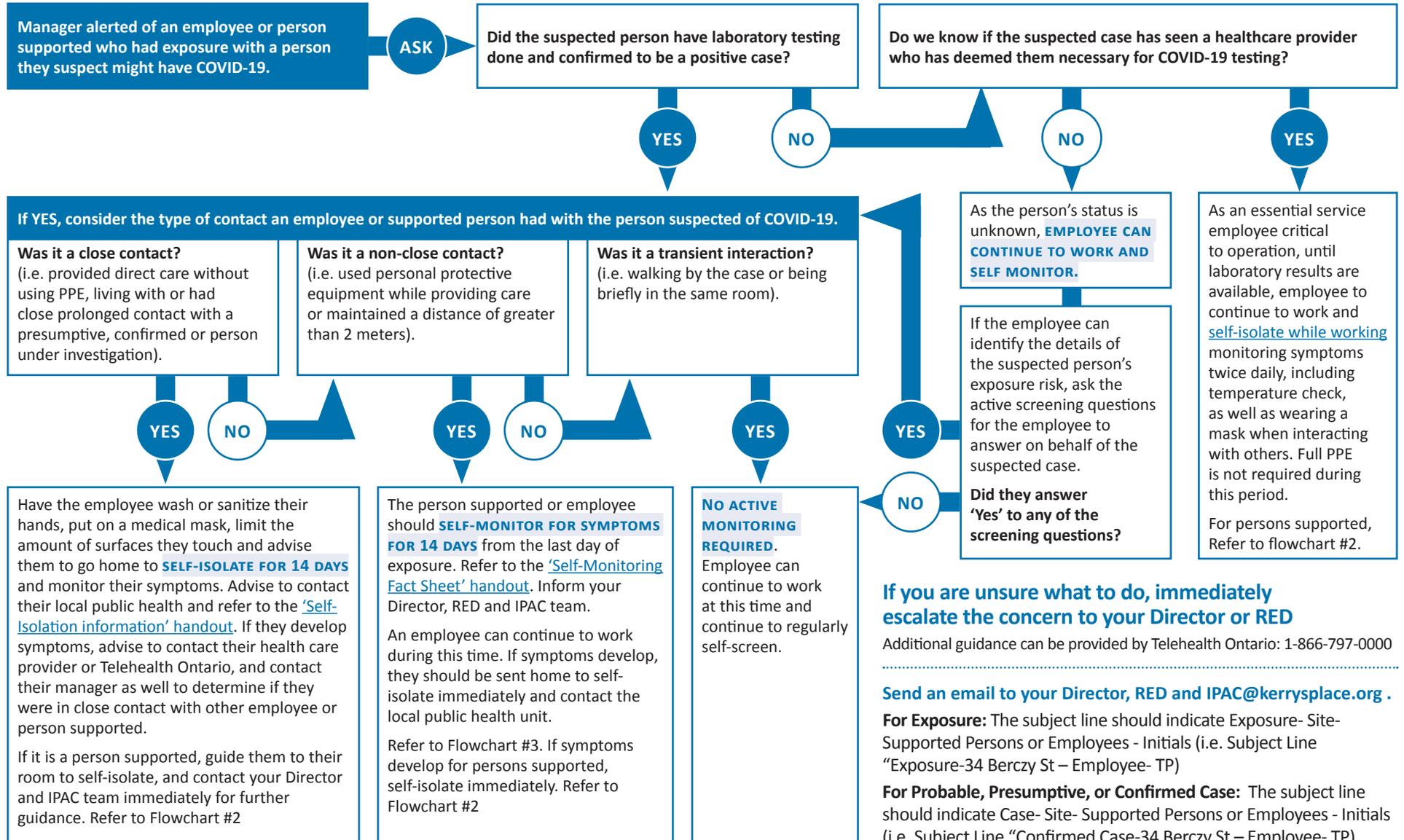


FLOWCHART 1

Kerry's Place COVID-19 Guidance for Managers on Exposure Scenarios



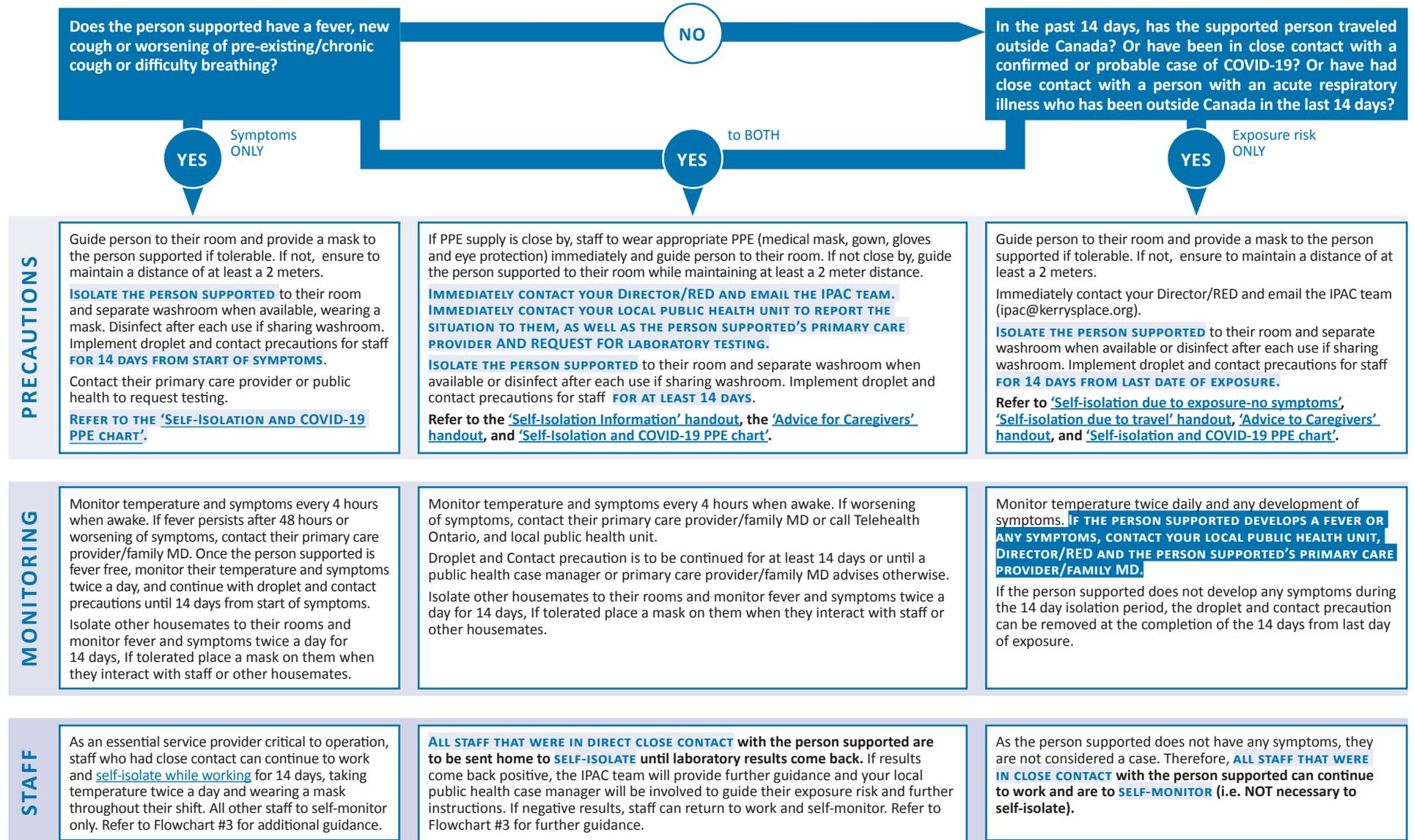
If unsure of symptoms/exposure risk, refer to the Ministry of Health online Self-Assessment tool: <https://covid-19.ontario.ca/self-assessment/#q0>

Local Public Health Unit

Name: _____ Phone #: _____ Revised: April 1, 2020

FLOWCHART 2

Kerry's Place COVID-19 Guidance for Managers on Person Supported Scenarios



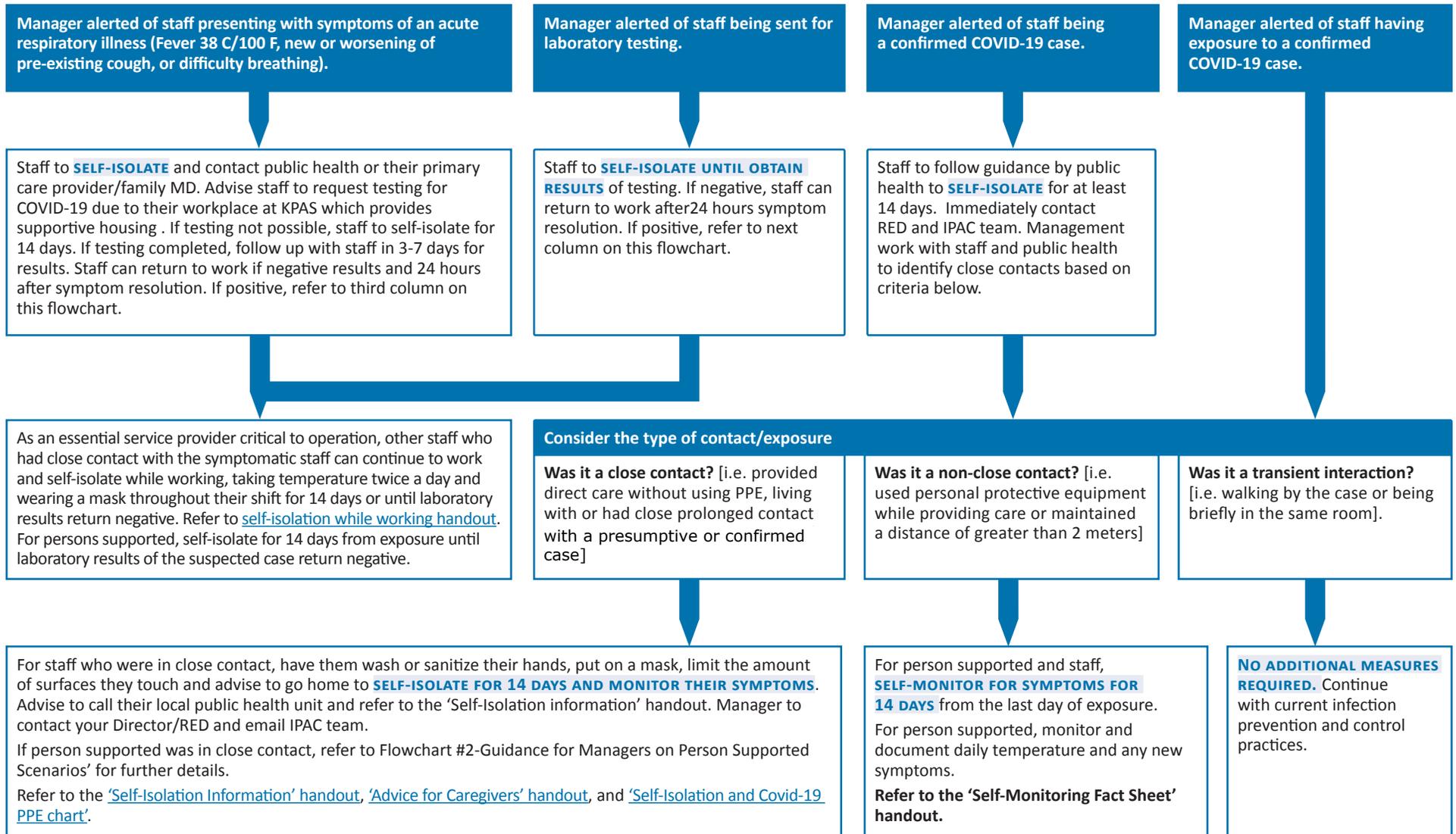
If unsure of symptoms/exposure risk, refer to the Ministry of Health online Self-Assessment tool:
<https://covid-19.ontario.ca/self-assessment/#q0>

Local Public Health Unit

Name: _____ Phone #: _____ Revised: April 1, 2020

FLOWCHART 3

Kerry's Place COVID-19 Guidance for Managers on Staff Scenarios



If unsure of symptoms/exposure risk, refer to the **Local Public Health Unit** Ministry of Health online Self-Assessment tool:

<https://covid-19.ontario.ca/self-assessment/#q0>

Name: _____

Phone #: _____

Revised: April 1, 2020

COVID-19 Update

Date: April 3, 2020
To: Residential Managers
Re: **Flowcharts COVID-19 Kerry's Place Guidance for Managers**
Action: Read the Memo. Print and utilize the flowcharts and handout.

#040320-16

We have received the many scenarios that managers have been facing with regards to COVID-19 exposure and concerns around appropriately guiding staff on self-isolation versus self-monitoring. In addition, the increase in community-spread of COVID-19 has led to several changes in guidance from government and public health officials. As the situation is evolving, we have revised the previous flowcharts for accuracy with the most up-to-date public health guidance.

While there are several changes implemented in Ontario that impacts all of us, we would like to focus your attention on the following new guidance with their implications to Kerry's Place operations:

1. The Ministry of Health has advised for anyone experiencing an acute respiratory illness to self-isolate for 14 days, even if symptoms resolve sooner.
2. The Ministry of Health has also advised close contacts of individuals experiencing an acute respiratory illness to self-isolate for 14 days from exposure.

Since Kerry's Place is an essential service and our staff are critical to operations to maintain the care of the persons supported, the Ministry of Health has provided guidance to group homes which has some components that differ from the guidance to the general public, similar to health care workers.

To clarify, we have been in consultation with public health that has reviewed our similar category with critical health care workers, and the following measures will be implemented at Kerry's Place that may differ from the guidance for the general public:

1. Any staff experiencing an acute respiratory illness will be required to self-isolate same as required for the general public. In addition, staff will be advised to contact their primary care provider or local public health to **request for laboratory testing for COVID-19 since Public Health has now included symptomatic individuals who work in group homes to be prioritized for COVID-19 testing.** As several of our staff, including managers and BTs interact in the residential setting while also working in our offices, we are advising all staff who are symptomatic to request for testing for COVID-19.
2. For staff who were in close contacts with an individual experiencing an acute respiratory illness, instead of self-isolating at home for 14 days, staff can continue to work and implement specific measures to 'self-isolate while working,' which is a new category implemented for health care workers as well. Refer to the attached 'Self-Isolation while working' handout from Public Health.

COVID-19 Update

These changes are reflected in the three revised flowcharts attached:

- **Flowchart #1: Guidance for Managers on Exposure Scenarios**
- **Flowchart #2: Guidance for Managers on Person Supported Scenarios**
- **Flowchart #3: Guidance for Managers on Staff Scenarios**

We are also providing you with a **script for guiding the conversation with your staff to request testing:**

Kerry's Place IPAC team in consultation with public health has advised us that any staff or person supported who develops a respiratory illness are required to self-isolate for 14 days from the start of their symptoms due to concerns of COVID-19 community spread. Given the higher risk of transmission in group home settings, the Ministry of Health is prioritizing COVID-19 testing for symptomatic individuals who work in group homes such as our residential sites. We are therefore advising all our staff who develop respiratory symptoms, to contact your local public health or primary care provider/family MD, to request for COVID-19 testing, and they will guide you to an assessment center where you can have testing done.

You will be required to self-isolate until you obtain negative results of COVID-19 test and are symptom free for 24 hours before returning to work. If not able to have testing done, you will be required to self-isolate for 14 days, even if symptoms resolve sooner.

(For discussion with staff who were in close contact with an individual with an acute respiratory illness):

Although you have been in close contact with an individual with an acute respiratory illness, you do not need to self-isolate, but can continue to work as the services we provide at Kerry's Place are critical to operations for caring for the persons supported in our care. You will be classified under the 'self-isolation while working' category, which is a new category implemented for health care workers as well. You will be advised to actively monitor your symptoms including taking your temperature twice a day, and also be required to wear a mask while at work. We will provide you with additional information on how to self-isolate while at work. This will be continued for 14 days since exposure date or until negative laboratory results of the ill person whom you had close contact.

Please continue to inform your Director or RED as well as email the IPAC team (IPAC@kerrysplace.org) for COVID-19 related scenarios. When sending your email, please use the following format for tracking purposes:

For Exposure: The subject line should indicate Exposure- Site- Supported Persons or Employees - Initials (i.e. Subject Line "Exposure-34 Berczy St – Employee- TP)

For Symptomatic, Probable, or Confirmed Case: The subject line should indicate Case- Site- Supported Persons or Employees - Initials (i.e. Subject Line "Confirmed Case-34 Berczy St – Employee- TP)

Ministry of Health

COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

This information can be used to help guide decision making on testing and clearance of individuals suspected or confirmed to have COVID-19. This information is current as of March 27, 2020 and may be updated as the situation on COVID-19 continues to evolve.

Who should be tested for COVID-19?

Testing for COVID-19 should be based on clinical assessment, and not based on the case definition.

At this time, there are no criteria for testing and all specimens will be tested if submitted. However, where there are shortages of testing supplies, the following groups should be **prioritized** for testing to inform public health and clinical management for these individuals:

- Symptomatic health care workers (regardless of care delivery setting) and staff who work in health care facilities
- Symptomatic residents and staff in Long Term Care facilities and retirement homes and other institutional settings eg. Homeless shelter (as per outbreak guidance)
- Hospitalized patients admitted with respiratory symptoms (new or exacerbated)
- Symptomatic members of remote, isolated, rural and/or indigenous communities
- Symptomatic travellers identified at a point of entry to Canada

Management of individuals who have not been tested

- If individual is asymptomatic and has no exposure risk
 - Provide reassurance and information for [Ontario COVID-19 website](#)
- If individual is asymptomatic, but has exposure risk
 - Provide information on [self-monitoring](#) and [self-isolation](#) for **14 days from exposure risk**

Criteria for when to discharge someone from isolation and consider 'resolved'

For each scenario, isolation after symptom onset should be for the duration specified, and provided that the individual is afebrile and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Once a case is discharged from isolation, their case status should be updated to 'resolved'.

- For individuals **at home**:
 - 14 days following symptom onset
 - This applies to individuals whether they were confirmed by testing, and individuals who were not tested but have symptoms compatible with COVID-19
- For **hospitalized** patients:
 - Isolate in hospital until 2 negative tests, obtained at least 24 hours apart
 - If discharged home within 14 days of symptom onset, follow advice for individuals at home
- For **health care workers**:
 - As a best practice, HCWs who have tested positive for COVID-19 should receive 2 negative swabs at least 24 hours apart, however when this is not feasible, the recommendations in the following table should be followed:

Symptoms	Test Result	Recommendation
Yes	Positive	Return to work 24 hours after symptom resolution; AND Continue with appropriate PPE at work until 2 negative tests (if no longer doing clearance swabs, continue until 14 days after symptoms); AND Continue with work-self-isolation for 14 days after symptom onset
Yes	Negative	Return to work 24 hours after symptom resolution
Yes	Not tested	Return to work at 14 days after symptom onset; OR Return to work 24 hours after symptom resolution with appropriate PPE and work self-isolation until 14 days from symptom onset
No	Positive	Return to work immediately; AND Continue with appropriate PPE at work until 2 negative tests (if no longer doing clearance swabs, continue until 14 days after positive test result); AND Continue with work-self-isolation for 14 days after test result

Additional Guidance for COVID-19 from Ministry of Health and Public Health Ontario

COVID-19 update to York Region health care providers as of March 26, 2020

The COVID-19 situation in Ontario is evolving rapidly. Additional guidance has recently been issued for health professionals from Ontario's Ministry of Health (the Ministry) and Public Health Ontario (PHO). As a reminder, please continue to visit york.ca/healthprofessionals and york.ca/covid19 for the latest information.

Ministry Updates on COVID-19 Actions

On March 25, 2020, Ontario's Chief Medical Officer of Health provided some updates on actions the Ministry is taking as part of its response to COVID-19. Ministry actions include:

- Accelerating activities to reduce the backlog of laboratory tests and increase provincial testing capacity
- Developing guidance regarding the appropriate use of Personal Protective Equipment (PPE) for non-health care workers. *(Note: York Region Public Health will share this guidance as soon as it is made available.)*
- Continuing to pursue all options to secure additional supplies and equipment, with a priority focus on masks and ventilators
- Launching a volunteer website to mobilize available workforce capacity towards the provincial response to COVID-19
- Increasing Telehealth's intake and response capacity
- Identifying additional bed capacity in alternative community settings to support individuals who are homeless or in shelters and health care workers needing temporary housing arrangements

The Ministry also issued a new guidance document for Consumption and Treatment Services sites. Please visit http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx to view the current guidance documents for your specific sector. The link to this document is also available on our health professionals website.

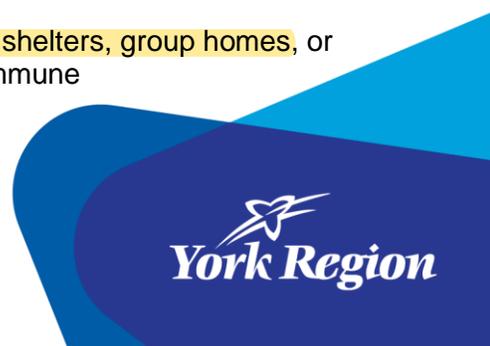
Who should be tested for COVID-19?

PHO provided new guidance on COVID-19 testing, as the Province moves from predominantly travel-related cases to increased local transmission of COVID-19. **Testing for COVID-19 should be based on clinical assessment, and not based on the case definition. Generally speaking, asymptomatic well individuals should not be tested.**

NOTE: ALL SYMPTOMATIC WORKERS IN ANY HEALTH CARE SETTING SHOULD BE TESTED FOR COVID-19.

At this time, all specimens will be tested if submitted. However, if/where there are shortages of testing supplies, the following groups should be **prioritized** for testing to inform public health and clinical management for these individuals:

- Symptomatic health care workers (regardless of care delivery setting) and staff who work in health care facilities.
- Symptomatic residents and staff in Long Term Care and Retirement Homes
- Hospitalized patients admitted with respiratory symptoms (new or exacerbated)
- Symptomatic members of remote, isolated, rural and/or Indigenous communities
- Symptomatic travellers identified at a point of entry to Canada
- Symptomatic individuals who work in child care settings or live/work in shelters, group homes, or other settings with vulnerable individuals (e.g., those with weakened immune systems, older adults, those with underlying health conditions etc.)



Recommendations on self-isolation and health care workers returning to work

Please see Appendix 1 following this message for additional information on self-isolation and criteria for discharge from self-isolation. This includes guidance for health care workers who have been tested or are symptomatic.

For more information, call York Region Public Health at **1-877-464-9675 ext. 77280** for additional support or you can email CIDIntakeLine@york.ca. Continue to visit york.ca/healthprofessionals, york.ca/covid19 and Ontario.ca/coronavirus for up to date information on COVID-19.

APPENDIX 1: SELF-ISOLATION RECOMMENDATIONS AND DISCHARGE GUIDANCE

Patient Description	Self-Isolation Requirements
Asymptomatic AND no exposure	No self-isolation requirement. Provide reassurance and refer them to COVID-19 websites york.ca/covid19 and Ontario.ca/covid19 . A self-assessment tool is available online.
Asymptomatic AND exposure	Provide information on continued self-monitoring and self-isolation for 14 days from exposure risk or symptoms starting.
Symptomatic AND no known exposure to COVID-19	Should self-isolate for 14 days after symptom onset. Household contacts and other close contacts while the individual was ill OR in the 48 hours prior to onset of symptoms should also self-isolate for 14 days.
Symptomatic AND exposure to COVID-19	
Tested for COVID-19 AND results are pending/negative/positive	

NOTE: Exposure means close contact with a confirmed case of COVID-19 OR close contact with an individual with acute respiratory illness

Discharging someone from isolation after being diagnosed with COVID-19

For each of the scenarios below, isolation after symptom onset should be for the duration specified and provided that the individual is afebrile and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Once a case is discharged from isolation, their case status should be updated to 'resolved'.

- For individuals **at home:**
 - 14 days following symptom onset
 - This applies to individuals whether they were confirmed by testing, and individuals who were not tested but have symptoms compatible with COVID-19
- For individuals **hospitalized:**
 - Isolate in hospital until 2 negative tests, obtained at least 24 hours apart
 - If discharged home within 14 days of symptom onset, follow advice for individuals at home
- For **health care workers:**
 - For return to work, 2 negative tests are required, obtained at least 24 hours apart
 - If critical for operations, health care workers may return to work 14 days after symptom onset while wearing appropriate PPE, and continuing use of appropriate PPE until 2 negative specimens at least 24 hours apart.

Health care workers who have been advised to self-isolate for a period of 14 days but who are not a case of COVID-19:

If particular health care workers are deemed **critical**, by all parties, to continued operations, **they may be able to return to work sooner than 14 days** if these workers undergo regular screening, use appropriate PPE for the 14 days and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever and any symptoms compatible with COVID-19, and immediately self-isolate if symptoms develop and self-identify to their occupational health and safety department

- ✓ *These health care workers should adhere to the above and continue to follow self-isolation instructions outside of the workplace and in the home*
- ✓ *These health care workers should not work in multiple locations*

Ministry of Health

COVID-19 Guidance: Group Homes and Co-Living Settings

Version 1 – April 1, 2020

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

This guidance document is intended for staff or volunteers in a group home or another group living setting, referred to as “residential settings”¹. There is a separate Guidance for Shelters on the MOH COVID-19 website.

Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, the latest case definition, FAQs, and other pertinent information.

General Advice

It is acknowledged that staffing, physical lay-out, shared accommodation and smaller communal areas may pose challenges for following the guidance outlined in this document.

It is also recognized that much of the support and care that is provided in these residential settings cannot be deferred. Residential settings are encouraged to customize and prioritize as necessary.

Screening is required for everyone entering the residential setting, including residents who have left the premises, staff, volunteers and others.

Planning

There are several things that residential settings can do to protect their staff, volunteers and clients, including implementing organizational pandemic and/or

¹ Residential settings include: youth justice facilities, schools with residences; and homes and residential facilities for children and youth in care, individuals with developmental or physical disabilities, individuals recovering from substance abuse, teenage mothers, victims of human-trafficking and gender-based violence.

business continuity plans as appropriate. These should include plans to address situations when staff, volunteers and/or clients are unwell.

When planning, residential settings should also consider:

- How health care can be organized within the residential setting if residents become unwell with suspected or confirmed COVID-19 or are exposed to COVID-19, including isolation within the home;
- How to reach out to the local [public health unit](#) to assist with the planning;
- Sick leave policies and how to access extra staff and volunteers to cover for absences of staff who can not come to work because they are unwell or in self-isolation;
- How to actively screen staff, and volunteers for symptoms of COVID-19 every time they enter the residential setting;
- How to access specialist services that may be required (e.g., mental health services);
- How to access extra hand hygiene supplies (soap, alcohol-based hand sanitizer, paper towels) and cleaning products and perform enhanced cleaning;
- How to have food, medication and other supplies delivered and the quantities needed of each;
- How to access and use personal protective equipment (PPE), and what types are needed;
- How to transport unwell residents as public transportation cannot be used;
- Reviewing infection prevention and control/occupational health and safety policies and procedures with all staff and volunteers; and
- Communicating that anyone who feels unwell, especially those with fever, cough or other flu-like symptoms should stay home and report to the supervisor/manager for screening (details below).

Surgical/procedure masks should only be worn inside the residential setting if a staff person must have direct contact (less than 2 metres) with an unwell resident.

Prevention

There are many things residential settings can do to prevent and limit the spread of COVID-19 in the residential setting, particularly by facilitating proper hand hygiene, respiratory etiquette, and physical distancing as well as screening staff, volunteers, and new or returning residents.

Hand Hygiene

Hand hygiene (see Hand Hygiene on [PHO Public Resources](#)) refers to hand washing or hand sanitizing and actions taken to maintain healthy hands and fingernails. It should be performed frequently with soap and water or hand sanitizer for 15- 20 seconds:

- Before and after preparing food;
- Before and after eating;
- Before going to sleep;
- After using the toilet;
- After disposing of waste or handling dirty laundry;
- After blowing your nose, coughing, or sneezing;
- After interacting with other people at a distance of less than 2 metres/6 feet;
- After facilitating or engaging in group activities (where applicable - see section on Group Activities and Outings); and
- Whenever hands look dirty or are visibly soiled.

Handwashing with plain soap and water is the preferred method of hand hygiene. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer (ABHS) that contains at least 70% alcohol, ensuring that all surfaces of the hands are covered (e.g., front and back of hands as well as between fingers and under the nails) and rub them together until they feel dry. For visibly soiled hands, remove soiling with a paper towel or hand wipe first, followed by use of ABHS.

When drying hands, disposable paper towels are preferred, but a cloth towel that is only used by one person may be used.

Avoid touching the face, eyes, nose, and mouth at all times, especially with unwashed hands.

Respiratory etiquette

- Cover your cough and teach, remind or help residents to cover their nose and mouth with a tissue when coughing and sneezing or cough or sneeze into the bend of the arm, not the hand.
- Residents and staff should dispose of any tissues that they used as soon as possible in a lined, non-touch waste basket and wash their hands afterwards.

Physical Distancing

Physical distancing limits the number of people that individuals come into close contact with. This means keeping a distance of at least 2 metres or 6 feet (approximately 2 arms-length) from other people in the residential setting and outside. Unless providing essential personal care, people living in the residence should distance themselves from others. This may require educating residents and volunteers to be mindful of their proximity to others. Moving furniture and creating visual cues such as tape on the floor can be helpful.

Day to Day Operations

Meals, Group Activities and Outings

There are several things that residential settings can do to protect their staff, volunteers and residents:

- Only allow one person or family to use the kitchen at a time and clean and disinfect after each use.
- Suspend communal dining unless physical distancing is possible (e.g., eating at different times and cleaning all surfaces between seatings) or serving residents individual meals in their rooms if this is not feasible.
- Remove shared food containers from dining areas (e.g., pitchers of water, salt & pepper shakers). Dispense snacks directly to residents or use pre-packaged food.
- Encourage residents to remain in their room. If rooms are shared, residents should keep as far apart as possible from each other (e.g., "head to foot" or "foot to foot" placement of beds).
- Cancel group activities and individual outings that require close contact between individuals unless they are essential.
 - Activities that maintain physical distancing of 2 metres or 6 feet between individuals may continue in the home.
- Create a schedule for residents to use the common spaces in shifts, to maintain physical distancing. Reconfigure common spaces so seating ensures physical distancing.
- Individuals should only leave the home for urgent appointments.
- Arrange for delivery of medications, including methadone.
- People may make use of the yard and outdoor space immediately surrounding the residential setting if they can maintain physical distancing.

Avoid Sharing Personal and Household Items

- Residents should not share personal items with others (e.g., toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, straws, cigarettes, drinks, drug paraphernalia, phones, computers, remote controls, toys, other electronic devices, etc.).
- Where possible, personal items should be kept separately for each resident. Clean all items that must be used by several people between uses (e.g., remote control, toys, telephones) - see cleaning below.

Home Visits and Visitors

- Home visits to family are only permitted if the resident stays with the family for the duration of the COVID-19 emergency and until they are instructed that they may return to the residential setting. Home visits to family for a short time are not permitted.
- If available, use telephone or video interactions for residents to maintain contact with family and friends.
- For Youth Justice Facilities, all visitor and volunteer activities should be suspended until further notice.

Volunteers

Only volunteers that are essential to the continued operation of the residential setting should be permitted to enter the residential setting, if they pass screening. All efforts should be made to adjust business practices and eliminate the need for volunteer support as well as limiting the number of people that come in and out of the residence.

Cleaning

- Cleaning and disinfecting² objects and high-touch surfaces will help to prevent the transmission of viruses from contaminated objects and surfaces to people (see Environmental Cleaning on [PHO public resources](#)).

² **Cleaning** removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. **Disinfecting** kills germs on surfaces or objects using chemicals. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. For effective disinfection, cleaning should be done first.

- Clean and disinfect all high-touch surfaces twice a day or more with a regular cleaner and disinfectant. High-touch areas include toilets and sinks, door handles (including refrigerator), kitchen surfaces and small appliances (e.g., kettles, coffee makers), light switches, telephones, remote controls, toys.
- Read and follow the product label for health and safety information about the products, substances or chemicals that may be hazardous. Only use disinfectants that have a Drug Identification Number on the label (8-digit number given by Health Canada). Wear gloves when handling cleaning products.
- High-touch electronics such as mobile devices and phones, computers and other devices may be disinfected with 70% alcohol (e.g., alcohol prep wipes).
- Place lined waste baskets in visible locations and empty them regularly.

Screening

The latest COVID case definition is available on the [MOH COVID-19 website](#).

[Signage](#) (link to signage in multiple languages). should be posted on the entry door and throughout the residence to prompt anyone to self-identify if they feel unwell or screen positive for symptoms of COVID-19.

All staff, volunteers and returning residents should be actively screened on intake and daily using the ministry's [self-assessment screening tool](#). Those who fail screening are not permitted to enter.

Individuals conducting screening should ideally be behind a physical barrier (e.g., Plexiglas) or stand 2 metres or 6 feet away from the individual being screened. If possible, the screener should be placed at the entrance to screen all individuals wanting to enter the residential setting. If a physical barrier or 2 metres or 6 feet distance is not possible, then screeners should wear a mask and gloves. Hand sanitizer should also be available.

Residents should be monitored for symptoms of COVID-19 daily (see How to Self Monitor on [PHO Public Resources](#)). Symptoms range from mild to severe and include fever, new cough or change in cough, difficulty breathing or shortness of breath, muscle aches, fatigue, headache, sore throat, and runny nose 

Positive Screening: What to do With Staff and Volunteers

All staff and volunteers who have symptoms that may be from COVID-19 or have been exposed to someone with suspected or confirmed COVID-19 **are required to self-isolate and must not come to work.** They should report their symptoms to their supervisor/manager and contact their local [public health unit](#) for advice.

Staff and volunteers who become unwell on site in the residential setting should tell their manager immediately and separate themselves from others. They should be given a mask and hand sanitizer to use. They should go home (avoiding public transit) and contact their primary care provider, Telehealth (1-866-797-0000) or the [local public health unit](#). They should also complete the MOH's self-assessment tool and go to an Assessment Centre if directed by their health care provider or the self-assessment tool.

COVID-19 Testing

Symptomatic staff in all residential settings described in this guidance should advise health care providers at the Assessment Centre that they work with a vulnerable population in a group home or other group residential setting (see [PHO Coronavirus Disease 2019 \(COVID-19\) Testing](#)).

Positive Screening: What to do With Residents

If a resident reports or shows symptoms of COVID-19 or they have been exposed to someone who has COVID-19, they should be isolated immediately (see How to Self-Isolate on [PHO Public Resources](#)). Testing should be arranged by calling the [local public health unit](#). If medical advice is required for any resident, call their primary care provider or Telehealth Ontario at 1-866-797-0000 and **tell them that the person lives in a group home or other residential setting.**

Placement in Isolation in the Residence

Please refer to Self-isolation: Guide for caregivers, household members and close contacts on [PHO Public Resources](#).

- Choose a room in the residence with a door that can be closed to separate unwell residents who have symptoms or are being tested for COVID-19 from those who are healthy for 14 days.
- If a private room is not possible and will be shared by well and unwell residents, make sure the room has good airflow (open windows as security protocols and

weather permits), and that the resident can be kept 2 metres or 6 feet away from other people who are not unwell and wears a surgical/procedure mask. Provide the residents of the room with hand sanitizer, and instruct them to use it in the room.

- If the room must be shared by more than one person who is unwell with confirmed COVID-19, these residents are not required to wear masks.
- Identify a separate bathroom for the unwell person to use, if possible.
- If a private bathroom is not available, consider developing a schedule for use with the unwell person going last, followed by a thorough cleaning of the bathroom.

COVID-19 Testing

- If the sick resident has symptoms that may be COVID-19 and the residential setting staff have health questions, call the resident's doctor/NP (if permitted) or Telehealth Ontario (1-866-797-0000) and tell them that the person lives in a group home or other residential setting.
- If staff are advised to transport the resident to an Assessment Centre, arrange private transportation (no public transit is allowed) and have the resident wear a surgical/procedure mask, sit alone in the backseat and open the car windows if possible. The driver of the vehicle should wear a mask.
- Residents in all residential settings described in this guidance should advise health care providers at the Assessment Centre that they are a resident in a group home or other group residential setting (see [PHO Coronavirus Disease 2019 \(COVID-19\) Testing](#)).

Recovery at Home

- Residents who have mild to moderate symptoms may recover at home in the residential setting. They must remain in their room, receive meals in their room and should not share a bathroom with others (see above). They should be monitored several times a day to ensure that their symptoms do not worsen.
- If the unwell person gets worse and needs to go to the hospital because of severe symptoms (e.g., severe difficulty breathing, severe chest pain, very hard time waking up, confusion, loss of consciousness), call 911 and inform them that the person is suspected of having COVID-19 so that the hospital can be notified and the paramedics can take the necessary precautions.

Reporting Positive Screening

Staff should contact their [local public health unit](#) to report a staff member, volunteer or resident suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent further spread in the residential setting.

Caregiving and Infection Control

Limit the number of staff providing care to the person with suspected or confirmed COVID-19. All caregivers should perform regular hand hygiene and wear appropriate personal protective equipment as required.

If close contact (less than 2 metres or 6 feet) with the person with suspected or confirmed COVID-19 is required for direct care (e.g., bathing, toileting), use Droplet and Contact Precautions (see Droplet and Contact Precautions on [PHO Health Care Resources](#)).

Droplet and Contact Precautions include using **Personal Protective Equipment (PPE)**:

- **surgical/procedure masks** provide a physical barrier that helps prevent the transmission of the virus by blocking respiratory droplets propelled by coughing, sneezing and talking and should be used when in close contact (less than 2 metres) with the ill person;
- **disposable single use gloves** should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids. If disposable gloves are not available, reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a disinfectant;
- **isolation gown** when skin or clothing may become contaminated. Reusable gowns may be used; however, they must be laundered with soap and warm water (60-90°C) after each use;
- **eye protection** such as goggles or a face shield for care or activities likely to generate splashes or sprays of body fluids.

Before using PPE, staff should be familiar with how to safely put it on and take it off. Detailed instructions on how to use PPE are available on Public Health Ontario's website:

[Recommended Steps: Taking Off Personal Protective Equipment \(PPE\) - COVID-19](#)

Videos: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/health-care-resources>

Tasks that do not involve close contact and direct care with the person with suspected or confirmed COVID-19 do not require PPE.

Tasks that require close contact and direct care with individuals who are otherwise healthy and displaying no symptoms of COVID-19 do not require additional PPE than what is normally used.

Cleaning required when caring for an unwell resident (see Cleaning and Disinfection for public settings on [PHO Public Resources](#)).

Plan to clean and disinfect the rooms occupied by unwell residents frequently, twice per day and when visibly dirty. The lid of the toilet should be down before flushing to prevent contamination of the environment. Disposable contaminated items including used PPE should be placed in a closed bag and placed with other household waste.

Laundry from the unwell resident

Laundry can be done regularly with warm water (60-90°C), and thoroughly dry the laundry. Wear gloves and a mask when handling the dirty laundry from unwell residents and keep it away from the body. If the laundry hamper/container comes in contact with contaminated laundry, disinfect it.

Occupational Health & Safety

If COVID-19 is suspected or diagnosed in staff or volunteers, return to work should be determined in consultation with their health care provider and the local [public health unit](#). The staff/volunteer must notify their supervisor prior to return to work. See Guidance for Occupational Health and Safety for COVID-19 on the Ministry of Health [COVID-19 website](#).

Staff and volunteers should check for signs of illness compatible with COVID-19 before each shift using the [self assessment](#) tool provided by the Ministry of Health. Individuals should follow the directions provided by the self-assessment tool. This

may impact staffing levels but is a precaution to prevent spread of illness in the community.

Individuals who are positive for COVID-19 and are free of symptoms for 14 days after the onset of the symptoms can return to work. Individuals who are critical to operations and are symptom free can return to "work self-isolation". An explanation of the requirements of work self-isolation is available on the Health Care Resources section of [Public Health Ontario's website](#). For up to date information, consult with the local public health unit if there are questions about return to work for staff, including testing and clearance guidelines.

Coronavirus Disease 2019 (COVID-19)

How to self-isolate while working

Recommendations for Health Care Workers

Who needs to be self-isolating?

- Health care workers (HCWs) who have returned from travel in the last 14 days and/or have had unprotected exposure to a person with COVID-19, and have been identified **critical to operations** in their organization.
- HCWs who meet this criteria still need to [self-isolate](#) when they are not at work.

How long should I self-isolate while I am working?

- Self-isolation applies for 14 days from your return from travel and/or last unprotected exposure to a person with COVID-19.
- You can stop self-isolating after 14 days if you have not developed symptoms such as a fever and/or cough. Please consult with your local health unit.
- Maintain physical distancing after you have stopped self-isolating.

How do I self-isolate while working?

- Take your temperature twice a day to monitor for fever.
- Travel to and from work in your private vehicle. If you have to take transit, wear a surgical/procedure mask and perform hand hygiene before and after your travel to work.
- During work, for the 14-day period, wear surgical/procedure mask and any additional Personal Protective Equipment, based on [Routine Practices and Additional Precautions](#).
- Do not eat your meals in a shared space (e.g., conference room, lunch room) with other HCWs.
- Work in only one facility where possible.
- [Self-isolate](#) when outside of the workplace.

What if I develop symptoms of COVID-19 while at work or at home?

- While at work – Immediately self-isolate (i.e., remove yourself from providing care) and inform your immediate manager/supervisor and/or Occupational Health and Safety Department.
- While at home – Immediately self-isolate in your home.
 - Do not go to work.
 - Notify your immediate manager/supervisor and or Occupational Health and Safety Department.
- Contact your health care provider, Telehealth (1-866-797-0000) or your local public health unit.

The information in this document is current as of March 25, 2020