

Community Living Parry Sound

Enhanced Infection Control Practices COVID-19 Pandemic 2020



This is a comprehensive document that outlines the most current enhanced infection control practices that we have implemented during the COVID-19 Pandemic 2020. It is a fluid document subject to change.

Screening Protocols

All employees are to self-monitor daily for symptoms of COVID-19. A self-assessment is to be completed prior to starting your shift. Upon arrival to work, active screening takes place at each residence. Staff will enter from the main entrance doors only, where they will complete a self-assessment screening and don personal protective equipment (PPE). Staff are to be assessed for both typical and atypical COVID-19 signs and symptoms. Please refer to **Screening Checklist** (Appendix A).

All staff and essential workers entering the homes will be screened at the beginning of their shift using a tympanic or oral thermometer. If body temperature is over 37.8°C, staff are to confirm their body temperature with a second reading and inform their supervisor.

All completed self-screening documents are to be filed.

If the person being screened answered “no” to all the self-screening questions, they have passed the screening and are permitted to enter the building.

If the person being screened answered “yes” to *any* of the questions, or if body temperature suggests a fever, they have failed the screening and are not permitted to enter the building. The person will call the Assessment Centre (Appendix B) for next steps. If the person in question is a staff or resident, inform the Assessment Centre that you work or live residential group home setting. In addition, employees will call their direct supervisor to let them know and get instructions. If they experience difficulty breathing or severe symptoms, the employee must also call Executive Director Jo-Anne Demick.

Contractors.

Contractors that pass the screening are required to wear procedural mask when entering the residence home areas. Social distancing of at least 6ft needs to be maintained.

Family.

Visitation is not permitted inside the homes. If family would like to visit, they may do so outside of the home providing all of the following conditions are met. (1) No one living in the home has symptoms of illness. (2) Social distancing of no less than 6ft is maintained throughout the visit. (3) Staff have conducted a screening of the visiting family member(s) and the person(s) pass the screening.

Essential Visitors.

CLPS is closed to visitors except for essential visitors. Essential visitors include a person performing essential support services (e.g. phlebotomy testing, maintenance, and other health care services required to maintain good health). If an essential visitor is admitted to the home, the following steps must be taken:

- The essential visitor must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19.
- The essential visitor must also attest to not be experiencing any of the typical and atypical symptoms.
- The essential visitor must only visit the one resident they are intending to visit, and no other resident.
- The essential visitor must wear a mask while visiting a resident that does not have COVID-19.
- For any essential visitor in contact with a resident who has COVID-19, appropriate PPE should be worn.

Protocols for Enhanced Infection Control: Staff

Declaration Re: Disclosure of Working Multiple Locations Protocol

All Residential Team employees are required to declare if they are employed elsewhere. They will inform their supervisor if they have employment outside of CLPS. The Management Team will determine if the employee can continue to work at CLPS during the COVID-19 pandemic.

Procedure: Mask Distribution Protocols

Personal Protective Equipment (PPE) Mask Protocols.

As an additional measure of protection from the potential spread of COVID-19, we are increasing the required PPE articles for **all staff working in a home**. All staff will be required to wear a **surgical mask and hair covering** for the full duration of shifts.

New provincial guidelines recommend limiting contact with our residents to direct care providers. The Center for Disease Control (CDC) confirms that the surgical mask provides protection for the entire period of time that a shift would be scheduled for. Currently, there is a **worldwide shortage of PPE** supplies. Although we have limited supplies on-hand to provide this level of protection, we will use PPE sparingly to ensure we have enough over the next number of weeks and possibly longer. We ask that staff take great care to ensure their masks remain in good condition throughout the shift. It is imperative that we engage in responsible stewardship including a secure distribution and monitoring process to ensure misuse does not occur.

- Everyone at CLPS is now required to wear a surgical mask while inside the group home.
- Employees are required to wear a N95 Mask when conducting CPR or when supporting people with CPAP machines

- Surgical masks are provided upon entry at main entrance of Burritt Street and the staff office of Addie Street.
- Appropriate hand hygiene must be practiced before and after the mask is donned, as well as before and after the mask is removed.
- The mask should be replaced only when it becomes visibly soiled, wet or damaged.
- All used masks will be placed in the garbage at the two locations setup in the residences upon finishing your shifts.
- Employees are NOT required to wear surgical or N95 masks in ONLY the following settings:
 - Offices where residents have no access and doors can be closed
 - When eating meals. Employees will eat their meals separate from people supported and must disinfect surfaces when finished.
- Supervisors will be distributing all PPE.

When staff are not wearing masks, please ensure you are maintaining a social distance of no less than 6ft at all times when in the office, parking lot, and/or eating meals.

Paper Bag Protocol for Mask Storage.

A paper bag has been provided to each staff member for safekeeping of their N95 mask. Staff should write their name on the outside of the bag. Staff are to remove the mask using proper doffing procedures and are not to touch the cloth portion. They are to place the mask into the paper bag. Hand hygiene must be performed after placing the mask in the bag. Staff must take care not to touch their mask in patient care areas; readjustment of masks will only be performed in areas where people supported do not have access, and hand hygiene will be performed before adjusting the mask.

Please note: at this time, we have adequate PPE supplies and more PPE is being received weekly, however employees need to do their best to maintain the integrity of their PPE.

Use of PPE in a Declared COVID-19 Outbreak

- Once a residence has a confirmed COVID-19 case, all residents should be cared for using droplet/contact precautions (surgical/procedure mask, isolation gown/disposable coveralls, gloves and eye protection).
- A surgical mask can be used over the course of many residents. Conserve your mask for as long as possible, but once wet, damaged, soiled, immediately dispose of the mask.
- Take extra care when removing this mask as this is when self-contamination may occur. Don a new mask for your next set of patient encounters, extending its use for as long as possible. In fact, you may reduce your risk of self-contamination by reducing the number of mask changes.
- It is safe to wear your mask for multiple patient encounters. Take care not to touch your mask anywhere except staff PPE donning and doffing stations.

Work Attire, Donning & Doffing PPE Protocols

Personal Laundry Bag for all Employees.

All staff will be provided with their own **disposable bag** for storing work clothes. Only one bag will be issued to each staff member.

Arriving at Work Protocol.

- Use laundry bag to bring scrubs/work clothes to work.
- Staff are to wear non-work shoes to work and then put on a dedicated pair of work shoes. Please store your items in your storage cube. All personal items such as coats, purses or bags must remain in your storage cube, staff closet or staff office.
- Report directly to your staff donning and doffing stations or staff bathroom to dress for your shift. Don your PPE in front of the mirror to ensure you are not exposed. If there is a suspected case of COVID-19, use the buddy system with a coworker to ensure you are covered appropriately from head to toe. Perform hand hygiene.
- Disinfect your cell phone and water bottle if either are being brought into the home. See the note below for best practices with these items.

No personal items are allowed in the resident home area except water bottles and cellphones (for work-related purposes or family emergencies). These items must be disinfected at the beginning of your shift. It is recommended that employees keep a tumbler at work to pour their drinks in to. If you do not have one, please ensure you are disinfecting your cups.

Leaving Work Protocol.

- At the end of the shift, staff will report to the donning and doffing stations or staff washroom to change out of work clothes and back into the garments they wore to work. Please ensure you doff PPE and work clothes in front of a mirror to ensure you are not contaminating yourself or anything around you.
- The “dirty outfit” will be placed in the personal laundry bag to take home and wash. Laundry may be washed on site. Place work shoes in storage cube at end of shift.

Dress Code: Infection Control Policy.

- Long hair must be secured.
- Fingernails must be clean, unbroken and at a short length.
- No jewelry is permitted on hands or wrists.
- All clothing and shoes must be cleaned and maintained regularly.

Staff Meals

In an effort to support social distancing during meals (when staff will not be wearing masks) they are to eat at a separate table or eat at a different time than the people supported. Please ensure all surfaces where staff are eating are disinfected immediately after each meal. Please ensure to maintain 6ft from one another while eating meals.

Enhanced Cleaning Protocols

In addition to routine cleaning, staff will clean and disinfect all high-touch surfaces, common areas, and bathroom twice a day and when visibly dirty.

Examples of high-touch surfaces:

- Door handles
- Refrigerator door/handle
- Sinks
- Toilets
- Light switches
- TV remote
- Kitchen surfaces
- Coffee maker, kettle
- Small appliances in kitchen or bathroom
- Cell phones and landlines
- Computers, keyboards, tablets, etc.

Performing CPR

In light of the era of COVID-19, approach to CPR has changed. CPR creates significant additional risk of contracting COVID-19 due to viral aerosolization. Therefore, additional precautions are required when performing CPR during this pandemic. Even residents without known respiratory symptoms are presumed to have COVID-19 for the protection of our health care team.

For regular care of respiratory/COVID patients, procedure mask/gown/gloves are adequate.

For aerosolizing situations, such as CPR, a full N95 mask, eye shield, bouffant hair covering, gown, gloves, and ideally shoe covers are to be worn.

There will be no airway management if someone is experiencing cardiac arrest.

Ensure that only the minimum number of essential healthcare professionals with appropriate PPE are present in the room while CPR is being administered

There are two “CPR kits” available on each home area located on top of the fridge in the kitchens.

CPR Procedure.

1. Have a colleague call 911.
2. Walk calmly to the fridge; kits are stored on top of the fridge. Obtain CPR kit.
3. Don full PPE from CPR kit BEFORE initiating CPR.
4. Bring procedure mask to resident's room.
5. Ensure that no other residents or staff are in the room (if applicable).

6. Close the door.
7. Apply procedure mask to resident.
8. Begin compression only CPR until EMS arrives (there will be no airway management).

CPR Kit Contents.

- | | |
|---------------------------|--|
| 1- Gown | 2- Shoe Covers |
| 1- N95 mask | 1- Pair- Small Gloves |
| 1 - KN95 mask | 1- Pair- Medium Gloves |
| 1- Bouffant Hair Covering | 1- Pair- Large Gloves |
| 1- Face Shield | 1- Procedure Mask (to be placed on resident) |

Staff Monitoring

Staff should be monitoring the following symptoms in themselves:

- | | |
|----------------------------|--------------------------|
| - fever | - runny nose |
| - cough | - nasal congestion |
| - shortness of breath | - loss of sense of smell |
| - sore throat | - loss of sense of taste |
| - new or worsening fatigue | - painful swallowing |
| - new or worse headache | - loss of appetite |
| - muscle aches | - vomiting |
| - chills | - diarrhea |

Protocols for Staff Awaiting COVID-19 Test Results

Staff should stay home and self-quarantine while awaiting the results. This includes **close contacts**. A close contact is someone who shares a living space with a person who has probable or confirmed COVID-19. Once the employee receives their test results, they must contact their supervisor for instructions on how and when they will return to work. This applies whether the test results were positive or negative.

Protocols for Staff who are Close Contacts of a Person Awaiting Test Results.

An employee is considered a **close contact** if they live with someone who may have COVID-19 (and is awaiting test results) or has tested positive for COVID-19.

Staff who are close contacts may continue to **work in self-isolation** only (see Appendix C). They may not enter the residence until instructed otherwise by their supervisor.

Close contacts should **self-isolate and monitor for symptoms for 14 days from exposure** (exposure being the time when the person they had contact last with showed symptoms of COVID-19). In addition:

- **Monitor for symptoms. Take temperature twice a day to monitor for fever** (more than 37.8 degrees Celsius).
- During work, **wear surgical/procedure mask** and any additional PPE based on routine practices.
- Travel to and from work in a private vehicle. If taking a taxi, wear a cotton mask and perform hand hygiene before and after your travel to work.
- Do not eat your meals in shared space with others.
- Self-isolate when outside the workplace. Have someone who does not live with you or have close contact run groceries/errands.

Protocols for Staff Who Receive a NEGATIVE Test Result

Staff must continue to self-isolate for 14 days past the negative test result. Staff will inform their supervisor of the negative test result, and under the supervisor's direction they may **resume work in self-isolation only**. They may not enter the residence until instructed otherwise by their supervisor.

- Maintain physical distancing after you have stopped self-isolating.
- Have one member in the household designated to run errands (preferably not an essential worker).
- Wear a mask while in public to protect others.
- Do not touch your face.

Perform strict hand hygiene after touching surfaces, removing the mask, touching the face, eating etc.

If symptoms develop, worsen, or re-appear:

- If at work, immediately self-isolate and inform a supervisor.
- If at home, do not go to work and inform supervisor by call, text or e-mail.

Protocols for Staff who are Close Contacts of a Person with a NEGATIVE Test Result.

Staff must continue to self-isolate for 14 days post exposure. Staff will inform their supervisor of the negative test result arising from their close contact, and under the supervisor's direction they may **resume work in self-isolation only**. They may not enter the residence until instructed otherwise by their supervisor. The same protocols apply for staff who receive a negative test result (see previous section) and staff who are a close contact of someone who receives a negative test result.

Returning to Work Following a NEGATIVE Test Result.

After consulting with their supervisor, employees may return to **work in self-isolation** once a negative test result has been received and the following conditions are met, where applicable.

- May return to work 24 hours after fever resolves (body temperature less than 37.8 degrees Celsius) and there are no other symptoms; or 5 days after respiratory symptoms started (chronic cough may last several weeks or months).
- May return to work 48 hours after vomiting or diarrhea resolves in absence of respiratory symptoms.

If symptoms re-appear or worsen, you may require a second test before returning to work, even if the first test result was negative. Speak with your supervisor for directions. If your respiratory symptoms worsen, continue to self-isolate for 14 days after symptoms started, and contact your health care provider and supervisor.

If you have severe symptoms, such as difficulty breathing, you should go to the emergency department OR call 911 and tell them your travel history and your symptoms.

Protocols for Staff Who Receive a POSITIVE Test Result

Returning to Work Following a POSITIVE Test Result.

Inform your supervisor of the test result and self-quarantine for 14 days. Supervisors may use one of the following methods to guide your return to work.

- A. Test-Based Approach:** Must remain off work for 14 days from symptom onset. After two consecutive negative test results, consult with supervisor for instruction on return to work.

- B. Non test-based approach:** Staff may return to work (in self-isolation) 14 days after symptom onset, only as directed by their supervisor.

- C.** If the test result is positive but there are no apparent symptoms, consult with the Assessment Centre (Appendix B). Let them know that you are an essential service worker and inform your supervisor as well.

Sick Call-In Process

Any shifts that become available for ANY reason will go through the call-in list and managed by the Scheduling Coordinator (unless the Scheduling Coordinator requests that employees in the residence or the supervisor complete the call-in list in her place.) In the event that an employee is not able to work their scheduled shifts for an extended period of time, we will post those bulk shifts via e-mail as we have been doing these past four weeks. Staff will be selected via first come, first serve utilizing part-time before full-time staff.

Protocols for Enhanced Infection Control: Residents

Physical Distancing in the Group Home

Physical distancing should be encouraged whenever possible. If possible, move furniture to create 6ft distances in common sitting or standing areas.

In the event that two or more residents test positive for COVID-19, it is an acceptable practice to group them together in a shared area without strict adherence to physical distancing, particularly if space is limited.

Families Dropping Off Items for Residents

- No food items are allowed.
- Drinks are permitted but must be transferred into a cup from inside the home.
- Clothes are to be placed into a plastic bag and immediately washed in the washing machine on a hot cycle.
- Other items may be dropped off in a plastic bag with resident's name marked on it. These items are to be left at the door. Staff will retrieve the plastic bag, wipe down the bag and contents with a disinfectant wipe, mark the date, and place it in the designated holding area. Items may be brought in to the home 72 hours after disinfection. This also applies to mail. All mail is to be placed in the staff office in the appropriate mailboxes, and staff will open then provide to the person supported.

Leaving the Home

Only essential outings beyond the property of the group home should be permitted (e.g., medical appointments that cannot be done virtually). Staff supported drives and physical distancing walks are also permitted at this time.

Leaving for a Home Visit with Family.

Home visits are permitted if the person supported stays with their family for the duration of the pandemic. Home visits with family for a short period of time are not permitted. Staff will consult with their supervisor to assist with protocol around the person's return to the group home.

Education

Staff will support prevention by offering education to residents, including the following topics:

- COVID-19 symptoms
- Risks of COVID-19 and importance of staying home
- Steps being taken in the community to prevent the spread of COVID-19
- Steps being taken in the home to prevent the spread of COVID-19
- Physical distancing
- Hand hygiene
- Respiratory etiquette (e.g., coughing and sneezing into elbow/clothing)

Resident Monitoring

Staff are to monitor the people supported for symptoms of COVID-19 daily, including temperature, and report to their supervisor if there are any symptoms outside of their normal/baseline. The following symptoms should always be reported to supervisors:

- Fever (temperature of 37.8°C or greater)
- Any new/worsening acute respiratory illness symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing, nasal congestion, loss of smell or taste hoarse voice, difficulty swallowing)
- Clinical or radiological evidence of pneumonia. Example: x-ray
- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Falls
- Acute functional decline
- Worsening of chronic conditions
- Digestive symptoms, including nausea/vomiting, diarrhea, abdominal pain
- Chills
- Headaches
- Croup
- Unexplained tachycardia (irregular heartbeat)
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)
- Lethargy

COVID-19 Symptomatic Resident Checklist.

A resident is considered symptomatic of COVID-19 if they show one or more of the following signs or symptoms.

Respiratory Symptoms

- Fever (Temperature of 37.8°C or greater);
OR
- Any new/worsening acute respiratory illness symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing, loss of taste or smell);
OR
- Clinical or radiological evidence of pneumonia.

Atypical Symptoms

Symptoms

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Falls
- Acute functional decline
- Exacerbation of chronic conditions
- Digestive symptoms, including nausea/vomiting, diarrhea, abdominal pain
- Chills
- Headaches
- Croup

Signs

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O₂ sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

If a resident is suspected to have, or is diagnosed with, COVID-19, the following steps should be taken (see next page). See Appendix D for a fillable version of this list for documentation.

If the resident is in a private room:

1. Isolate the resident to their room.
2. Place sign on resident's door.
3. Notify supervisor.
4. Ensure isolation cart has the following PPE:
 - Procedural (surgical) masks
 - Gowns
 - Gloves
 - Face shields or goggles

If tolerated, the resident may wear a mask.

5. Assign 1-2 Staff members who will ONLY provide care to the affected resident(s).
6. Retrieve COVID-19 laundry cart and place it inside the resident's room. This equipment shall only be used for residents in isolation with suspected or confirmed COVID-19.
7. Ensure resident has dedicated transfer sling, as appropriate, and leave in room.
8. Clean and disinfect equipment before re-use with another resident (e.g., mechanical lift).
9. Take off PPE just before leaving the resident's room. Discard PPE in the waste bin.
10. Perform hand hygiene.

Best practices, described in other sections and in staff training, will be followed:

- When providing routine care for a resident with suspected or confirmed COVID-19, contact precaution and droplet precautions should be practiced.
- PPE should be put on and removed carefully following recommended procedures to avoid contamination.
- Perform hand hygiene before putting on and after removing PPE.
- Contact and droplet precautions include the following PPE: procedural mask, gloves, gown, and eye protection (goggles or face shield).
- Employees should use contact/droplet precautions (see below) when tending to the resident, entering the room, or when within 1m of the resident.

Residents will be assisted to eat in their rooms. They may use disposable cutlery and plates.

CPAP and Use of an N95 Respirator

Due to the recent COVID-19 pandemic, there have been some changes to supports when residents utilize Continuous Positive Airway Pressure (CPAP) devices

If an individual is suspected or confirmed with COVID-19, they can still continue to use CPAP device with the following precautions added to their support:

- Isolate the individual in a separate bedroom from others (including pets). There are concerns that the virus may be spread through the exhalation port of the CPAP machine. This port may also release smaller virus-containing aerosol particles. Aerosol particles can remain suspended in the air for hours.

- Door must be closed when using CPAP devices.
- If an individual (other than the CPAP user) must be present in the room while the machine is being utilized, they must don appropriate PPE which includes an N95 masks and gown. They may choose to also use gloves and eye protection.
- Frequently disinfect high-contact surfaces (e.g. doorknobs, counters, light switched, bathrooms, etc.) to avoid spread through contact transmission.
- Clean CPAP device according the manufacturer's instructions, including changing of filters and disposable accessories.
- Once individual is COVID-19-free, filters and any disposable accessories must be changed to prevent re-infection.

APPENDIX A: COVID-19 SCREENING TOOL



COVID-19 Screening Tool

All sections are to be completed on ALL STAFF, PEOPLE SUPPORTED, and VISITORS* (* Visitors are not permitted except for essential services and contractors.)

Name: _____
 Date: _____
 Time: _____
 Screener: _____
 Purpose of Visit: _____

SECTION A

1. Are you feeling feverish, had shakes, or chills in the last 24 hours? No Yes

2. Are you feeling unwell with symptoms such as: No Yes
 - Vomiting Diarrhea Sore throat Runny or stuffy nose
 - Severe headache Loss of taste or sense of smell
 - Muscle pain Abdominal pain Nausea Scratchy voice
 - New or worsening fatigue

3. Do you have new / worse cough or shortness of breath (worse than what is normal for you)? No Yes

SECTION B

4. Have you travelled outside Canada within the last 14 days? No Yes

5. Have you had close contact with a confirmed OR probable case of someone with COVID-19 while you were NOT wearing PPE? No Yes

6. Have you had close contact with a person with acute respiratory illness, worse cough, or new shortness of breath while you were NOT wearing PPE? No Yes

**IF NO TO ALL QUESTIONS, ENTRY PERMITTED.
 IF YES TO ANY QUESTIONS, SEE REVERSE.**

IF YES TO ANY QUESTIONS ON SCREENING TOOL: POSITIVE SCREENING RESULT SCENARIOS

| | |
|---|---|
| Section A = YES Section B = NO | Staff: - Don a mask, self-isolate, contact supervisor and Assessment Centre. Person Supported: - If tolerated, person is to wear a mask. - Isolate the person. - Follow protocol from the COVID-19 Symptomatic Resident Checklist. Visitors: - Entry is NOT permitted. |
|---|---|

| | |
|---|--|
| Section A = NO Section B = YES | Entry is NOT permitted. Contact Supervisor and Assessment Centre for further direction. |
|---|--|

| | |
|--|--|
| Section A = YES Section B = YES | Entry is NOT permitted. Contact Supervisor and Assessment Centre for further direction. |
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APPENDIX B: ASSESSMENT CENTRE INFORMATION

West Parry Sound Health Centre Enhanced COVID-19 Assessment Centre

Clinic Purpose:

To assess and, only where appropriate, swab people who may be infected with COVID-19 with a goal of testing symptomatic people to reduce the spread of COVID-19.

How to Access:

- The clinic can be accessed By appointment only.
- For safety reasons, “walk-in” appointments are strictly prohibited.
- Not everyone who calls the clinic will be swabbed.
- There will be options for people who are limited by transportation and/or mobility.

Contact Information and Hours of Operation: 705-746-4540 ext. 5030

- Assessment Centre Call Hours of Operation:
8:00 am- 4:00 pm
Monday-Sunday

You may call to speak to a Nurse who will help you understand your options.

- Assessment Centre Appointment Hours of Operation:
9:00 am- 3:00 pm
Monday-Sunday (7 days/week)

LOCATION: 70 Joseph street units 105-106

Entrance at the back door: Please ring the doorbell at the time of your appointment and stand back past the sign as directed.

BY APPOINTMENT ONLY

For general questions please do not call the West Parry Sound Health Sound Health Center

Telehealth: 1 866-797-0000 (toll free)

North Bay Parry Sound District Health Unit: 705-474-1400 or 1-800-563-2808 (toll free)

WPSHC COVID-19 Assessment Centre Booking Criteria

New onset of symptoms within 14 days or worsening of chronic conditions in the last 14 days.

Typical Symptoms of COVID-19 Symptoms

- Fever (Temperature of 37.8°C or greater); OR
- Any new/worsening acute respiratory illness symptom (e.g. cough, shortness of breath(dyspnea), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing); loss of taste or smell OR
- Clinical or radiological evidence of pneumonia.

Atypical Symptoms/Signs of COVID-19 Symptoms

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Falls
- Acute functional decline
- Exacerbation of chronic conditions
- Digestive symptoms, including nausea/vomiting, diarrhea, abdominal pain
- Chills
- Headaches
- Croup Signs
- Unexplained tachycardia
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O₂sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

APPENDIX C: MATERIALS FOR WORKING IN SELF-ISOLATION

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

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Self-Isolation while Working – Screening Tool

Name: _____ Start Date: _____

If you have a temperature of 37.8°C or higher and/or any of the below symptoms, please contact Occ Health – extension 2410 or the Clinical CC after hours

| | Day 1 | Day 2 | Day 3 | Day 4 |
|--|---|---|---|---|
| Temperature: | am: _____ °C pm: _____ °C | am: _____ °C pm: _____ °C | am: _____ °C pm: _____ °C | am: _____ °C pm: _____ °C |
| Do you have a new or worse cough or shortness of breath? | Yes___ No___ | Yes___ No___ | Yes___ No___ | Yes___ No___ |
| Do you have any of the following symptoms? | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea |
| | Day 5 | Day 6 | Day 7 | Day 8 |
| Temperature: | am: _____ °C pm: _____ °C | am: _____ °C pm: _____ °C | am: _____ °C pm: _____ °C | am: _____ °C pm: _____ °C |
| Do you have a new or worse cough or shortness of breath? | Yes___ No___ | Yes___ No___ | Yes___ No___ | Yes___ No___ |
| Do you have any of the following symptoms? | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea |



Self-Isolation while Working – Screening Tool

| | Day 9 | Day 10 | Day 11 | Day 12 |
|--|---|---|---|---|
| Temperature: | am: _____°C pm: _____°C | am: _____°C pm: _____°C | am: _____°C pm: _____°C | am: _____°C pm: _____°C |
| Do you have a new or worse cough or shortness of breath? | Yes___ No___ | Yes___ No___ | Yes___ No___ | Yes___ No___ |
| Do you have any of the following symptoms? | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea |
| | Day 13 | Day 14 | Notes: | |
| Temperature: | am: _____°C pm: _____°C | am: _____°C pm: _____°C | | |
| Do you have a new or worse cough or shortness of breath? | Yes___ No___ | Yes___ No___ | | |
| Do you have any of the following symptoms? | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> New or worsening fatigue <input type="checkbox"/> New or worse headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Chills <input type="checkbox"/> Runny Nose <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Loss of sense of taste <input type="checkbox"/> Painful swallowing <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea | | |

APPENDIX D: COVID-19 SYMPTOMATIC RESIDENT CHECKLIST

If a resident is suspected to have, or is diagnosed with, COVID-19, the following steps should be taken.

If The Resident is in a Private Room:

| Step | Completed (Signature & Date) | Comments |
|--|---------------------------------|----------|
| Isolate the resident to their room. | | |
| Place sign on resident's door. | | |
| Notify supervisor. | | |
| Ensure isolation cart has the following PPE: <ul style="list-style-type: none"> – Procedural (surgical) masks – Gowns – Gloves – Face shields or goggles If tolerated, the resident may wear a mask. | | |
| Assign 1-2 Staff members who will ONLY provide care to the affected resident(s). | | |
| Retrieve COVID-19 laundry cart and place it inside the resident's room. This equipment shall only be used for residents in isolation with suspected or confirmed COVID-19. | | |
| Ensure resident has dedicated transfer sling, as appropriate, and leave in room. | | |
| Clean and disinfect equipment before re-use with another resident (e.g., mechanical lift). | | |
| Take off PPE just before leaving the resident's room. Discard PPE in the waste bin. Perform hand hygiene. | | |