

St Jacobs Place COVID-19 Policy

Introduction:

This policy should be used in conjunction with ORCA policy F&S 2.28 Epidemic and 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.

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 the [Ministry for Seniors and Accessibility's COVID-19 Guidance Document for Retirement Homes in Ontario](#) and [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#). Recommended public health measures, as noted throughout this policy, as well as all applicable laws, will be practiced at all times.

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

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

- Identifying members of the Outbreak Management Team (OMT),
- Identifying the home's local IPAC hub and their contact information,

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

IPAC Program and Audits

- As outlined in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units, the residence will have an IPAC program and will ensure staff have received IPAC training.
- The residence should conduct self-audits every two weeks when the home is not in an outbreak and at every week when the home is in an outbreak and include in their audit PHO's [COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes](#); keeping the results for 30 days to be shared with inspectors (e.g., PHU, RHRA) upon request).

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

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

Active Screening means there is some form of attestation/ confirmation of screening (as outlined in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units).

The residence should have an established process for active and passive screening (See Appendix A of COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units)

To implement active screening protocols, a sign at entrances should be posted that follows advice, guidance or recommendations by the Chief Medical Officer of Health and states that visitors must delay their visit if they have symptoms, as applicable. Signage should also be posted, directing individuals to enter via the front entrance (See sample "Entrance Closed" Signage in ORCA policy F & E 2.28 Epidemic and Pandemic Preparedness and Response).

Passive and Active Screening

As outlined in the Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario, staff, students, and volunteers are **no** longer required to provide verification or an attestation upon entry to the residence, and residences are no longer required to have staff, students or volunteers conducting active screening at the door.

However, residences must ensure that staff, students, and volunteers, monitor their health at home for COVID-19 symptoms and provide them with information to do so (e.g., [the Ministry of Health's COVID-19](#)

[Screening Tool for Long-Term Care Homes and Retirement Homes](#)). The residence will also communicate to staff, students, and volunteers that they are not to enter the home if they are feeling ill or would otherwise fail screening (e.g., they have tested positive in the last 10 days even if asymptomatic).

- 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 will be actively screened to be permitted entry, 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.
 - Staff and visitors will be actively screened **once** per day at the beginning of their shift or visit.
- **Any staff or visitor who fails active** screening must not be allowed to enter the home and must be advised to follow public health guidance and must be encouraged to be tested, **and must follow current case and contact recommendations and must be encouraged to be tested.** Exceptions to this include:
 - **First responders** are to be permitted entry without screening in emergency situations.
 - **A resident** returning to the residence, who must be admitted on entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.
 - **Visitors of residents receiving end of life care** (even if they fail screening) they must be permitted entry, but will ensure that they wear a medical (surgical/procedural) mask, maintain physical distance from other residents and staff and be restricted to the resident’s room.
 - Staff who are and may return to work, must follow the protocols and requirements set out in the Ministry of Health’s as set out in [Appendix A of Management of Cases and Contacts of COVID-19 in Ontario](#).

The home will document entry of all persons to the home and their screening results, retained for a minimum of 30 days and readily available to local public health for outbreak management purposes (**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 Director of Care and/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 be advised to 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 should also be posted.

Daily Symptom Screening of All Residents

- Residents with COVID-19 symptoms should seek molecular testing (laboratory based or rapid) if eligible.

Note: Residents with COVID-19 symptoms who use rapid antigen tests should be aware that they may produce false negative results, particularly early in COVID-19 infection. Repeat testing at least 24 hours after an initial negative test improves confidence in a negative test result as set out in the [Management of Cases and Contacts of COVID-19 in Ontario](#).

- All residents must be assessed, at least **once** daily, including temperature checks, to identify if any resident has symptoms of COVID-19. The residence is strongly encouraged to conduct symptom assessments more frequently (e.g., at every shift change), especially during an outbreak to facilitate early identification and management of ill residents.
- 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 Management of Cases and Contacts of COVID-19 in Ontario.
- When the screening is completed, the nurse will note the screening in the progress notes (**See Appendix E** for Resident Screening form).

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

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

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

***Close contact** is defined as an individual who has a high-risk exposure to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result. This refers to individuals who have been in contact with the case/infectious person within the 48 hours prior to the case’s symptom onset if symptomatic or 48 hours prior to the specimen collection date (whichever is earlier/applicable) and until they have completed their self-isolation period and were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without measures such as masking, distancing and/or use of personal protective equipment.

Routine Operations for Staffing Options:

- When available, use of testing options is preferred to other options.

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

<p>1. Routine Operations Staffing Options</p>	<p>For routine operations, COVID-19 positive cases that work in the highest risk settings may return to work :</p> <ul style="list-style-type: none"> • 10 days after symptom onset or date of specimen collection (whichever is earlier) <p>AND</p> <ul style="list-style-type: none"> • Provided they have no fever and other symptoms have been improving for 2 hours (or 48 hours if vomiting / diarrhea)
<p>2. Options for Critical Staffing Shortages</p>	<p>For critical staffing shortages, COVID-19 positive cases that work in highest risk settings and ONLY care for COVID-19 positive patients/residents or residents or who have recently recovered from COVID-19 infection, OR for staff who do not have direct patient/resident contact, may return to work:</p> <ul style="list-style-type: none"> • 7 days after symptom onset or date of specimen collection (whichever is earlier/applicable) without testing <p>AND</p> <ul style="list-style-type: none"> • Provided they have no fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).
<p>3. Ongoing Critical Staffing Shortages that are not mitigated above (2)</p>	<p>For ongoing critical staffing shortages that are not mitigated, COVID-19 positive cases that work in highest risk settings and ONLY care for COVID-19 positive residents or residents who have recently recovered from COVID-19 infection, OR for staff who do not have direct resident contact, may return to work:</p> <ul style="list-style-type: none"> • Earlier than day 7 (i.e., day 6, preferable to day 5, etc.) without testing <p>AND</p> <ul style="list-style-type: none"> • Provided they have no fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

Workplace Measures for Reducing Risk of Exposure

Where possible, the residence will avoid assigning staff cases on early return to work to vulnerable residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease). This can be done by:

- Ensuring well-fitting source control masking for the staff on early return to work to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator or KN95);
- PPE and IPAC practices could be reviewed (including audits) to ensure meticulous attention to measures for staff on early return to work;

- Prioritize cohorting of staff who are early returned cases to working with residents who are currently infected with or recently recovered from COVID-19 only, due to their residual risk of transmission; and
- Providing supports (e.g., separate breakroom) such that individuals on early return to work do not remove their mask in the presence of other staff who are unmasked to reduce the risk of exposing co-workers in the residence.
- Staff cases on early return to work should be prioritized to work on a single ward or area of the facility for at least 10 days after date of specimen collection or symptom onset in order to prevent transmission across the setting, as much as possible.
- Staff should be working only in one facility, as much as possible.

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

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

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

Indoors

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

Outdoors

- Masks are not required outdoors for staff, residents, students, volunteers or visitors. However, it is still encouraged when, and if, in close proximity to others.

Exemptions

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

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)

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

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

Information and Training (PPE): (See [Ministry of Health COVID-19 Guidance: Personal Protective Equipment \(PPE\) for Health Care Workers and Health Care Entities and Guidance to PHUs](#))

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

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

The residence must ensure they take the following precautions:

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

Supplies and Personal Protective Equipment

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

- Each department manager will be responsible for maintaining contact with their suppliers to identify their ability to meet residence needs and re-ordering of supplies to maintain adequate inventories. The residence will also utilize local food and hardware supplies as needed.
- The residence will ensure test kits are available and plans are in place for taking specimens.
- 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.
- The residence will ensure N95 fit testing is up to date as per policy on N95 respirators
- The home will refer to the latest [IPAC Recommendations](#) for PPE when caring for residents with suspect or confirmed COVID-19 and Ministry of Health COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities

Physical Distancing

The residence is not required to implement physical distancing (e.g., a minimum of two metres or six feet). However, the residence will do its best to continue to adjust activities to optimize and support physical distancing, where possible. Examples include:

- Crowded places with many people nearby;
- Close-contact settings (e.g., social activities and events); and
- Confined and enclosed spaces with poor ventilation.

Though, physical distancing measures must remain in place for social gatherings, organized events, communal dining, recreational activities, and tours set out in this guide.

Environmental Cleaning

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

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

Hand Hygiene

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

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

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

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

[Note to Employers: In 2021, the Ontario Employment Standards Act, 2000 (ESA) was amended to provide job-protected Infectious Disease Emergency Leave (IDEL) and paid sick days through the [Ontario COVID-19 Worker Income Protection Benefit](#). Employers are required to provide eligible employees with up to 3 days of paid IDEL because of certain reasons related to COVID-19 (e.g., going to get vaccinated, experiencing a side effect from a COVID-vaccination) (extended to March 31, 2023**).**

Admissions and Transfers

(See COVID-19 Guidance: Long-Term Care and Retirement Homes for PHUs – Appendix E)

- Testing and isolation of asymptomatic residents being admitted or transferred from the community or a facility that is NOT in outbreak is no longer required.
- Residents will continue to be screened for symptoms and exposures on admission or transfers. Regardless of their COVID-19 vaccination status, residents who have symptoms and/or a diagnosis of COVID-19 must be tested, self-isolated and placed on Additional Precautions at the residence.
- If a resident has a confirmed or probable COVID-19 Case, they must self-isolate for 10 days from symptom onset or date of specimen collection, if asymptomatic and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present.
- A resident being admitted or transferred, regardless of their COVID-19 vaccination status, who is identified as having symptoms, exposure, and/or diagnosis of COVID-19 must be isolated and placed on Additional Precautions and managed as per [Management of Cases and Contacts of COVID-19 in Ontario](#).
- Admissions and transfers to an **outbreak floor/unit** should be avoided in the following circumstances, recognizing this may not always be possible:
 - Newly declared outbreak where there is an ongoing investigation
 - Outbreaks where new cases are occurring beyond those known contacts who have already been isolating (i.e., uncontrolled/uncontained)
 - Admissions or transfer to floors/units where many residents are unable to follow public health measures due to health or other reasons.
- For admissions or transfers from an acute care facility, the discharging physician should agree to the admission or transfer to a home in outbreak.
- If necessary, residents who do not have COVID-19 may be admitted or transferred to a floor/unit with an outbreak if the following are met:
 - Is up-to-date on their COVID-19 vaccinations
 - The SDM or resident is made aware of the risks of the admission or transfer and consents to the admission or transfer.
 - The resident is admitted or transferred to a private room, ideally.

Residents with conditions that present an increased risk to themselves or others if they become infected should not be admitted to the outbreak unit/floor without appropriate public health measures to prevent transmission. For example, residents:

- Who are severely immunocompromised;
- With a history of wandering/confused behaviour;

- Who are not up-to date on their COVID-19 vaccines;
- With conditions requiring extensive care provisions unless there is adequate staffing to manage resident care needs; OR
- With other concerns which may result in decreased compliance with public health measures.

Residents in Isolation:

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

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

[\(See Ministry for Seniors and Accessibility COVID-19 Guidance for RHs \)](#)

- 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 a medical mask free of charge if they are unable to source one and reminded to practice public health measures, such as physical distancing (2 metres separation) and hand hygiene, while they are away from the home.
- 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. The home should consult their local PHU for their advice.
- Any resident returning to the residence following an absence (either short term (day) absence or temporary (overnight) absence) must be actively screened by a staff member within the home upon return.
- Residents who pass active screening are NO longer required to test or isolate upon return.

- Any resident who fails active screening (e.g., resident is symptomatic) must be permitted entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the Management of Cases and Contacts of COVID-19 in Ontario.

Asymptomatic Screen Testing

As a best practice, the residence should consider RHRA’s recommendation on asymptomatic testing, which was released on March 14, 2022. However, this is not a requirement for residences to implement. Rather, it is at the discretion of the residence to implement a asymptomatic testing policy.

COVID-19 Vaccination Policy

The residence will continue to encourage up to date vaccination and we will continue to collect current vaccination information from Staff, Students, volunteers, and Residents and will ensure that we comply with all applicable laws. (See *St Jacobs Place COVID-19 Mandatory Vaccination Policy*).

Social Gatherings and Organized Events

- Social gatherings and organized events include activity classes, performances, religious services, movie nights, and other recreational and social activities (e.g., bingo, games).
- The residence no longer is required to keep attendance records for social gatherings, organized events, communal dining, and other recreational activities, unless directed by the PHU during an outbreak.
- All social gatherings and events will include the following measures:
 - Participants of social gatherings and organized events in the residence are required to follow physical distancing and masking protocols set out in this policy.
 - Classes and social activities should be limited to ventilated rooms where windows can be opened or HEPA air purifiers are located in the residence.
- Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings or organized events until they have tested negative for COVID-19, are no longer experiencing symptoms and have been cleared from isolation.
- The residence will offer residents in isolation individualized activities and social stimulation.

Communal Dining

- Unless otherwise advised by the local PHU, communal dining is permitted at all times with the following public health measures in place:
 - Participants of communal dining are subject to the physical distancing and masking requirements.
 - Frequent hand hygiene is recommended for staff, residents, and visitors.

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

Other Recreational Services

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

Requirements for Social Gatherings, Dining and Recreational Services When the Home is in Outbreak

At the discretion of the PHU and where operationally feasible for the home:

- Group activities/gatherings within an outbreak area of the home (e.g., floors/units) may continue/resume for all residents who are not in isolation or under Additional Precautions. However, residents within the outbreak area of the residence should be cohorted separately from those who are not in the outbreak area of the residence.
- Visitors attending activities in the residence should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.

Requirements for Retirement Home Tours

- Prospective residents may be offered in-person, targeted tours of suites **at any time**. These tours must adhere to the following precautions:
 - All tour participants are subject to the General Visitor screening requirements outlined in the Ministry for Seniors and Accessibility COVID-19 Guidance for RHs in Ontario and masking requirements.
- All in-person tours should be paused if the residence goes into outbreak, unless permitted by the local PHU.

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

- **When a resident is symptomatic:** The resident will self-isolate and be placed on appropriate additional precautions, and be medically assessed, and tested for COVID-19 using a laboratory-based PCR or a molecular point-of-care test.
- **In the Event of a Symptomatic Staff or Visitor:** Symptomatic staff or visitors must not be permitted entry into the residence. If they become symptomatic during their shift or visit, must leave the residence immediately and be directed to self-isolate and be encouraged to get tested for COVID-19. Staff and visitors who test positive for COVID-19 will not return to the residence until 10 days after symptoms onset or date of positive specimen collection and provided that they have no fever and other symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms).

Managing a COVID-19 Case in the Home

- As COVID-19 is a designated disease of public health significance and thus all probable and confirmed cases of COVID-19 are reportable to the local public health unit under the Health Protection and Promotion Act, 1990 (HPPA):
 - The residence will notify the local PHU of all probable and confirmed cases of COVID-19 as soon as possible.
 - The residence will ensure compliance with minimum IPAC requirements, including conducting IPAC self-audits, active screening, and cohorting among residents and staff to limit the potential spread of COVID-19.
 - The local PHU is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units and the HPPA.

- The residence will ensure any health system partners and/or external agencies that may be engaged to assist the home follow the directions of the local PHU when providing services at the home or otherwise on-site at the home.
- Staff who test positive for COVID-19 should report their illness to their manager or to the Occupational Health and Safety committee or representative per residence practice. The manager or Occupational health designate must promptly inform the Infection Control designate of any cases or clusters of staff including contract staff who are absent from work. In accordance with the Occupational Health and Safety Act, the home must provide notice to the Ministry of Labour, Training and Skills Development within four days if a worker has an occupationally acquired illness.

Outbreak Management

- The local PHU is responsible for investigating (e.g., determining when cases are epidemiologically linked), declaring, and managing outbreaks under the HPPA. As such, the local PHU directs and coordinates the outbreak response. The residence adhere to any guidance provided by the local PHU with respect to implementation of any additional measures to reduce the risk of COVID-19 transmission in the setting.
- The local PHU is responsible for defining the outbreak area (e.g., a single affected unit vs. the whole home), directing outbreak testing, 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 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.

See COVID-19 Guidance: LTC and Retirement Homes for PHUs for suspect and confirmed outbreak definitions and management.

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.

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](#) (March 2022)
- Ministry of Health [COVID-19 Screening Tool for LTC and Retirement Homes](#) (August 31, 2022)
- Ministry of Health [Management of Cases and Contacts of COVID-19 in Ontario](#) (August 31, 2022)
- Ministry of Health [Case Definition – Coronavirus Disease \(COVID-19\)](#) (January 17, 2022)
- Ministry of Health [COVID-19 Guidance: LTC & Retirement Homes, and Other Congregate Living Settings for Public Health Units](#) (October 3, 2022)
- [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October 6, 2022)
- Ministry of Health [Staying Up to Date with COVID-19 Vaccines: Recommended Doses](#) (May 2, 2022)
- Public Health Ontario [Infection Control Checklist for LTC and Retirement Homes](#) (November 2021)

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

- ORCA resources and policies for Infection Control
- Tutorials for Infection Control and COVID-19
- Links to key documents 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]

- Team members will assess each resident at least once daily for signs and symptoms of COVID-19, 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]

- 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.	<p>In the last 10 days, have you experienced any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions that you already have. Select "No" if all of these apply:</p> <ul style="list-style-type: none"> • Since your symptoms began, you tested negative for COVID-19 on one PCR test or rapid molecular test or two rapid antigen tests taken 24 to 48 hours apart; and • You do not have a fever; and <p>Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).</p>		
Do you have one or more of the following symptoms?		Yes	No
Fever and/or chills - Temperature of 37.8 ^o Celsius/100 ^o Fahrenheit or higher			
Cough or barking cough (croup) - Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have			
Shortness of breath - Not related to asthma or other known causes or conditions you already have			
Decrease or loss of smell or taste - Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have			
Muscle aches/joint pain - Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or 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			
1.	<p>Have you been told you that you should currently be quarantining, isolating, staying at home, or not attending a highest risk setting (e.g., LTCH or RH)?</p> <p><i>Note: Could include being told by a doctor, health care provider, public health unit, federal border agent, or other government authority</i></p>	Yes	No

2.	<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? If you have since tested negative on a lab-based PCR test, select “No.”</p>	Yes	No
3.	<p>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?</p>	Yes	No

Screening Passed (P):

A. If the staff answers **NO to #1-4**, they may enter the home.

Screening Failed (F):

A. If the staff member answered **YES to question 1 or 2**: they must not enter the home. They should stay home (self-isolate) until they do not have a fever and their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, and/or diarrhea). If COVID-19 testing is available, they should get tested, and seek treatment, if eligible. If they test positive for COVID-19, they should not enter the home for at least 10 days after developing symptoms (or date of specimen collection, whichever is earlier/applicable) AND provided that they have no fever and other symptoms have been improving for at least 24 hours (or 48 hours if vomiting/diarrhea).

A. Exceptions to failing screening:

- Staff who are up to date on their COVID-19 vaccinations as per the Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID19 or Influenza Immunization document.
- Staff members where the retirement home has advised that the individual is **allowed to work** (e.g., test-to-work) should be permitted entry but homes must ensure they are following the requirements as set out in Appendix A of Management of Cases and Contacts of COVID-19 in Ontario.

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 the [August 31, 2022 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health [Management of Cases and Contacts of COVID-19 in Ontario \(August 31, 2022\)](#) 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 re-entering the home’s premises, including for outdoor visits must be actively screened for symptoms and exposure history for COVID-19 (temperature check not required).

COVID-19 ACTIVE AND SYMPTOM SCREENING TOOL – ALL RESIDENTS

Screening Passed (P):		
A. If the staff answers NO to #1-4 , they may enter the home.	Yes	No
Screening Failed (F):		
If the staff member answered YES to question 1 or 2 : they must not enter the home. They should stay home (self-isolate) until they do not have a fever and their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, and/or diarrhea). If COVID-19 testing is available, they should get tested, and seek treatment, if eligible. If they test positive for COVID-19, they should not enter the home for at least 10 days after developing symptoms (or date of specimen collection, whichever is earlier/applicable) AND provided that they have no fever and other symptoms have been improving for at least 24 hours (or 48 hours if vomiting/diarrhea).		
Exceptions to failing screening:		
Staff who are up to date on their COVID-19 vaccinations as per the Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID19 or Influenza Immunization document .		
Staff members where the retirement home has advised that the individual is allowed to work (e.g., test-to-work) should be permitted entry but homes must ensure they are following the requirements as set out in Appendix A of Management of Cases and Contacts of COVID-19 in Ontario .		
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 the August 31, 2022 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes . Refer to the Ministry of Health Management of Cases and Contacts of COVID-19 in Ontario (August 31, 2022) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.	Yes	No
Screening Passed (P):		
A. If the staff answers NO to #1-4 , they may enter the home.	Yes	No

Screening Passed (P):

A. If the resident answers **NO to #1-4**, they may proceed without any further conditions.

Screening Failed (F):

- If the resident answered **YES to question 1 or 2**: Any resident who fails active screening (e.g., resident is symptomatic) must be permitted entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the [Management of Cases and Contacts of COVID-19 in Ontario](#).

Please refer to the [August 31, 2022 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health (MOH) Management of Cases and Contacts of COVID-19 in Ontario ([August 31, 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				
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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: _____