

## **PUBLIC HEALTH ALERT**

TO: Long Term Care Homes, Retirement Homes, Hospice  
FROM: Infectious Diseases Program  
DATE: March 19, 2020  
SUBJECT: **COVID-19 Questions and Considerations**

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In response to a high volume of calls related to COVID-19 and changes to guidance provided by Public Health staff, the following points aim to help to address common questions and future considerations related to COVID-19 response in Long Term Care and Retirement Homes.

Please note that information is subject to change and has been changing frequently.

### **STAFF SCREENING AND ILLNESS**

In order to support facilities in ensuring they have enough staffing to meet their needs, especially in times of increased illness, Public Health recommends you consider the following.

**All staff should be screened for illness prior to beginning work.**

#### **Well Staff**

- As per new Ministry of Health guidance (attached), well staff who have travelled outside of Canada within the last 14 days should self-isolate for 14 days from their arrival in Ontario.
- If a well staff who has travelled is deemed to be critical to facility operations, the facility is advised to require the staff member to undergo routine screening, including monitoring temperature twice daily, and wearing appropriate PPE until 14 days after travel while at work, and excluding the staff immediately if they become symptomatic.

#### **Ill Staff**

- Ill staff should report their symptoms to their employer as per normal illness policies.
- Sick workers should not work.
- Facility Administrators, DOCs, or Occupational Health departments are encouraged to contact Public Health for further consultation around staff illness and exclusion.
- Public Health is not able to individually assess or screen staff members with respiratory illness for the purposes of determining their return to work.
- Employers should review the most current Case Definitions and Guidance for COVID-19.
- If COVID-19 is not suspected, the facility may choose to exclude staff as per their normal illness exclusion policies (*e.g. for 5 days after the onset of symptoms, or up to 14 days*).
- If COVID-19 is suspected or is a concern, the Home's Administration may direct the ill staff member to get assessed.

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- Assessment may include contacting a healthcare provider or visiting an assessment center. An assessment may or may not include a swab.
- If a staff member is swabbed and results are pending, the ill staff should remain off work until results are known.
- If a staff members swabs negative and is still ill, they should still be excluded until they meet the home's normal illness exclusion policy.
- If an assessment is conducted and a swab is not collected, the ill staff should remain off work as per recommendations made during the assessment and at the discretion of the employer.
- Any positive cases reported to Public Health are followed up with accordingly.

### **TESTING OF RESIDENTS FOR RESPIRATORY ILLNESS**

Please see the PHO website for the most updated information or to obtain testing guidance or test requisition forms <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>

- Testing for COVID-19 can be done using normal Nasopharyngeal (NP) swabs.
- Please ensure your NP swabs are not expired.
- The health unit has a limited supply of swabs. Please ensure you have at least 1-2 on hand. We will be distributing additional swabs as they are needed. Our quantities are limited.
- Swabs should be reserved for symptomatic residents.
- A physician may order an NP swab for routine diagnostic purposes (i.e. one test to be submitted in a non-outbreak scenario).
- For one test, regular test requisition forms may be used.
- Ensure that it is indicated that submitter is an institution.
- Specify what tests are being requested (e.g. viral respiratory, COVID, influenza).
- Based on the current information we have, ONE swab can be tested for multiple agents. You do not need to collect one swab for flu, one separate for COVID so long as client is in institution.
- If two or more residents are presenting with respiratory symptoms, you may fit the definition of an outbreak. Please contact the Health Unit; an Outbreak Number can be assigned and swabs may be used. Outbreak swabs will be tested for regular respiratory agents as well as COVID-19.

### **MANAGEMENT OF ENTRY TO FACILITY**

- The Ministry has indicated that facilities should only allow essential visitors.
- Essential visitors should be screened prior to entry (see attached document).
- Grey and Bruce Paramedics self-screen prior to each shift and monitor their symptoms throughout their shift. If a paramedic fails their screening they will be excluded from

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work. It is recommended that paramedics entering your facility to respond to a call not be required to be screened.

- Resident movement outside of the facility or in the community should be highly discouraged.
- Facilities may want to consider active monitoring or other restrictions for residents who leave the facility for social outings based on their own risk assessment.
- Residents who have been hospitalized and are being readmitted should be screened as per Ministry of Long Term Care guidance.
- Facilities may want to look in to how they can help to facilitate visiting at a distance (e.g. wellness calls, etc.).
- It is also advised that non-essential personal services or salon services be suspended

### **COVID OUTBREAK RESPONSE**

In the event of an outbreak at your home where COVID is identified, please continue to use the Ministry's "Control of Respiratory Infections in Long-Term Care Homes, 2018", or until more specific guidance is provided.

### **GENERAL COVID PREPAREDNESS CONSIDERATIONS**

- Facilities should be proactive in their planning and preparation.
- Ability to cohort residents and staff in your home should be assessed, including if COVID-19 positive staff could care for COVID-19 positive residents if needed in the event of an outbreak and staff shortages.
- Assess plans and capabilities for internal palliative care if needed.
- Review resident health status, DNRs, etc..
- Review funeral planning or logistics of managing a COVID+ resident who has passed
- Assess threshold for managing COVID+ staff
- Plan for staffing shortages and review contingency plans
- Review staff PPE donning and doffing and hand hygiene frequently
- Review policies regarding staff wearing uniforms outside of workplace

The Grey Bruce Health Unit website provides video instruction on proper donning and doffing procedure: <https://www.publichealthgreybruce.on.ca/Your-Health/Infectious-Diseases/Personal-Protective-Equipment>

Retirement Homes are invited to contact the health unit for further consultation regarding COVID-19 infection prevention and planning. The Infectious Diseases team may be reached at 519-376-9420 or 1-800-263-3456 ext. 6. Please be advised that due to high call volumes we may take some time to respond to your call.

**Ministry of Health**

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March 19, 2020

Re: Managing Health Worker Illness and Return to Work COVID-19

Ontarians rely on our health system everyday to stay healthy and sustain life – this is true now more than ever. As we continue to implement enhanced public health measures to mitigate the spread of COVID-19 in Ontario, it is vital that health services, and the workers who contribute to these areas, continue to provide care to the people of Ontario.

To protect the health system and its workers from COVID-19, we must balance public health measures and the need to control the spread of disease with appropriate flexibility to ensure that critical health services continue to operate.

I am therefore making the following recommendations to all parts of the health sector:

**Travel and Return to Work**

Where employees have travelled outside of Canada within the last 14 days and are seeking to return to work, it is important to balance the protection of the health system and the continued operation of these settings.

Consistent with my earlier recommendations, it is very important that all health system organizations and employers immediately cease all non-essential business travel outside of Canada until further notice and likewise discourage employee travel.

I am recommending that Health Care Workers who have travelled outside of Canada within the last 14 days self-isolate for a period of 14 days starting from their arrival in Ontario. Health Care Workers should not attend work if they are sick. If there are particular workers who are deemed critical, by all parties, to continued operations, I recommend that these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop and self-identify to their occupational health and safety department.

**Practice Social Distancing and Facilitate Virtual Arrangements**

Everyone in Ontario should be practicing social distancing of 2 meters to reduce their exposure to other people. Employers should facilitate arrangements to ensure that this is practiced in the workplace to every extent possible.

While other services are decreasing their operations, in health care you are being called upon to care for patients and to be ready for surge. I am asking, where there may be an opportunity, for all health system employers to facilitate work arrangements that enable appropriate employees to work from home or to work virtually, if not re-deployable.

Health system employers should also consider a review of their services and practices to identify how they can provide services to patient groups virtually or remotely.

### **Ongoing Screening, Self-Monitoring and Self-Isolation**

The ministry has provided recommendations and tools to specific sectors for both active and passive screening – these are available on the ministry's [COVID-19 website](#). Each workplace should have a comprehensive strategy for screening and symptom monitoring where there are inpatients or residential or institutional settings and tailor their approach to screening to their unique setting. Screening activities should be focused on patients/residents, volunteers, visitors and staff, and should be done over the phone, upon arrival, at entrances and on a regular basis throughout the day. The goal of screening programs should be to ensure that no person with clinical symptoms consistent with COVID-19, whether they are visitors, caregivers or staff, enters the building – except where they are identified and being clinically assessed by an appropriate provider.

The symptoms of COVID-19 include fever, new cough and difficulty breathing, and these may occur within 14 days of an exposure to a case.

All health care providers and health care entity workplaces should monitor for signs of illness. Health system employees should diligently monitor themselves for signs of illness over the course of the pandemic and identify themselves to their manager and/or occupational health and safety departments if they feel unwell. If a health worker begins to feel unwell while at work, they should immediately don a surgical mask and notify their manager and/or occupational health and safety department. It is imperative that we keep hospitals, long-term care homes, health care offices and other health settings free of illness to protect vulnerable patients and residents and other workers in these settings.

Public Health Ontario has excellent [fact sheets](#) on how to self monitor and self isolate.

### **Multiple Locations**

We appreciate the unique circumstances of health workers who may work in different care settings and may have different employers.

Health workers who work in multiple locations should identify themselves to their managers and develop an individualized plan to manage their employment across these settings over the course of the pandemic. In some high-risk settings, it may be possible to coordinate arrangements for staff to only work in one institution.

### **Continuity of Operations and Curtailing Non-Essential Services**

All health sector organizations should have a Continuity of Operations plan to redeploy resources, whether human resources, equipment or space, to protect critical services. This may include cross training, cross credentialing or formal redeployment to different functions. As part of these plans, organizations should also have minimum thresholds of staffing in place to ensure that critical services continue to operate.

Employees with comorbidities should also identify themselves to their employers and consider ways to redeploy away from duties associated with COVID-19.

### **Return to Work after Illness**

Health workers should consult their local public health unit and their manager/occupational health and safety department to plan their safe return to work.

Thank you for all of your support. This will be an important part of keeping our health system and its workers protected during this outbreak.

Yours truly,

*Original signed by*

David Williams, MD, MHSc, FRCPS  
Chief Medical Officer of Health

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## Essential Visitors Only to Long-Term Care Homes

On March 16, 2020, Ontario's Chief Medical Officer of Health advised Long-Term Care homes to only allow essential visitors until further notice. Essential visitors are people visiting residents who are very ill or require end-of-life care.

The Grey Bruce Health Unit supports actions to limit or prohibit visitors to Long-Term Care Homes at this time.

- Only allow essential visitors who are visiting residents who are very ill or require end-of-life care.
- Residents should not leave the Long-Term Care Home to visit with family or for other non-essential reasons.
- Any essential visitors, staff, students, volunteers or residents moving into or returning to long-term care homes should be actively screened.

We understand that this is a difficult time for residents and their families. These measures help to contain the spread of the new COVID-19 virus and to protect the health and well-being of residents and our community. Consider other ways to connect with family and friends such as letters, pictures, emails, phone calls or the use of other technology.

Everyone can take steps to reduce exposure to the virus and protect our own health and the health of others.

- Wash your hands often with soap and water or alcohol-based hand sanitizer.
- Sneeze and cough into your sleeve.
- Avoid touching your eyes, nose or mouth.
- Avoid contact with people who are sick.
- Stay home if you are sick.
- Practice social distancing to reduce exposure to other people.

We continue to encourage people to connect with trusted sources for information, including [canada.ca/coronavirus](https://canada.ca/coronavirus), [publichealthgreybruce.on.ca](https://publichealthgreybruce.on.ca) and [ontario.ca/coronavirus](https://ontario.ca/coronavirus).