



# **COVID-19 GUIDE**

# Purpose of the COVID-19 Guide

The County Manor has prepared this guide for our residents. The information contained in largely has come from our licensing, compliance and accreditation groups. The intent behind this guide is to highlight some key best practices that should be put into place now to respond to the COVID-19 pandemic situation.

This is a stressful and anxious time for both residents and our staff. It is now more important than at any time prior, to maintain calm and most importantly, to treat each other with compassion, patience and kindness. Together, we will get thru this. With a little luck, we maintain an infection-free Home. **Let's ALL DO OUR PART IN KEEPING IT THAT WAY!**

Information and resources included in this guide have been carefully curated from reputable resources. However, the situation is constantly evolving and as a result, some information shared in this document may become rapidly out of date.

- Government of Canada website – [Coronavirus \(COVID-19\)](#)
- Public Health Ontario website - [Coronavirus Disease 2019 \(COVID-19\)](#)
- Ministry of Health websites:
  - [The 2019 Novel Coronavirus \(COVID-19\)](#)
  - [COVID-19 Guidance for the Health Sector](#)
- [Retirement Homes Regulatory Authority website](#)

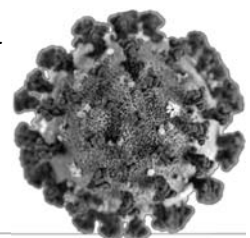
**Important Update** - As a result of emergency amendments to Ontario Regulation 166/11, all retirement homes in Ontario must follow the recommendations, guidance and directives of the Chief Medical Officer of Health. This regulation took immediate effect.

On March 22, 2020, the Retirement Homes Regulatory Authority (RHRA), issued a communication to licensees on the interpretation of this regulation. *“The regulation provides the RHRA an opportunity to work with our sector stakeholders and where appropriate provide an interpretation of what ‘reasonable’ looks like for retirement homes. This may not be required with each recommendation made by the Chief Medical Officer, but where it is, the RHRA will provide its interpretation in a timely way so that retirement homes can understand and comply with the recommendations.”*

## What is COVID-19?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

*“COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 virus), which causes higher mortality in people aged ≥60 years and in people with underlying medical conditions such as cardiovascular disease, chronic respiratory disease, diabetes and cancer.”* ([WHO, March 21, 2020](#))



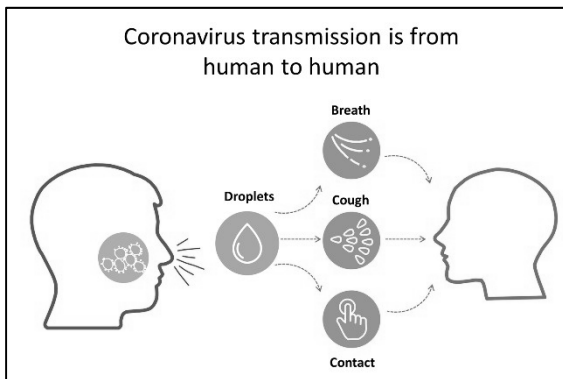
## What are the Symptoms of COVID-19?

COVID-19 symptoms are like those for influenza or other respiratory illnesses. The most common symptoms include fever, dry cough and extreme fatigue. Some people may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but do not develop any symptoms and do not feel unwell.

From what is known today, it appears that people who have pre-existing conditions are at more risk. Most people (about 80%) recover from this virus without the need of special treatment, however, there is a risk of death in severe cases. ([Alberta Health Services, 2020](#); [WHO, March 25, 2020](#))

## Transmission and Incubation: How is COVID-19 being spread?

COVID-19 is transmitted through person-to-person spread by close contact with infected persons (within about 6 feet), by larger droplets, like from a cough or sneeze, and/or by touching your eyes, nose or mouth after touching contaminated objects or surfaces.



The incubation period is between 1-14 days; however, it is not known how long a person is contagious for. Currently there is no treatment for COVID-19.

The risk of catching COVID-19 from someone with no symptoms is very low. However, many people experience only mild symptoms, particularly at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill ([WHO, March 25, 2020](#)).

Cases in Ontario have been both travel-related and through community transmission. Community transmission refers to when infections within a population are not imported from another virus-hit area. It is important to educate yourself, staff, residents, and families about the importance of complying with any local restrictions on travel, movement or large gatherings. Cooperating with disease control efforts will reduce everyone's risk of catching or spreading COVID-19.

## Key Infection Prevention and Control Practices

After reviewing several reputable resources, the following are some key prevention and control considerations that will help reduce the risk of introducing the virus into a retirement community and/or prevent transmission to the residents and staff.

### 1. Organizational Preparedness

Retirement communities can take steps to assess and improve their preparedness for responding to COVID-19. The Centres for Disease Control and Prevention (CDC) has developed an [Organizational Preparedness Checklist](#) that may be useful in helping you develop a comprehensive COVID-19 response plan.

## 2. Prevention

### A. Infection Control

With the rapidly changing nature of COVID-19, Management at Country Manor is critical to act swiftly by:

- Regularly auditing practices (e.g., hand hygiene and respiratory etiquette compliance)
- Ensure staff and residents have the supplies they need to actively prevent and reduce transmission (e.g., alcohol-based hand rub, availability of soap and water, and appropriate PPE).

### B. Educate Residents, Staff, Family Members, and Visitors

Retirement communities must provide ongoing infection control education, including prevention strategies for infection transmission among residents, staff, volunteers and visitors. In these times of anxiety and rapid change, education and training are key in helping stakeholders understand the implications of, and basic prevention and control measures for COVID-19.

### C. Active Screening\*

**Screening is the first line of defense in the prevention of the spread of COVID-19 and is required by the RHRA and MOH. Active screening must take place upon entry and re-entry to the community for all staff, residents, external care providers, and visitors.**



Active Screening questions to consider as suggested by MOH (March 17, 2020)

1. Do you have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing?
2. Have you traveled internationally within the last 14 days (outside Canada)?
3. Have you had close contact with a confirmed or probable COVID-19 case?
4. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

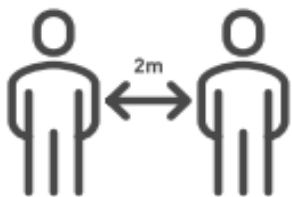
Note: Those returning from travel outside of Canada within the last 14 days must self-isolate for a period of 14 days (see full details in the [March 19, 2020](#) ministry memo).

## D. Social (Physical) Distancing\*

Social distancing of 2 metres should be practiced at the retirement community to every extent possible to reduce the spread of COVID-19 as per the Ministry of Health. Social distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak.

Social distancing is not the same as self-isolation and it does not require people to remain indoors, however, you do need to avoid being in close contact with people both inside (e.g. in elevators, dining room) and outdoors (PHAC, 2020).

### What does Social Distancing mean?



This means making changes in your everyday routines in order to minimize close contact with other, 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 meters) from others, as much as possible

**\*PLEASE NOTE: LIKE IN ANY HOUSEHOLD UNIT, A FAMILY IS NOT EXPECTED TO ADHERE TO SOCIAL DISTANCING BETWEEN FAMILY MEMBERS. AT THIS TIME, THE MANAGEMENT OF COUNTRY MANOR ARE ADVISING THAT WHILE WE RECOGNIZE SOCIAL DISTANCING AND APPLY IT OUTSIDE OF THE MANOR, WE WILL NOT BE STRICT IN APPLYING SOCIAL DISTANCING WITHIN THE HOME AND BETWEEN RESIDENTS. \*\*THIS MAY CHANGE, AND WE WILL ADVISE ALL IF THIS CHANGES\*\*\***

## E. Essential Visitors\*

The Ministry of Health has issued a directive that retirement communities only allow **essential visitors** into the community until further notice. The ministry is identifying essential visitors as those who have a resident who is dying or very ill. These visitors must continue to be actively screened into this setting.

The Retirement Homes Regulatory Authority has provided the clarification that if a resident has an **external care provider**, they should be screened as per the community's staff protocol and would not be considered a visitor. Currently, external care providers could include LHIN services, private paid



All non-essential visits to this facility are suspended until further notice.

At this time, ONLY people visiting residents who are very ill or requiring end-of-life care are permitted to enter the premises.

Upon arrival, you will be asked further questions to determine if you may proceed with your visit.

Ontario 

caregivers/companions, paramedics, and other health care providers essential to supporting the well-being of the resident.

Please refer to **ORCA's Daily Bulletins** for the most up-to-date directions/guidance.

**NO FAMILY OR FRIENDS MAY VISIT YOU AT THE MANOR!!!!**

### F. Self-Monitoring\*




To ensure ongoing monitoring of symptoms, our staff will **self-monitor** and **self-assess** for respiratory symptoms and **will not come to work** if they are experiencing them, or if they have been potentially exposed to COVID-19. Staff who exhibit any respiratory symptoms or who may have been potentially exposed to COVID-19 **will not enter** the Manor.

Public Health Ontario | 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 (1-877-797-0000) or your public health unit.

**Monitor for symptoms for 14 days after exposure**

 **Fever**  **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 how to self-isolate
  - Supply of procedure/surgical masks (enough for 14 days)
  - 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 sit in the back seat.

### G. Hand Hygiene and Respiratory Hygiene (also known as Respiratory/Cough Etiquette)

**Good hand hygiene** is essential for everyone entering the building. Signage should be posted with instructions for residents, staff, volunteers, external care providers, etc. to perform hand hygiene.

Ensure alcohol-based hand rub (ABHR) is available at all entrances and exits and point of care. Ensure sinks are well-stocked with soap and paper towels for handwashing, and make tissues available for coughing people ([CDC, March 21, 2020](#)).

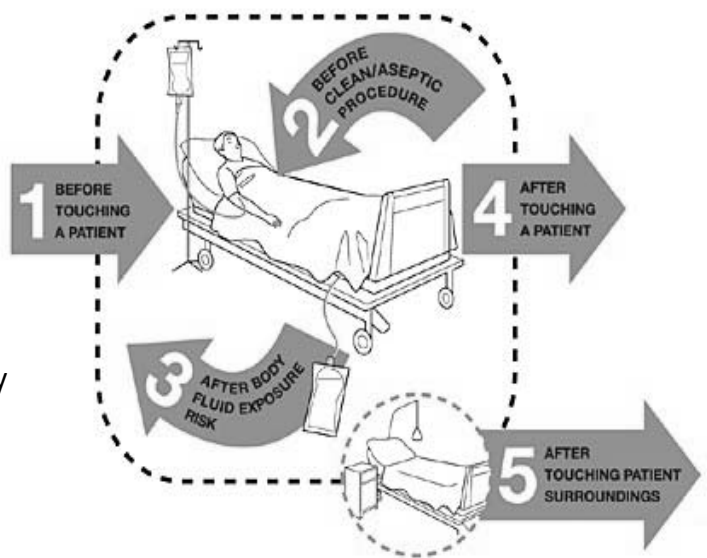


<https://www.who.int/qpsc/5may/resources/posters/en/>

The “My 5 Moments for Hand Hygiene” (WHO, 2007) approach defines the key moments when health-care workers should perform hand hygiene. This approach recommends residents and staff to clean their hands:

1. before touching a resident
2. before clean/aseptic procedures
3. after body fluid exposure/risk
4. after touching a resident, and
5. after touching resident surroundings

Hand hygiene is also needed before preparing, handling, serving or eating food, after personal body functions and before and after engaging in group activities.



**Respiratory Hygiene** refers to the practice of covering your cough and sneeze with your arm and washing hands afterwards. Make tissues and facemasks available for coughing people.

## H. Droplet/Contact Precautions/ Respiratory Protection (PPE)\*

When providing routine care for a resident with suspected or confirmed COVID-19, contact and droplet precautions should be practiced. Contact and droplet precautions include PPE: mask, gloves, gown and eye protection.



Staff who must wear PPE should be properly trained in appropriate donning (putting on) and doffing (taking off).

Please refer to the [Public Health Ontario Recommended Steps: Putting On and Taking Off PPE](#) (March 2020).

Retirement homes may want to designate staff to help ensure the appropriate use of PPE by residents, visitors, and staff.

## I. Resident Admission\*

Retirement communities must **actively screen all new admissions, re-admissions or returning residents** for COVID-19. If a resident fails the screening, they are to be placed in isolation and the home for 14 days. Otherwise, if no symptoms are present, then the resident will be placed in isolation for a minimum of 14 days.

If there are an increasing number of new cases in the local region, operators at their own discretion should assess whether resident admissions from the community could be delayed/move-in deferred until the situation is resolved.

Residents will not be permitted to leave the home for short-stay absences to visit family and friends. Instead, residents who wish to go outside of the home should **remain on the home's property** and maintain safe social distancing from any family and friends who visit them per the Chief Medical Officer of Health ([MOH, March 23, 2020](#)).

In the context of residents **returning from hospital**, unless a returning resident fails the COVID-19 screening process and their needs require a hospital setting, a retirement community cannot refuse to allow the resident to return from hospital. However, the resident will be placed in isolation and the home for 14 days. The community has a responsibility under the Retirement Homes Act, 2010 and Residential Tenancies Act, 2006.



### 3. Response

#### A. Early Recognition and Surveillance\*

During this critical and heightened time, **enhanced screening** of residents for respiratory symptoms should be conducted daily. Recommended best practice is to monitor all residents for runny nose or sneezing; stuffy nose (i.e. congestion); sore throat, hoarseness or difficulty swallowing; dry cough; difficulty breathing; swollen or tender glands in the neck; fever/abnormal temperature for the resident; tiredness (malaise); muscle aches (myalgia); loss of appetite; headache; and chills (WHO, March 21, 2020).

WHO is recommending **formal monitoring** should be done daily or more often in addition to at point of care when there are **residents with COVID-19**. Implement Droplet and Contact Precautions and place in a single room if possible and consider testing all residents in the community for COVID-19 (WHO, March 21, 2020).

A resident who **fails screening** should be instructed to wear a procedure mask (if tolerated) and be placed in a single room to wait for further assessment; staff should initiate droplet and contact precautions. Residents with severe illness should be transferred to hospital by ambulance.

**Active surveillance of staff** is another way to quickly detect and respond to any suspected cases of COVID-19. Management or the infection control committee should engage in active surveillance of all staff and their contacts with residents especially those with COVID-19. If a staff member shows any symptoms, they must immediately stop working.

#### B. Point of Care Risk Assessment (PCRA)

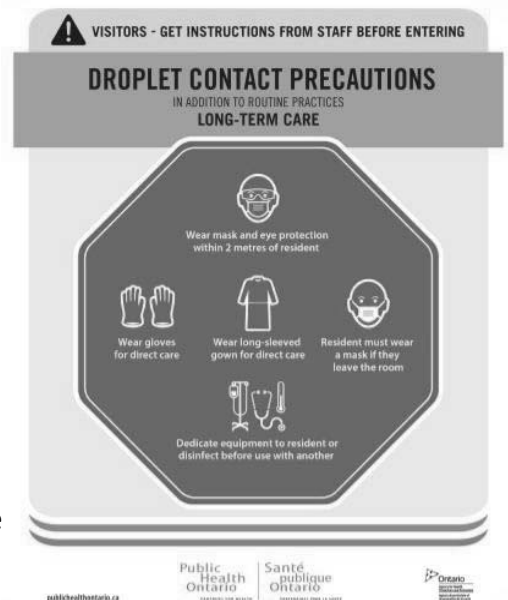
Prior to every resident interaction, staff members need to assess the infectious risk posed to themselves, their teammates, other residents and visitors prior to performing any care service.

#### C. Source Control\*

If a resident is suspected or has a confirmed case of COVID-19, they WILL BE isolated to their rooms. If there are multiple residents with suspected or confirmed case, retirement communities should consider **cohorting residents** (e.g., moving residents to one floor or sharing a room if no single rooms are available).

**Signs** should be posted on the door of residents with COVID-19 to indicate droplet and contact precautions.

**Dedicated equipment** should be provided for use in a room where a confirmed or suspect resident is being cared for. Dedicated equipment (e.g., thermometers, blood pressure cuff, lifts, etc.) must be thoroughly cleaned/disinfected prior to being used elsewhere. The sharing of personal devices mobility aids, books, electronics, etc.) should also be discouraged. (WHO, March 21, 2020).



## D. Sampling and Lab Testing

In the case of suspected case of COVID-19, a nasopharyngeal (NP) swab is used for sampling.

Public Health Ontario has confirmed that **COVID-19 tests for retirement community residents are to be prioritized** by laboratories as is the case for long-term care home residents' tests ([PHO, March 24, 2020](#)). Requisition forms must be clearly labelled to indicate that the individual is a resident of a retirement community to ensure priority processing.

## E. Cleaning, Disinfecting, and Laundry

**Cleaning and Disinfecting** - Special attention to high-touch surfaces, including, but not limited to, door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, reception area/counter, and shared exercise equipment is recommended and best practice. Resident-contact surfaces (i.e., areas within 2 metres of the person who has screened positive) should be disinfected as soon as possible.

An important point to educate and reinforce with staff is to follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, necessary personal protective equipment, etc.). Vacuuming may trigger air borne matter; instead consider using a carpet sweeper or floor dry mop. Additionally, the WHO recommends that equipment used to clean and disinfect contaminated areas should be disposable ([WHO, March 21, 2020](#)).

**Laundry** - all soiled linen should be placed in clearly labelled, leak-proof bags or containers. Laundry can be washed at 60-90 degrees Celsius (140-195 degrees Fahrenheit) with laundry detergent. Dry according to routine procedures ([WHO, March 21, 2020](#)).

## F. Resident Transfer To/From Hospital

Residents with suspected or confirmed COVID-19 who require urgent medical attention and transfer to an acute care facility should wear a mask, if tolerated. In addition to Routine Practices, health care workers involved in transporting the resident should wear a surgical/procedure mask, eye protection, gown and gloves as per the above recommendations. Notify the receiving institution about a suspect/confirmed COVID-19 patient ahead of transport.

## G. Contact Tracing

Public health units conduct contact tracing activities to identify close contacts of a probable, presumptive confirmed or confirmed case of COVID-19. Public health units may also conduct contact identification and possibly contact follow-up activities for residents who are highly likely of developing a case of COVID-19.

## H. Mail and Parcel/Package deliveries

All mail received and packages and parcels will be 1) disinfected and then 2) placed in quarantine for 3 days before they are opened or given to a resident.

## 4. Supporting Well-Being of Residents and Staff

### A. Supporting residents to stay connected and engaged

As per the Chief Medical Officer of Canada, **non-essential visitors are not to enter retirement communities** ([RHRA, March 14, 2020](#)). It is important to help residents connect with their families while visitor restrictions are in place. Some considerations for maintaining connections include: video chat (Skype, FaceTime), phone call, email, or letter writing.

Some thoughtful considerations staff can do to brighten residents' day include calling residents to check in and talk; drop off a card; read them a poem or tell them a joke.

### B. Supporting staff

Some helpful tips when dealing with stress and anxiety include eating well balanced meals, taking a walk or doing light exercises at home, making time for activities that you enjoy, calling your family and friends - talking to people you trust, and taking a break from social media and the news - unplugging during the day.

The following are some helpful numbers and additional resources that you could access.

- Ontario Mental Health helpline – Connex - 1-866-531-2600
- Canadian Mental Health Association crisis help line 1-833-456-4566 (24/7)
- [WHO - Coping with stress](#)
- [CAMH - Mental health and the COVID-19 pandemic](#)
- [CMHA - Tips to support mental health](#)
- [CDC - Managing anxiety and stress](#)
- [Canadian Psychological Association](#) – Fact Sheets



## 5. Social Activities/Programming and Mealtimes\*

### A. Social Activities

While social distancing should be instituted to reduce the spread of COVID-19, which may take different forms (such as temporarily cancelling group programming), continuing to offer residents engaging and enriching activities is incredibly important during the pandemic.

The following are some considerations for social activities and programming during the COVID-19 pandemic (programming would be adapted if active cases of COVID-19 in the community):

- Sanitize, sanitize, sanitize your hands! Before and after every program and ensure the program space is cleaned including sanitizing equipment and games where possible between use
- Avoid using any items or items that would be passed between residents
- For group activities ensure physical distancing, if not feasible cancel group activities
- Minimize touching such as shaking hands, hugging or kissing
- Banning of non-essential gatherings
- Limiting contact with people at higher risk (i.e., compromised immune systems)
- Go Virtual:
  - **Arts and Culture:** museum exploration ([Google, 2020](#)); zoo tours ([Monterey Bay Aquarium, 2020](#); [San Diego Zoo, 2020](#)); symphony ([YouTube, 2020](#)); live music streams ([Facebook, 2020](#))
  - **Travel:** Buckingham Palace ([Royal Household at Buckingham Palace, 2020](#)); Nasa Live ([Nasa, 2020](#))
  - **Recreational Activities:** dance classes ([Canada's National Ballet School, 2020](#)); trivia ([Fact Slides, 2020](#))
  - **Other:** live nature cams ([YouTube, 2020](#)); birdwatching ([Birdwatching HQ, 2020](#)) *Continued on next page...*
- Think about setting up residents with puzzles, cards, Sudoku, crossword (family may wish to donate supplies that are sanitized before use, or drop off cards or notes to their loved one)
- Have accessible books, magazines, movies
- Explore offering individual lead crafts, adult colouring, knitting, beadwork

## B. Mealtimes

Practicing social distancing and reducing transmission at mealtimes is a concern on top of mind for many retirement communities. The following MUST BE practised for mealtimes during the COVID-19 pandemic (if there are no COVID-19 cases in the retirement community):

- Provide hand sanitizer at the entrance to the dining room
- Consider using other common spaces or areas of the home to host meals
- Ensure proper cleaning and disinfection of tables after each use
- Ensure any resident who is ill or who is required to self-isolate is not allowed in the dining hall
- Suspend any buffet-style food service

## 6. Outbreak Protocol for COVID-19

Once you have confirmed cases of COVID-19, Country Manor will implement our Outbreak Protocol.

# COVID-19 Communication

During any time of crisis, it is important for Retirement Community operators to keep all stakeholders (staff, residents, family, etc.) informed on the COVID-19 situation and what measures you are taking to reduce the risk of infection and transmission. Directing stakeholders to your information along with reputable sources of information is critical to reduce confusion and anxiety.

Below are some examples of targeted strategies for specific stakeholders.

Staff/Retirement Community Level	Residents/Families	Suppliers/External Care Providers
<ul style="list-style-type: none"> <li>• Info about COVID-19</li> <li>• Regular updates on what is happening at Residence Level and if applicable, Corporate Level based on directives/guidance from MOH, PH, RHRA</li> <li>• Create FAQ to share</li> <li>• Leadership Message (e.g., recognition for Hard Work, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Info about COVID-19</li> <li>• Regular updates on what is happening at Residence Level and if applicable, Corporate Level based on directives/guidance from MOH, PH, RHRA</li> <li>• Create FAQ to share</li> <li>• Leadership Message (e.g., recognition for their understanding and support, what they can do to protect all residents and staff, etc.)</li> <li>• Considerations for home family members can stay engaged with their loved one when they are unable to visit (e.g. drop off card)</li> </ul>	<ul style="list-style-type: none"> <li>• Signage at Residence level doors</li> <li>• Communicate to suppliers and external care providers regarding safety requirements and any Operational Measures related to COVID</li> <li>• Leadership Message (e.g., thanking them for their support)</li> <li>• Create FAQ (if applicable/requested)</li> </ul>

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*The Management.*