

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ALL DEPARTMENTS

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ISSUED &
APPROVED BY: ADMINISTRATOR

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SIGNATURE: *Dustin Gibson*

TO: ALL STAFF

SUBJECT: PREVENTION & MANAGEMENT OF COVID-19

Introduction:

The Minister of Long-Term Care issued the Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes under the *Fixing Long-Term Care Act, 2021*.

This policy is intended to adhere to follow the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units and the COVID-19 guidance document for long-term care homes in Ontario. This policy is subject to any applicable directives, orders, advice, or recommendations issued by the Chief Medical Officer of Health or a medical officer of health.

If clarification is required on current guidance related to COVID-19, refer to the following up-to-date documents which will supersede the information contained within this policy:

- COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units
- COVID-19 Guidance Document for Long-Term Care Homes in Ontario

Purpose and Scope:

These policies include the measures actively being taken to mitigate the spread of coronavirus (COVID-19). Maple Villa will follow these processes and protocols diligently, to sustain a healthy and safe home to live and work in. This shall be the responsibility of the IPAC Committee.

For this policy, the term "staff" is used to include anyone conducting work activities in the home, including but not limited to staff employed by the home, healthcare workers seeing a single resident for a single episode, temporary and/or agency staff, students on placement and volunteers.

Not considered visitors: Long-term care home staff (as defined under the Act), volunteers, and student placements are not considered visitors.

COVID-19 Vaccination

The goal of the provincial COVID-19 immunization program is to protect Ontarians from COVID-19. Vaccines minimize the risk of severe outcomes, including hospitalizations and death, due to COVID-19 and may help reduce the number of new cases.

All vaccines provided as part of Ontario's vaccine rollout are safe and effective. Vaccines provide high levels of protection against hospitalization and death from COVID-19.

COVID-19 Immunization Policy

Effective March 31, 2023, Maple Villa will no longer require COVID-19 Vaccination for all staff, family and visitors entering or working in the home.

In addition, Vaccination requirements shall not apply to residents and Maple Villa will not deny admission of a resident due to their vaccination status. Maple Villa highly recommends that all individuals get all applicable doses of the COVID-19 vaccine as soon as they are eligible. All individuals including residents, staff, caregivers, and visitors, are strongly encouraged to get vaccinated and stay 'up to date' with all recommended COVID-19 doses, including booster doses. All vaccines provided as part of Ontario's vaccine rollout are safe and effective.

Onsite Vaccination

Through collaboration with Halton Public Health, Maple Villa will provide onsite vaccine administration to residents, caregivers, and staff. Maple Villa will work with Halton Public Health to request vaccine and any relevant supplies for administering vaccine doses to residents, staff, and caregivers onsite.

Notwithstanding the benefits of onsite administration, Maple Villa will encourage staff and caregivers to leverage resources in the community to get their booster doses as soon as they are eligible.

Asymptomatic COVID-19 Testing

Currently, there are no asymptomatic screen testing requirements.

While Maple Villa will have the option to implement asymptomatic screen testing policies, it is not recommended at this time. If Maple Villa does decide to implement asymptomatic testing policies, they will not apply to outdoor visitors, those visiting residents who are receiving end-of-life care or to inspectors with a statutory right of entry.

The routine testing of asymptomatic staff, students, volunteers, support workers, caregivers and visitors who have not been exposed to COVID-19 is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure or are in an outbreak setting as directed by the local public health unit. Testing of symptomatic residents will continue, and staff, students, volunteers, general visitors, caregivers and support workers are encouraged to get tested if symptomatic.

Residents' Councils

Residents' councils play an important role in every long-term care home. As a reminder:

- Maple Villa will not interfere with the meetings or operation of the residents' council per section 71 under the Act
- Maple Villa will co-operate with the residents' council, appoint an assistant, and respond to council concerns and recommendations

Maple Villa will ensure that the residents' council is provided an opportunity to meet. When in-person meetings of the residents' council are possible, it is expected that the residents' councils will be provided with the appropriate PPE and IPAC guidelines can be followed. Maple Villa will accommodate the continuation of residents' council meetings when in-person meetings are not possible.

The Ontario Association of Residents' Councils (OARC) has developed a number of resources to help facilitate resident council meetings; please visit OARC's Tools webpage to access these important resources.

Infection Prevention and Control (IPAC)

General IPAC Requirements

Maple Villa is subject to section 23 of the Act, which requires that an IPAC program is in place. Additionally, section 102 of *O. Reg. 246/22* contains additional requirements, including:

- Must follow an interdisciplinary team approach in the coordination and implementation of the IPAC program

- Every long-term care home must have a designated IPAC lead. The importance of ongoing adherence to strong IPAC processes and practices cannot be overstated.

Everyone, whether staff, student, volunteer, caregiver, support worker, general visitor or resident, has a responsibility to ensure the ongoing health and safety of all by practicing these measures at all times.

IPAC Audits

Per the COVID-19 Guidance Document for Long-Term Care Homes, Maple Villa will complete IPAC audits at least quarterly, in alignment with the IPAC standard. When in an outbreak, IPAC audits will be completed weekly.

Maple Villa will use the self-audit from PHO's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes, at a minimum.

Results from audits will be kept for at least 30 days and shared with inspectors from PHU, Ministry of Labour, Skills, Training and Development, and MLTC for LTCHs upon request.

Maple Villa will have an adequate stock and supply of all supplies and materials required on a day-to-day basis regardless of outbreak status. In addition, Maple Villa will ensure that appropriate Personal Protective Equipment (PPE) is available for staff, students, volunteers, caregivers, support workers, general visitors and/or resident in the event it is required or requested.

Mask Use

Maple Villa will ensure that masking requirements as set out in the COVID-19 Guidance Document for Long-Term Care Homes are followed.

For staff, students, support workers and volunteers:

- Masks are required based on a point of care risk assessment (PCRA), consistent with Routine Practices, and based on the return-to-work protocol following COVID-19 infection.
 - A PCRA must be completed by every health care worker before every patient interaction and task to determine whether there is a risk to the health care worker or other individuals of being exposed to an infectious agent, including COVID-19, and determine the appropriate IPAC measures to be taken.
 - If the health care worker, regulated or unregulated does not have the knowledge, skill and training to perform a PCRA, the PCRA should be performed by a supervising health care worker that does. In some circumstances and settings, this may be achieved by patient room signage indicating the level of precautions needed as determined by the infection prevention and control lead of the home.
- Masks are required based on the return-to-work protocol following COVID-19 infection as outlined in the Infectious Disease Protocol Appendix 1: Case Definitions and Disease Specific Information: Diseases caused by a novel coronavirus.
- Staff may consider wearing a mask during prolonged direct resident care (both indoors and outdoors), defined as one-on-one care within two metres of an individual for fifteen minutes or longer.
- Masks are not required in administrative and staff only areas (e.g., lunchrooms, offices, gyms).
- Maple Villa will implement a "mask friendly" policy which will include accommodating:
 - Staff who prefer to continue to wear a mask beyond minimum requirements,
 - Residents (or substitute decision-makers) who request that a staff member wear a mask when providing care, in alignment with the Residents' Bill of Rights.

For family, caregivers and visitors:

- Masks are recommended, but not required, when indoors in all areas of the home (e.g., social activities).

- Caregivers and visitors may now join in for dining and sharing a meal or beverage in communal areas.

Eye Protection

From an occupational health and safety perspective, regardless of their COVID-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area.

In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s).

Areas for Isolation

Individuals requiring isolation must be placed in a single room on Additional Precautions. Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in isolation under Additional Precautions, and every effort must be made to allow for adequate space (minimum two metres) between beds. For the purposes of isolation, there should not be more than two (2) residents placed per room, regardless of the number of licensed beds in the room.

Physical Distancing and Cohorting

Currently, there are no COVID-specific requirements or restrictions related to physical distancing or cohorting when not in outbreak.

COVID-19 Screening

Per section 9 of the Minister's Directive, Maple Villa is required to ensure that the COVID-19 screening requirements as set out in this guidance document are followed.

The purpose of screening is to provide another preventive layer to identify those who may be infectious, to reduce the potential entry and spread of COVID-19.

Types of screening

Active screening means there is some form of attestation or confirmation of screening. This can be achieved through pre-arrival submission of online screening or in person.

Passive screening means that those entering the setting review screening questions themselves, and there is no verification or reporting of screening results.

Screening requirements

Maple Villa will:

- establish and communicate an operational plan including guidance for staff, students, volunteers, support workers, caregivers and general visitors to self-monitor for symptoms of COVID-19 (passive screening)
- provide individuals with information (for example, screening questions) to monitor their health at home for COVID-19 symptoms and inform them that they are not permitted to enter the home if they are feeling ill or would otherwise fail screening
 - Maple Villa is not required to request verification or an attestation upon entry to the home
- post signage at entrances and throughout the home that lists the signs and symptoms of COVID-19, for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed in any individual

Maple Villa will not prohibit visitors for palliative end-of-life residents. If these individuals fail screening, they must be permitted entry, but must ensure that they wear a medical (surgical or procedural) mask and maintain physical distance from other residents and staff.

For clarity, staff and visitors entering Maple Villa will continue to be actively screened once per day at the beginning of their shift or visit. The only exception is for first responders who must be permitted entry without screening in emergency situations.

Case and Outbreak Management

Per section 4 of the Minister's Directive, Maple Villa will ensure that the requirements for case and outbreak management as set out in this document are followed.

Outbreak definition

For matters related to the definition of an outbreak in long-term care homes, refer directly to the Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units (PDF).

Only the local public health unit (Halton) can declare an outbreak and declare when it is over. It is not Maple Villa's responsibility to determine whether cases have an epidemiological link. Local public health units (Halton) will determine whether cases have an epidemiological link as part of their investigation, which will inform their decision as to whether or not they declare an outbreak.

Case and outbreak management

For COVID-19 related case and outbreak management, homes are to abide by requirements under the *Fixing Long-Term Care Act, 2021* and *O. Reg. 246/22*, and set out in:

- Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units
- Infectious Disease Protocol Appendix 1: Case Definitions and Disease Specific Information
Disease: Diseases caused by a novel coronavirus

Maple Villa will follow direction from their local public health unit (Halton) in the event of a suspect or confirmed outbreak. The local public health unit (Halton) is responsible for managing the outbreak response. Local public health units (Halton) will have the authority and discretion as set out in the *Health Protection and Promotion Act* to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.

For clarity, the local public health unit (Halton) is responsible for defining the outbreak area (for example, a single affected unit vs. the whole home), directing outbreak testing, and leading all other aspects of outbreak management including isolation of residents and staff, as well as declaring the end of an outbreak.

Maple Villa will follow any guidance provided by the local public health unit (Halton) with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.

Maple Villa will ensure that any health system partners or external agencies that participate in any suspect or confirmed outbreak response inform the local public health unit and the Outbreak Management Team of their involvement. These external agencies must also follow any directions provided by the local public health unit to them pursuant to the *Health Protection and Promotion Act*.

Reporting outbreaks and cases

COVID-19 is a designated disease of public health significance (*O. Reg. 135/18*) and thus confirmed and suspected cases of COVID-19 are reportable to the local public health unit under the *Health Protection and Promotion Act* (HPPA). Maple Villa will notify the local public health unit of all confirmed and probable resident cases of COVID-19 as soon as possible, as well as outbreak-related staff and visitor cases, as per the outbreak definition found in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units (PDF).

The local public health unit is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the COVID-19 Guidance: Long-Term Care Homes, Retirement

Homes, and other Congregate Living Settings for Public Health Units (PDF) and the *Health Protection and Promotion Act*.

Maple Villa will follow the critical incident reporting requirements set out in section 115 of *O. Reg. 246/22* made under the Act. Maple Villa will immediately report any confirmed COVID-19 outbreak to the Ministry of Long-Term Care using the Critical Incident System (CIS) report during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.) or calling the Service Ontario After-Hours line at 1-888-999-6973 outside of business hours or during a statutory holiday and submitting a CIS report the next business day.

Admissions & Transfers

For matters related to admissions and transfers as well as applicable isolation and testing requirements, Maple Villa will refer directly to the COVID-19 Guidance Document for Long-Term Care Homes and the Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, specifically Appendix E: Algorithm for Admissions and Transfers for Long-Term Care Homes and Retirement Homes.

Absences

There are no COVID-specific requirements or restrictions related to absences.

Maple Villa will not deny or restrict absences for medical, palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in outbreak.

When a resident who is self-isolating on Additional Precautions is required to leave the home for a medical absence, Maple Villa will attempt to notify the health care facility so that care can be provided to the resident with the appropriate Additional Precautions in place.

Residents returning from absences

Maple Villa will not actively screen, test or isolate residents upon return from an absence unless the resident is symptomatic. Any resident who is symptomatic must be permitted entry but isolated on Additional Precautions and tested for COVID-19 as per the Infectious Disease Protocol Appendix 1: Case Definitions and Disease Specific Information Disease: Diseases caused by a novel coronavirus and the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units.

Managing Visitors

Maple Villa will ensure that the visitor requirements as set out in this guidance document are followed.

Currently, there are no COVID-specific requirements or restrictions related to visitors when not in outbreak.

Residents have a right under the *Fixing Long-Term Care Act, 2021*, to receive visitors and Maple Villa will not develop policies that unreasonably restrict this right. Maple Villa will continue to have a visitor policy, in accordance with applicable guidance and laws, including requirements under the *Fixing Long-Term Care Act, 2021* and Regulation.

Per section 267(1) of *O. Reg. 246/22*, Maple Villa will ensure that essential visitors, which includes caregivers, support workers, persons visiting for compassionate reasons, including for end-of-life care, and inspectors, continue to have access to long-term care homes during an outbreak.

Maple Villa will follow the direction from their local public health unit during an outbreak, which may include advising general visitors to postpone all non-essential visits, per the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units.

Staffing

If not in an outbreak, Maple Villa will have the ability to implement these measures based on their own assessment. When in an outbreak, Maple Villa will work with the public health unit when implementing these measures.

Operational flexibility

To ensure operational continuity and maintain safety and security for residents, certain transitional provisions have been included in *O. Reg. 246/22* under the Act as follows:

- Provide that a licensee is not required to comply with a requirement set out in the Act or Regulation respecting qualifications for members of staff, subject to exceptions, until 18 months after the coming into force of the transitional section, as long as the person holding the position, in the reasonable opinion of the licensee, has the adequate skills, training and knowledge to perform the duties required of that position. This transitional provision does not apply to a number of staff positions, including physicians, registered nurses, registered nurses in the extended class and registered practical nurses.

Return-to-work following COVID-19 infection

Please refer to the Ministry of Health's Infectious Disease Protocol Appendix 1: Case Definitions and Disease Specific Information Disease: Diseases caused by a novel coronavirus (PDF).

Staffing resources available across the system are limited. In the event that challenges continue after exhausting their contingency plans, staffing agency partnerships, community partners and corporate or municipal supports (where applicable), homes should escalate to Ontario Health.

Activities

Communal dining

Communal dining is an important part of many homes' social environment. Caregivers and general visitors may accompany a resident for meals to assist them with eating or to join in for the meal. There are no COVID-specific requirements or restrictions related to communal dining. IPAC practices, such as hand hygiene, should continue to be followed in communal dining settings.

Group activities: organized events and social gatherings

Homes are to provide opportunities for residents to gather for group activities including:

- social purposes
- physical activities
- hobbies and crafts
- celebrations such as for birthdays
- religious ceremonies and practices

There are no COVID-specific requirements or restrictions related to group activities when not in outbreak. Visitors and caregivers may join residents for group activities, including enjoying food and beverages during group activities. IPAC practices should continue to be followed in communal spaces to promote safety and well-being.

What happens in an outbreak?

In the event of a COVID-19 outbreak, Maple Villa will follow the direction of the local public health unit, including cohorting practices, as outlined in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units. Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed individuals. Group activities and communal dining for cohorts (exposed separated from unexposed) may resume. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and well-being.

What happens when a resident is isolating or fails screening?

Residents in isolation or who fail screening (such as, daily monitoring as per IPAC Standard) are not to join in group organized events, activities, dining or social gatherings. However, Maple Villa will attempt to have these residents join in virtually where possible, to provide these residents with an alternative to in-person social interaction.

Educational Resources

Guidance from the following Public Health Ontario resources to support IPAC and PPE education and training for visitors:

- Guidance document: **Recommended Steps: Putting on Personal Protective Equipment (PPE)**
 - <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>
- Video: **Putting on Full Personal Protective Equipment**
 - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
- Video: **Taking off Full Personal Protective Equipment**
 - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
- Video: **How to Hand Wash**
 - <https://www.publichealthontario.ca/en/videos/ipac-handwash>
- Video: **Putting on One-Piece Facial Protection**
 - <https://www.publichealthontario.ca/en/videos/ipac-onepiecefacial-on>
- Video: **Taking off One-Piece Facial Protection**
 - <https://www.publichealthontario.ca/en/videos/ipac-onepiecefacial-off>

Resources:

General

- COVID-19 Long-Term Care Communications
- LTCHomes.net for long-term care home licensees and administrators
- COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units
- Management of Cases and Contacts of COVID-19 in Ontario

Vaccination

- COVID-19 vaccines for Ontario
- Ministry of Health, COVID-19 Vaccine-Relevant Information and Planning Resources
- Ministry of Health, COVID-19 Vaccine Third Dose Recommendations

Infection prevention and control

For information and guidance regarding general IPAC measures (for example, hand hygiene, environmental cleaning), please refer to the following documents:

- Infection prevention and control (IPAC) program guidance (Ministry of Long-Term Care)
- Public Health Ontario:
 - Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices
 - At a Glance: Prevention and Management of COVID-19 in Long-Term Care Homes and Retirement Homes
 - COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes
 - COVID-19 IPAC Fundamentals Training
 - Key Elements of Environmental Cleaning in Healthcare Settings (Fact Sheet)
 - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings
 - PIDAC Routine Practices and Additional Precautions in All Health Care Settings
 - Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes
- Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes

- Infection Prevention and Control in Long-Term Care (Ontario CLRI)
- McMaster University offers a free online IPAC learning course for caregivers and families

Signage

- Resources to prevent COVID-19 in the workplace (Ministry of Labour, Training and Skills Development)
- Public Health Ontario
- Local Public Health Units may have additional signage on their websites that may be helpful or useful to homes

Ventilation and air flow

Below is a list of Public Health Ontario knowledge related to the use of portable fans, air conditioning units, and portable air cleaners.

- At a glance: the use of portable fans and portable air conditioning units during COVID-19 in long-term care and retirement homes
- FAQ: use of portable air cleaners and transmission of COVID-19
- Focus on: heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19