff who are on Test to Work must follow the protocols and requirements in the Policy to Implement Directive #3.

The home must maintain a record of the date/time that workers were in the home and their contact information. This information may be requested by public health for contact tracing. These records should be maintained for a period of at least 30 days. Any record created as part of worker screening may only be disclosed as required by law.

Please refer to [January 11, 2022 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health [COVID-19 Reference Document for Symptoms](#) (January 4, 2022) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.

Appendix E – Resident Screening Form

Daily symptom screening of all residents, including temperature checks, is required once per day.

As part of active screening, all individuals returning to the home must be actively screened for symptoms plus exposure history for COVID-19 (temperature check not required).

****All residents being admitted or transferred to a home must undergo twice daily symptom screening for 10 days following arrival****

COVID-19 ACTIVE AND SYMPTOM SCREENING TOOL – ALL RESIDENTS

1.	Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.		
	Do you have one or more of the following symptoms?	Yes	No
	Fever and/or chills - Temperature of 37.8 ^o Celsius/100 ^o Fahrenheit or higher <i>*Temp check required for daily symptom screening of all residents*</i>		
	Cough or barking cough (croup) - Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have		
	Shortness of breath - Not related to asthma or other known causes or conditions you already have		
	Decrease or loss of smell or taste - Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have		
	Muscle aches/joint pain - Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have) If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select “No.”		
	Fatigue - Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No.”		
	Sore throat - Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)		
	Runny or stuffy/congested nose - Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have		
Headache - New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have) If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select “No.”			
Nausea, vomiting and/or diarrhea - Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have			
2.	In the last 14 days, have you travelled outside of Canada AND are currently required to be in quarantine per the federal quarantine requirements*?	Yes	No
3.	Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.	Yes	No
4.	In the last 10 days (regardless of whether you are currently self-isolating or not), have you been identified as a “close contact” of someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms	Yes	No

	<p>consistent with COVID-19?</p> <p>If public health has advised you that you do not need to self-isolate, select “No.”</p>		
5.	<p>In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?</p> <p>If you have already gone for a lab-based PCR test and got a negative result, select "No."</p>	Yes	No
6.	<p>In the last 10 days (regardless of whether you are currently self-isolating or not), have you tested positive including on a rapid antigen test or a home-based self-testing kit?</p> <p>If you have since tested negative on a lab-based PCR test, select “No.”</p>	Yes	No
7.	<p>Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?</p> <p>If public health has advised you that you do not need to self-isolate, select “No.”</p> <p>If the individual experiencing symptoms received a COVID-19 and/or flu vaccine in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No”.</p>	Yes	No
8.	<p>In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND currently required to be in quarantine (as per the federal quarantine requirements)?</p>	Yes	No
9.	<p>Do you agree to abide by the health and safety practices contained in Directive #3 and the Retirement Homes Policy to Implement Directive #3?</p>	Yes	No

Screening Passed (P):

B. If the resident answers **NO** to #1-8 and **YES** to #8, they have passed the screening.

Screening Failed (F):

A. If the resident answers **YES** to any question #1-8 following return from an absence, they must be permitted entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the [COVID-19: Provincial Testing Requirements Update](#). They should be placed in a separate room near the entrance to be further assessed by the appropriate retirement home staff.

B. If the resident answers **NO** to #9, report to management to address *[include site specific procedures]*.

Please refer to [January 11, 2022 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health [COVID-19 Reference Document for Symptoms](#) (January 4, 2022) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.

Resident Screening Tracker

Date

Resident	Suite	Staff Signature	Time	Temp	Pass or Fail
	201				
	202				
	203				
	204				
	205				
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Appendix F - Release of COVID-19 Laboratory Test Results

To: The Region of Waterloo Public Health and Emergency Services
(Public Health)

Address of PH: 99 Regina Street South, Waterloo, Ontario, N2J 4V3

Fax #/Email Address of PH: _____

From: St Jacobs Place
(Name of Retirement Home)

Address of RH: 10 Water Street, St Jacobs Ontario, N0B 2N0

Phone #: (519)664-6637 ext. #0

Email Address: doc@stjacobsplace.ca

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

results to _____ (above mentioned retirement home).

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

Sincerely,

Staff Member's Signature

Witness Signature

Date: _____

Appendix H – Recreational Service Tracker

*Note: Homes must document **all residents served** and maintain this list for at least **30 days** to support contact tracing. Services provided by the home (gyms, pools, and spas etc.) must follow requirements for that activity under the [Provincial Framework](#), including maintaining physical distancing, masking, and cleaning/disinfection between use. (In addition to these services, organized group activity cohorts should also be documented for contact tracing)*

Spa-Not opened at this time (August 17, 2021)

Service	Resident	Date/Time (time in/out)