

ESSENTIAL CAREGIVER COVID-19 GUIDELINES AND EDUCATION REQUIREMENTS



Caregiver

A caregiver is defined in the Fixing Long-Term Care Act, 2021, O. Reg 246/22 section (4) as follows:

- a. is a family member or friend of a resident or a person of importance to a resident,
- b. is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,
- c. provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,
- d. is designated by the resident or the resident's substitute decision-maker with authority to give that designation, if any, and
- e. in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

Examples of direct care provided by caregivers include but are not limited to the following:

- Supporting activities of daily living such as bathing, dressing, and eating assistance.
- Assisting with mobility
- Assisting with personal hygiene
- Providing cognitive stimulation
- Fostering successful communication
- Providing meaningful connection and emotional support
- Offering relational continuity assistance in decision-making

Whether a caregiver is paid for services is **not** a condition in meeting the criteria of the definition of caregiver as set out above. An important role of the caregiver is that of providing meaningful connection and emotional support. A person should not be excluded from being designated as a caregiver if they are unable to provide direct physical support.

Designating an Essential Caregiver:

The decision to designate an individual as a caregiver is **the responsibility of the resident or their substitute decision-maker**, not the home. The designation of a caregiver should be made in writing to the home.

- Essential Caregivers must be designated and must be at least 16 years of age.
- If there is a request to designate an individual as a caregiver under the age of 16, approval from a parent or legal guardian is required.
- A maximum of four essential caregivers may be designated per resident at a time. (Note: caregivers who were designated prior to December 15th, 2021, may continue to be designated as a caregiver even if this means the resident has more than four designated essential caregivers.)
- Only one essential caregiver may visit a resident who is isolating or in situations where the home or area of the home is in outbreak.

Note: In the case where Public Health Ontario, Middlesex-London Heath Unit or St. Joseph's Infection Control directs the home in respect to the number of visitors allowed, the home is to follow this direction.

A resident and/or their substitute decision-maker may change a designation in response to a change in the:

- resident's care needs that is reflected in the plan of care
- availability of a designated essential caregiver, either temporary (for example, illness) or permanent.
- A resident and/or their substitute decision-maker may not continuously change a designation in order to increase the number of people able to enter the home.
- Only one essential caregiver may visit a resident who is isolating or in situations where the home
 or area of the home is in outbreak.
- Homes should have a procedure for documenting essential caregiver designations.
- All required education and Infection Prevention and Control education is required to maintain essential caregiver status.



Essential Caregivers – scheduling and length and frequency of visits

Homes may not require scheduling or restrict the length or frequency of visits by essential caregivers. However, in the case where a resident resides in an area of the home in outbreak, is symptomatic or isolating under additional precautions, only one essential caregiver may visit at a time.

Essential Caregiver Restrictions

An essential caregiver may not visit any other resident or home for 10 days after visiting:

- an individual with a confirmed case of COVID-19
- an individual experiencing COVID-19 symptom

Outbreak Clarification

Recognizing there are essential caregivers who want to volunteer to support more than one resident, in the event of an outbreak, essential caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision makers). Essential caregivers may support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

COVID-19 Asymptomatic Screen Testing

The objective is to ensure residents have access to the support of their family as part of the care team. Essential caregivers typically support activities of daily living such as feeding, personal hygiene, and/or emotional needs, such as anxiety, one-on-one behavioural support, etc. Essential caregivers must pass active screening and adhere to the home's testing requirements.

All essential caregivers visiting the home must be tested for COVID-19 according to one of the following:

- An antigen test at least two times per week, on separate days, if the essential caregiver is up-todate with all recommended COVID-19 vaccine doses;
- An antigen test at least three times per week, on separate days, if the essential caregiver is not up-to-date with recommended COVID-19 doses;
- One PCR (polymerase chain reaction) and one antigen test per week, at a minimum, on separate days.

Mount Hope Centre for Long Term Care requires all **essential caregivers** to be rapid tested three times weekly.

Where an essential caregiver takes an antigen test at the home, the test must be taken before granting them full entry; however, they may proceed to the resident's room, with appropriate PPE and following IPAC practices while waiting for the test result. They must not enter any shared spaces (e.g. dining room, activity room) until a negative test result is received.

General visitors must wait until a negative test result is obtained before gaining entry into the home.

Please note: If a vaccinated essential caregiver is returning to the home after being away for 10 days as a result of a high-risk exposure, essential caregivers will be required to wait 15 minutes to ensure a negative result is obtained on your first visit back to the home.

Please note: At this time, all essential caregivers are required to be rapid tested three times per week.



COVID-19 Immunization Requirements

Staying up-to-Date with COVID-19 Vaccines: Recommended Doses

Protection after a primary COVID-19 vaccine series decreases over time, especially against the Omicron variant of concern. COVID-19 vaccine booster doses help to increase protection against symptomatic infection and severe outcomes at the individual level and helps to reduce transmission at the population level.

What is considered to be up to date for COVID-19 vaccines will likely need to be modified over time based on availability of new vaccines in the future, potential changes in disease epidemiology and as new evidence on additional booster doses becomes available.

Staying up-to-date with COVID-19 vaccines means a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible.

All designated essential caregivers to Mount Hope must have three doses of COVID-19 vaccine.

All general visitors must have had at least two doses of COVID-19 vaccine.

Mount Hope Centre for Long-Term Care will continue to evaluate, monitor and adjust measures in place based on ministry direction and consultation with our local public health unit.

Notwithstanding that an individual is vaccinated, they are still required to adhere to applicable testing and personal protective equipment (PPE) requirements established by Mount Hope Centre for Long Ter Care, even after testing and precautions are no longer mandated by applicable ministry and public health authorities.

Undisclosed Vaccination Status

All individuals who do not disclose their vaccination status will be considered unvaccinated and cannot gain entry to the home.

Acceptable Proof of Vaccination:

The provincial enhanced vaccine certificate with a QR code is considered valid proof of vaccination. Any individuals who have received their vaccination out of the province of Ontario should contact their local public health to obtain proper documentation.

Failure to submit a copy or show proof of vaccination cannot be considered immunized.

All personal health information will be managed in accordance with privacy requirements.

Emergency, Very III, Palliative Visitors

If an essential caregiver is entering the home to visit with a resident who is very ill or is palliative, they will not be subject to testing in the event of an emergency. If not an emergency, palliative visitors will be required to participate in Rapid Antigen Testing to reduce the risk to the Home.



Long-Term Care Visitor, Absences & Social Gathering Snapshot as of March 14, 2022

		Requirements	
		Non-outbreak	Outbreak/ Resident in Quarantine
VISITORS Masks required at all times. Eating and drinking not permitted except where a home is able to provide designated space Up to four visitors (including	Essential – Caregivers Maximum four designated (unless previously designated)	Physical distancing with the resident not required May support in dining room, join in activities Must be screened and tested to enter home	One caregiver per visit may support in resident's room or quarantine room
caregivers) per resident at a time (unless in outbreak or quarantine) Visitors need to follow the individual home's vaccination policy	General Visitors N/A	New: Physical distancing with the resident not required May support in dining room, join in activities Must be screened and tested to enter home	Not permitted, unless visiting a resident receiving end of life care
		Requirements*	
		All Residents	Outbreak/ Resident in Quarantine
ABSENCES Medical mask required, follow IPAC, active screening on return	Medical, Compassionate, or Palliative	Permitted	
Testing and isolation requirements following an absence are set out in the Long-Term Care Guidance Document and the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units	Short Term – Essential (less than 24 hours)	Permitted	
	Short Term – Social (less than 24 hours)	Permitted for all residents (regardless of vaccination status)	Not permitted
	Temporary – Social (2+ days or overnight)	New: Permitted for residents (regardless of vaccination status)	Not permitted
SOCIAL GATHERINGS Residents wear mask if tolerated, IPAC adherence, cleaning prior/ after	Organized Events or Social Gatherings	New: No cohorting required Limited capacity in a room Social group activities should be in small groups	Advice of the PHU
DINING	Communal Dining	Cohorting of residents is required. Physical distancing at table not required Physical distancing between dining tables as much as possible Buffet and family style dining permitted. Caregivers and visitors may join residents while remaining masked at all times	In-suite dining

The document is meant to be used as snepshot of the visitor, absences and social activities section of the Long-Term Care Guidance Document and the COVID-16 Quidance. Long-Term Care Homes and Retirement Homes for Public Health Units. Readers should refer to the COVID-19 Quidance Long-Term Care Homes and Retirement Homes for Public Health Units and the Long-Term Care Quidance Document for full details of the policies and requirements including exceptions. Homes are encouraged to distribute this document to residents and their families.



Expectations of the Essential Caregiver

- Must be identified by the resident and/ or SDM and essential caregiver designation should be submitted in writing to the home.
- Must be willing to participate in training and provide the care requested.
- Essential caregivers must be physically, cognitively, emotionally able to provide care elements identified.
- Follow established infection control measures including continuously wearing the provided personal
 protective equipment (PPE), performing hand hygiene as directed, practicing safe physical
 distancing from other residents and staff, and respiratory etiquette (coughing and sneezing safely).
- Prior to designation as an essential caregiver, it will be mandatory for all essential caregivers to complete educational training on the following:
 - Infection Control practices, physical distancing, PPE use, respiratory etiquette, hand hygiene, etc.
 - Read, understand and agree to the Essential Caregiver Program Guidelines.
- Stay home if they are feeling unwell, have COVID-19 symptoms or exposure to someone who has COVID-19 and inform the resident's care team immediately if symptoms develop during or following a visit.
- Essential Caregivers will be actively screened for signs and symptoms of illness, including COVID-19, prior to every entry into the home. Essential Caregivers with signs or symptoms of illness or who fail the screening will not be permitted into the home.
- Essential caregivers must wear a medical mask, provided by the home, for the entire duration of their indoor visit.
- Masking is no longer required when outdoors for staff, residents, students, volunteers, or visitors, but remains encouraged as an added layer of protection against COVID-19.
- Vaccinated essential caregivers may accompany a resident to the dining room to provide assistance with feeding.
- Vaccinated essential caregivers are able to spend time with residents in areas outside of the resident's room including lounges, walks in hallways, and outdoor gardens and patios.
- Essential caregivers and general visitors can share meals and beverage with their loved ones during an outdoor visit.
- Caregivers/ general visitors are prohibited at this time from eating or drinking indoors as per *Ministry directives*. This includes while waiting for rapid test results.
- Essential caregivers are encouraged to take their loved one outside on the grounds or surrounding neighbourhood for a walk.
- All essential caregivers and visitors, regardless of their vaccination status must keep their mask on at all times and cannot eat or drink in the presence of resident and others while in the home.
 Children 2 and under are not required to wear a mask.
- Physical distancing with the resident is not required but essential caregivers must wear a mask at all times while indoors, including in the resident room.
- Essential caregivers will only provide care to their loved one and care shall be provided according to the care plan for the resident.
- Essential caregivers will be required to review and sign off after reviewing the "Essential Caregiver COVID-19 Guidelines and Education Requirements. This document identifies the training that has been provided and that the caregiver will adhere to all standards outlined.

Violations of any of the above expectations may result in cancellation of the caregiver's privileges within the home.

Note: During an outbreak, and/or suspected or confirmed case of COVID-19, Public Health Ontario, Middlesex-London Heath Unit or St. Joseph's Infection Control will provide direction on essential caregiver within the home, depending on the specific situation.



Becoming a designated Essential Caregiver

If you wish to become a designated essential caregiver, please call or email Morgan Hoffarth, Director of Care at mhoffarth@sihc.london.on.ca or by calling Ext. 65287 to obtain the educational materials required and submit proof of vaccination. Once the education materials have been reviewed, the intake and approval process will be completed and the essential caregiver, as requested by the resident and/or substitute decision maker, will be added if caregiver requirements are met.

Promoting awareness of the Benefits of Vaccination

There continues to be an increased risk for severe outcomes as a result of COVID-19 in the elderly population due to age and underlying medical conditions, particularly in shared living spaces like long-term care homes. Vaccination remains the best defense against COVID-19.

Regardless of the home's specific vaccination policy, all individuals entering the home, including residents, staff, caregivers, and visitors, are strongly encouraged to get vaccinated and stay up-to-date with all recommended COVID-19 doses. All vaccines provided as part of Ontario's vaccine rollout are safe and effective.

COVID-19 vaccine booster doses help to increase protection against symptomatic infection and severe outcomes at the individual level and help to reduce transmission at the population level. Evidence shows that vaccine effectiveness against symptomatic infection wanes over time, with little to no protective effect six months after the second dose, and that protection from infection is restored shortly after receiving a booster dose to between 50 and 70%. Additionally, evidence shows that booster doses are highly effective against severe outcomes, including hospitalizations and death. The more people who have upto-date COVID-19 vaccinations, the lower the risk of infection and the lower the chance that COVID-19 will enter the home and affect the lives of residents.

For more information on recommended doses of COVID-19 vaccine, please review the Ministry of Health's guidance document Staying Up to Date with COVID-19 Vaccines: Recommended Doses. Additional information about COVID-19 vaccination can also be found online on the COVID-19 vaccines for Ontario website.

Onsite vaccination – do we do this?

Vaccination remains available to staff and caregivers at <u>Prescription Shop</u> located in the Grosvenor entrance to St. Joseph's Hospital. Staff and caregivers are asked to call the pharmacy ahead of time to confirm availability, yet same day vaccination is possible.

Address:

268 Grosvenor St London, ON N6A 4V2 A1-013 (Entrance 1 vestibule)

Phone number:

(519) 646-6100 ext. 66194

Hours of operation:

Monday-Friday, 9 am to 5:30 pm. Closed weekends and statutory holidays



As per the Ministry document "Staying up-to-date with COVID-19 Vaccines: Recommended Doses the following chart summarizes the most recent series for COVID-19 vaccines as of May 2, 2022.

Age	Recommended Intervals	Minimum Intervals
5 to 11 years	1st dose 2nd dose, 8 weeks after 1st dose	1 st dose 2 nd dose, 21 days after 1 st dose
12 to 17 years	 1st dose 2nd dose, 8 weeks after 1st dose Booster dose, 6 months after 2nd dose 	 1st dose 2nd dose, 21 days after 1st dose Booster dose, 3 months after 2nd dose
18-59 years	1st dose 2nd dose, 8 weeks after 1st dose Booster dose, 3 months after 2nd dose	 1st dose 2nd dose, 21 days (Pfizer-BioNTech) or 28 days (Moderna) after 1st dose Booster dose, 3 months after 2nd dose
60+ years	1st dose 2nd dose, 8 weeks after 1st dose Booster dose, 3 months after 2nd dose Second booster dose, 5 months after previous booster dose	1st dose 2nd dose, 21 days (Pfizer-BioNTech) or 28 days (Moderna) after 1st dose Booster dose, 3 months after 2nd dose Second booster dose, 3 months after previous booster dose
Moderately or severely immuno- compromised individuals ≥5 years	Ist dose 2nd dose, 8 weeks after 1st dose 3nd dose, 2 months after 2nd dose Booster dose, (if 12-17) 6 months or (if 18+) 3 months after 3nd dose Second booster dose, (if 60+ or other eligible group) 5 months after previous booster dose	1st dose 2nd dose, 21 days (Pfizer-BioNTech) or 28 days (Moderna) after 1st dose 3rd dose, 28 days after 2rd dose Booster dose, (if 12+) 3 months after 3rd dose Second booster dose, (if 60+ or other eligible group) 3 months after previous booster dose



Indoor Visits

- All staff and visitors are required to wear a well-fitted medical mask, provided by the home, for the
 entire duration of their shift/visit, while indoors, regardless of their COVID-19 vaccination status.
 These requirements also apply regardless of whether the home is in an outbreak or not. Children 2
 and under are not required to wear a mask.
- Indoor visitors are limited to four general visitors and/or caregivers per resident.
- Indoor visitors are required to pass active screening.
- Vaccinated indoor general visitors entering Mount Hope Centre for Long-Term Care must demonstrate that they have received a negative Antigen Test on the day of the visit or demonstrate proof that they have received a negative Antigen Test from the previous day, prior to being permitted entry to the home.
- On days that testing is conducted, a negative result must be received prior to entry into the home and prior to having contact with residents.
- All general visitors regardless of vaccination status, are required to wait while the antigen test processes and yield a negative result prior to gaining entry to the home.
- If a general visitor is entering the home to visit with a resident who is very ill or is palliative, they will not be subject to testing in the event of an emergency. If not an emergency, palliative visitors will be required to participate in Rapid Antigen Testing to reduce the risk to the Home.
- Indoor visitors must wear a medical mask provided by the home that covers their mouth, nose and chin at all times throughout the visit.
- Physical distancing with the resident and visitor(s) is not required.

Outdoor Visits

- Masking is encouraged when outdoors for staff, residents, students, volunteers, or visitors, but remains encouraged as an added layer of protection against COVID-19.
- There are no limits on the number of visitors permitted at outdoor visits.
- Outdoor visits may continue regardless of vaccination status.
- Physical distancing (a minimum of two metres or six feet) must be maintained between outdoor groups.
- Masking is no longer required when outdoors for staff, residents, students, volunteers, or visitors, but remains encouraged as an added layer of protection against COVID-19.
- Outdoor visitors are required to pass active screening upon arrival.
- Rapid testing prior to the visit is not required.
- Physical distancing with the resident and visitor(s) is not required.

At Mount Hope Centre for Long Term Care, families are care partners and play an important role in resident wellbeing, including through the social connections and emotional support that are crucial for optimal quality of life.

The options and responsibilities relating to each component of the Visitor Policy during the COVID pandemic are outlined below. These include social visits (virtual, indoor/outdoor, <u>General visitors</u> and care visits (support workers, caregivers, and essential visitors).

General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (for example, active screening, physical distancing, hand hygiene, masking for source control).

Outdoor/indoor general visitors will be provided with instructions at screening and/or through the Essential Caregiver COVID-19 Guidelines and Education Requirements (<u>Appendix C</u>) around requirements for the visit, PPE, and hand hygiene. The screener will document the active screening.



With the exception of virtual visits, which can continue uninterrupted at all times, general visitors will not be permitted during an outbreak. Indoor and outdoor visits will be paused and rescheduled once the outbreak has been declared over and the ministry of long-term care and public health provides direction on safely resuming social visits within the home.

Virtual Visits - Offered with assistance by therapeutic programs to ensure resident access to connections with family and friends if they are not receiving visitors in person, or family/ friends who live a distance from the home.

All general visitors will be required to wait while the antigen test processes and yield a negative result prior to gaining entry to the home.

Failed Screening

In the event the visitor is seeing a resident who is imminently palliative and fails screening, the visitor must be permitted entry but the home must ensure that they wear a medical (surgical or procedural) mask and maintain physical distance from other residents and staff.

Essential visitors must participate in the PPE requirements of the resident/ or resident room - at minimum universal medical mask at all times while in the Home. Essential visitors may visit a resident who is in isolation, and may visit while the home is in outbreak.

Restrictions during outbreaks or when resident is isolating

In the case where a resident is symptomatic or isolating under droplet and contact precautions, only one *caregiver* may visit at a time and no general visitors are permitted.

In the case where a resident resides in an area of a home that is in an outbreak, as declared by the local public health unit, no general visitors are permitted.

In the case where a local public health unit directs a home in respect of the number of visitors allowed, the home is to follow the direction of the local public health unit.

- Homes should have a procedure for documenting essential caregiver designations.
- All required education and Infection Prevention and Control education is required to maintain essential caregiver status.

Documentation Requirements

- Visitor logs will be maintained and this information retained for at least 30 days to facilitate contact tracing in the event of a COVID-19 exposure or an outbreak. At minimum, visitor logs collect:
 - o the name and contact information of the visitor
 - o date and time of the visit
 - o the resident visited

Non-Compliance with Family Visitor Guidelines

In order to ensure a safe environment for all residents, visitors and staff, it is imperative that the above guidelines be adhered to. Failure to comply with the policies of the home, public health recommendations and guidelines provided in this document will result in a suspension of visiting privileges.



COVID-19 Quick Fact Sheet

What is COVID-19?

COVID-19 is an acute respiratory infection caused by a coronavirus strain that began spreading in December 2019 in Wuhan, China. It is a respiratory virus and can cause mild to severe illness. The COVID-19 virus is not the same as the other coronaviruses that commonly circulate among people and cause mild illness, like the common cold.

How COVID-19 Spreads

Person-to-person

COVID-19 spreads from an infected person to others through respiratory droplets and aerosols created when an infected person coughs, sneezes, sings, shouts, or talks. The droplets vary in size from large droplets that fall to the ground rapidly (within seconds or minutes) near the infected person, to smaller droplets, sometimes called aerosols, which linger in the air under some circumstances.

The relative infectiousness of droplets of different sizes is not clear. Infectious droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth or eyes, or they may be inhaled into their nose, mouth, airways and lungs. The virus may also spread when a person touches another person (i.e., a handshake) or a surface or an object (also referred to as a fomite) that has the virus on it, and then touches their mouth, nose or eyes with unwashed hands.

Spread from contact with contaminated surfaces or objects

The virus can also spread when someone touches an object or surface with the virus on it, and then touches their mouth, face, or eyes.

Symptoms of COVID-19

Common symptoms of COVID-19 include

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

Other symptoms of COVID-19 can include

- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose or nasal congestion (in the absence of an underlying reason for these symptoms, such as seasonal allergies, post nasal drip, etc.)

Other signs of COVID-19 can include

Clinical or radiological evidence of pneumonia

Atypical symptoms can include

- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis
- Multisystem inflammatory vasculitis in children
- Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash



How to Self-Monitor

Public Santé publique Ontario

Coronavirus Disease 2019 (COVID-19)

How to self-monitor

Follow the advice that you have received from your health care provider.

If you have questions, or you start to feel worse, contact your health care provider,

Telehealth (1-866-797-0000) or your public health unit.

Monitor for symptoms for 14 days after exposure







Cough



Difficulty breathing

Avoid public spaces

 Avoid crowded public spaces and places where you cannot easily separate yourself from others if you become ill.

What to do if you develop these or any other symptoms

- · Self-isolate immediately and contact your public health unit and your health care provider.
- To self-isolate you will need:
 - Instructions on <u>how to self-isolate</u>
 - · Soap, water and/or alcohol-based hand sanitizer to clean your hands
- When you visit your health care provider, avoid using public transportation such as subways, taxis and shared rides. If unavoidable, wear a mask and keep a two metre distance from others or use the back seat if in a car.

Contact your public health unit:

Learn about the virus

COVID-19 is a new virus. It spreads by respiratory droplets of an infected person to others with whom they have close contact such as people who live in the same household or provide care.

You can also access up to date information on COVID-19 on the Ontario Ministry of Health's website: ontario.ca/coronavirus

The information in this document is current as of May 17, 2020

Ontario 🗑



Respiratory Etiquette





This is an excerpt from Infection Prevention and Control for Clinical Office Practice





Personal Protective Equipment- How to Wear a Mask

Public Santé Health publique Ontario Ontario

Coronavirus Disease 2019 (COVID-19)

When and How to Wear a Mask

Recommendations for the General Public

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. If you need to wear a mask, you should also be sure to clean your hands frequently with soap and water or alcohol-based hand sanitizer.

Wear a mask if:

- You have symptoms of COVID-19 (i.e., fever, cough, difficulty breathing, sore throat, runny nose or sneezing) and are around other people.
- · You are caring for someone who has COVID-19.
- Unless you have symptoms of COVID-19, there is no clear evidence that
 wearing a mask will protect you from the virus, however wearing a
 mask may help protect others around you if you are sick.



How to wear a mask:

- Before putting on your mask, wash your hands with soap and water for at least
 15 seconds or use alcohol-based hand sanitizer.
- Secure the elastic loops of the mask around your ears. If your mask has strings, tie them securely behind your head.
- Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
- Do not touch the front of the mask while you wear it. Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer if you accidentally touch your mask.

How to throw away your mask:

- . Do not touch the front of your mask to remove it.
- Remove the elastic loops of the mask from around your ears or until the strings from behind your head.
- Hold only the loops or strings and place the mask in a garbage bin with a lid.
- Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer after you have discarded your mask.

More information about masks:

- . When a mask becomes damp or humid, replace it with a new mask.
- Do not reuse a single-use mask. Discard your mask when you have finished using it.

The information in this document is current as of April 10, 2020.

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Techniques for Performing Proper Hand Hygiene

To clean hands properly, rub all parts of the hands and wrists with an alcohol-based hand rub or soap and water. Pay special attention to fingertips, between fingers, backs of hands and base of the thumbs.

- Keep nails short and clean
- Remove bracelets and rings
- Do not wear artificial nails
- Remove chipped nail polish
- Make sure that sleeves and watches are pushed up and do not get wet
- Cleaning with alcohol-based hand rub

- Clean hands for <u>minimum</u> 15 seconds
- Clean wrists and forearms if they are likely to have been contaminated
- Ensure hands are dry
- Apply lotion to hands frequently

Hand washing with soap and water







Physical Distancing

PHYSICAL DISTANCING: HOW TO SLOW THE SPREAD OF COVID-19

Together, we can slow the spread of COVID-19 by making a conscious effort to keep a physical distance between each other. Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. With patience and cooperation, we can all do our part.



What does physical distancing mean?

This means making changes in your everyday routines in order to minimize close contact with others, including:

- avoiding crowded places and non-essential gatherings
- avoiding common greetings, such as handshakes
- Limiting contact with people at higher risk (e.g. older adults and those in poor health)
- keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible



Here's how you can practise physical distancing:

- greet with a wave instead of a handshake, a kiss or a hug
- stay home as much as possible, including for meals and entertainment
- grocery shop once per week
- take public transportation during off-peak hours
- conduct virtual meetings
- host virtual playdates for your kids
- use technology to keep in touch with friends and family

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- use food delivery services or online shopping
- exercise at home or outside
- work from home

Remember to:

- wash your hands often for at least 20 seconds and avoid touching your face
- cough or sneeze into the bend of your arm
- avoid touching surfaces people touch often
- self-monitor for symptoms of COVID-19 including;
 - congh
 - fever
 - difficulty breathing

If you're concerned you may have COV ID-19:

- separate yourself from others as soon as you have symptoms
- If you are outside the home when a symptom develops, go home immediately and avoid taking public transit
- stay home and follow the advice of your Public Health Authority,
 who may recommend isolation
- call ahead to a health care provider if you are ill and seeking medical attention

NOTE: Some people may transmit COVID-19 even though they do not show any symptoms. In situations where physical distancing is difficult to maintain, wearing a non-medical mask or face covering (i.e. made with at least two layers of tightly woven fabric, constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear toops) provides a barrier between your respiratory droplets and the people and surfaces around you. It may also stop you from touching your nose or mouth, which is another way the virus can get into your body.



The Government of Canada has implemented an Emergency Order under the Quarantine Act. This order means that everyone who is entering Canada by air, sea or land has to stay home for 14 days in order to limit the spread of COVID-19. The 14-day period begins on the day you enter Canada.

- If you have travelled and have no symptoms, you must quarantine (self-isolate)
- If you have travelled and have symptoms, you must isolate

FOR MORE INFORMATION:







Reduce your Risk from COVID-19



Coronavirus Disease 2019 (COVID-19)

Reduce Your Risk from COVID-19

This fact sheet is intended for people at greater risk of serious illness from COVID-19, such as older adults and people with chronic medical conditions. It will help you determine what you can do to decrease your risk of exposure to COVID-19.

Who is at increased risk?

Risk for hospitalization or death from COVID-19 increases with:

- · Age, as you get older the risk increases especially in older adults;
- Having a chronic medical condition including obesity, diabetes, lung/heart/kidney/liver diseases, stroke, high blood pressure, and conditions that weaken the immune system (e.g., some cancers, untreated HIV/AIDS);
- Taking medications that weaken the immune system (e.g., chemotherapy, oral steroid medications).

Limit the number of people you are physically near

- Aside from those you live with:
 - Limit the number of people you are near;
 - Stay as far apart as possible from people (at least 2 metres/6 feet apart).
- Stay in touch with friends and family through phone, video chats, or text whenever possible.
- Work from home if possible.
- See your health care providers virtually (e.g., doctors, physiotherapists) whenever possible.

Avoid closed indoor spaces and crowded places

- Visit with your friends and family outdoors whenever possible.
- If you must meet indoors, open windows and doors to improve ventilation whenever possible.
- Avoid crowded stores and other indoor spaces if possible. Choose less busy times to go shopping, and use delivery services or ask others to pick-up food and supplies for you.
- Limit the use of public transportation, taxis and rideshares. If you must use these forms of
 transportation, choose less busy times where possible, practice physical distancing, wear a mask
 and wash hands frequently. If you must take a taxi or rideshare, wear a mask, ensure the driver
 wears a mask, sit in the back and open the window.



Wear a mask and ensure those near you do too

- · Wear a non-medical mask to help you from spreading infection to others.
- Wear a mask when you are indoors with people outside of your household and ensure those near you do too (assuming that you know them and it is safe to discuss mask use with them).
- Wear a mask whenever you are outdoors within 2 metres/6 feet of people outside of your household and ensure those near you do too.

Clean your hands frequently

- · Wash hands often with soap and water. Don't share hand towels.
- . Carry and use an alcohol-based hand rub (60% 90% alcohol) if soap and water are not available.
- Clean your hands whenever you touch objects or surfaces touched by others, and also if you
 touch another person. Avoid touching your face, and if you need to, clean your hands first.

Other strategies to help stay healthy

- · Get your influenza vaccine when available to protect you from influenza virus.
- Clean and disinfect frequently touched surfaces in your house (e.g. door knobs, light switches).
- If you develop symptoms consistent with COVID-19, contact your health care provider or visit
 an assessment centre as per Ministry of Health guidance.
- If you have concerns about your or a loved one's mental health, seek help.

Resources

- Public Health Agency of Canada: <u>Vulnerable</u>
 <u>Populations and COVID-19</u>
- The Canadian Coalition for Seniors' Mental Health:
 - Tips for Battling Anxiety During this Public Health Situation
 - Things to Do While Physical Distancing
- CATIE: <u>Coronavirus Disease (COVID-19)</u>, <u>HIV</u>
 and Hepatitis C: What You Need to Know
- Ministry of Health: <u>Resources for</u>
 Ontarians Experiencing Mental Health and Addictions Issues During the Pandemic
- Canadian Cancer Society: Cancer and COVID-19
- About Kids Health: Information for Parents of Immunocompromised Children and Children with Chronic Medical Conditions
- Public Health Ontario: <u>Public Resources</u>

Learn about the virus

To learn more and access up-to-date information on COVID-19 visit the Ontario Ministry of Health's website at <a href="https://originals.com/originals/covin

For more information please contact:

The information in this document is current as of November 18, 2020





Public Health Videos to Review

- Recommended Steps: Putting on Personal Protective Equipment (PPE) https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps
- Putting on Full Personal Protective Equipment https://www.publichealthontario.ca/en/videos/ipac-fullppe-on
- Taking off Full Personal Protective Equipment https://www.publichealthontario.ca/en/videos/ipac-fullppe-off
- How to Hand Wash https://www.publichealthontario.ca/en/videos/ipac-handwash



Who to contact at Mount Hope Centre for Long Term Care if you have questions:

Tanya Pol – *Executive Director*

Oversees the entire long-term care home operation

T: 519-646-6100 Ext.6539

E: Tanya.Pol@sjhc.london.on.ca

Morgan Hoffarth - Director of Care

Oversees the nursing department, including clinical services and staffing

T: 519-646-6100 Ext.65287

E: Morgan.Hoffarth@sjhc.london.on.ca

Rachel Dent - Associate Director of Care

Assists with the care and services within nursing department for St. Mary's

T: 519-646-6100 Ext.65833

E: Rachel.Dent@sjhc.london.on.ca

Joanne Woodfield - Associate Director of Care

Assists with the care and services within nursing department for Marion Villa

T: 519-646-6100 Ext.65214

E: Joanne.Woodfield@sjhc.london.on.ca

Lynda Monik - Associate Director of Care

Assists with the care and services within nursing department for St. Mary's

T: 519-646-6100 Ext. 65136

E: Lynda.Monik@sjhc.london.on.ca

Alison Exley – Staffing & Scheduling Coordinator

Oversees the staffing and scheduling needs of the nursing department.

T: 519-646-6100 Ext. To be determined

E: Alsion.Exley@sjhc.london.on.ca

Dominik Mrowiec- Infection Control Manager

Oversees Infection Control

T: 519-646-6100 Ext.64490

E: @sjhc.london.on.ca

Ashley Temple - Coordinator, Therapeutic Programs

Oversees the recreational programs and allied health professionals

T: 519-646-6100 Ext. 65319

E: Ashley.Temple@sjhc.london.on.ca

Tony Pandolfo - Manager of Environmental Services

Oversees housekeeping, laundry, maintenance and the building equipment

T: 519-646-6100 Ext.64488

E: Tony.Pandolfo@lhsc.on.ca

Trina Smith- Director, Food & Nutrition Services

Oversees nutritional services, including clinical needs and food production

T: 519-646-6100 Ext. 65617

E: trina.smith@sjhc.london.on.ca



Attestation

I acknowledge that I have received and reviewed the home's visitor policy and have reviewed the Essential Caregiver COVID-19 guidelines and education requirements, including information/training on hand hygiene, personal protective equipment, signs and symptoms of COVID-19, how to reduce risk of COVID-19 and physical distancing guidelines.

l u	nderstand that the essential caregiver will:
	Fully disclose all pertinent information asked on the COVID-19 screening tool, and not attend the Home if feeling any symptoms, no matter how mild.
	Participate in rapid antigen testing or be able to show proof that you have participated in rapid antigen testing that day or previous day. This would mean regular, ongoing testing for frequent visitors. Testing routine is subject to change.
	A resident may see four visitors at a time, in any combination of essential caregivers or general visitors for indoor visits.
	Complete education on COVID-related material provided by the Home which includes donning and doffing of Personal Protective Equipment (PPE), physical distancing measures and how to perform proper Hand Hygiene.
	Follow Public Health's and the home's direction during an outbreak
	Comply with the Home's Infection Prevention and Control (IPAC) protocols
	Wear a medical grade face mask provide by Mount Hope for the entire visit, and a face shield or safety goggles as required by the Home
	Read the home's Visitor Policy prior to visiting resident for the first time
	I understand if I have any questions or require clarification I will seek out a member of the leadership team to discuss.