



SCARBOROUGH RETIREMENT RESIDENCE VISITOR'S POLICY & COVID-19 GUIDANCE PACKAGE

JUNE, 2020 V1

S|R|R's VISITOR GUIDANCE

PANDEMIC INFECTION CONTROL: POLICIES AND GUIDANCE PACKAGE

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MSAA REOPENING RETIREMENT HOMES CHART

Directive issued by CMOH June 11, 2020

Timeline	Type of Activity	Number of Family Members/Friends Allowed	Scheduling of Visits Required
One week after issuance of directive	Outdoor Visiting + Indoor Visiting in designated areas or resident suites (if appropriate physical distancing can be maintained).	<p>The number of visitors per resident, per day, to be determined by the home, provided that current CMOH guidance on physical distancing can be accommodated.</p> <p>For outdoor visits, the visitor may bring an outdoor/lawn chair, or one may be provided by the retirement home. Staff will clean and disinfect the visiting area after each visit</p>	<p>Yes. This will allow for appropriate physical distancing and staffing coverage.</p> <p>Visits can be time-limited to allow the home to accommodate all residents.</p> <p>Homes should consider the needs of residents in prioritizing visits.</p> <p>If visits will occur in a resident room, scheduling must ensure that overcrowding does not occur especially for shared rooms.</p> <p>A sufficient block of time should be made available by homes to allow for at least one meaningful weekly visit per resident at a minimum.</p>
One week after issuance of directive	<p>Short Absences:</p> <p>Homes will allow residents to leave for short absences.</p>	N/A	N/A

S|R|R's VISTOR GUIDANCE



VISITOR'S POLICY

PANDEMIC INFECTION CONTROL MANUAL

Policy Title:	COVID-19 RESIDENT VISITOR'S SPOLICY	Policy #:	TBD
Section:	Resident Services	Originated:	June 16 2020
Developed by:	Health & Wellness Department	Reviewed:	June 16 2020
Approved by:	M J Lafontaine	Last Revised:	June 16 2020
Approval date:	June 16 2020	Page:	4 of 6

The COVID-19 Pandemic remains a serious threat in Ontario. Specific Guidance and directives for Retirement Homes and Long-Term Care have been provided by the CMOH and MOH for senior's complex comorbidities. The following SRR Visitor's Guidance is created to assist with informing Residents, their family & Friends of our New COVID-19 PANDEMIC Visitor's Policy.

POLICY

Beginning June 18th, 2020, S|R|R will begin a gradual resumption of resident visits during the COVID-19 pandemic. All visitors will be instructed to adhere to the requirements set out in this policy to ensure the safety of all residents, staff and visitors, and allow for the continuity of visits that support the mental, physical and spiritual needs of residents for their quality of life. This policy is guided by current ministry requirements per Directive #3 (June 10, 2020) and the Ministry for Seniors and Accessibility (MSAA) *Reopening Retirement Homes (June 11, 2020)*. **Any non-adherence to the rules set-out in the visitor policy will be the basis for discontinuation of visits.**

Informed by the ongoing COVID-19 situation in the community and S|R|R, Scarborough Retirement Residence is taking a gradual, phased approach to the resumption of visits. As the pandemic situation continues to change, the S|R|R's

GUIDING PRINCIPLES

Safety: Any approach to visiting in S|R|R must consider balance and meet the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated.

Emotional Well-being: Allowing visitors is intended to support the emotional well-being of residents and their families/friends, through reducing any potential negative impacts related to social isolation.

Equitable Access: All individuals seeking to visit a resident be given equitable visitation access, consistent with resident preference and within reasonable restrictions that safeguard residents.

Flexibility: Any approach to visiting in S|R|R must consider the physical/infrastructure characteristics of the retirement home, its staffing availability, and the current status of the home with respect to Personal Protective Equipment (PPE) levels for staff and residents.

This policy is based on the principles of safety, emotional well-being, equitable access and flexibility. It is with compassion that we recognize the need for residents' connection with loved ones, and it is through in-person visits that this can be best achieved. We will take all reasonable steps to help facilitate visits within the parameters of ministry directives. Per ministry guidelines, S|R|R will follow the requirements for the minimum visit frequency and seek to accommodate more visits where possible. Where it is not possible or advisable for visits to occur in person, S|R|R will continue to provide virtual visiting options.

Scarborough Retirement Residence also recognizes the concepts of non-maleficence (i.e. not doing harm), proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy). These concepts will inform the S|R|R's decision making with regards to the scheduling and/or refusal of visits as appropriate.

Prior to Accepting Visitors

As per Ministry of Health (MOH) Directive #3 and MSAA guidelines, the following baseline requirements must be met prior to accepting visitors:

1. S|R|R must not be in an outbreak. Visits will not occur in instances where a symptomatic staff or resident is awaiting COVID-19 test results, until those tests results are known.
 - a) In the event S|R|R begins accepting visitors and enters into an outbreak, all *non-essential* visitations will end, and S|R|R will establish compliance with all Chief Medical Office of Health (CMOH) directives for residences in outbreak and follow directions from the local public health unit (PHU).
2. S|R|R has developed procedures for the resumption of visits and associated procedures, and a process for communicating procedures with residents, families and staff, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.

- a) This process must include sharing an information package with visitors on IPAC, masking and other operational procedures such as limiting movement around S|R|R , if applicable, and ensuring visitors' agreement to comply. Residence materials must include an approach to dealing with non-adherence to residence policies and procedures, including the discontinuation of visits. **(See Appendix A)**
 - b) Dedicated areas for both indoor and outdoor visits.
 - c) Protocols to maintain the highest of IPAC standards prior to, during and after visits.
 - d) Each residence should create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access.
3. Additional factors that will inform decisions about visitations in S|R|R include:
- **Access to adequate testing:** S|R|R must have a testing plan in place, based on contingencies informed by local and provincial health officials, for testing in the event of a suspected outbreak.
 - **Access to adequate Personal Protective Equipment (PPE):** S|R|R must have adequate supplies of relevant PPE.
 - **Infection Prevention and Control (IPAC) standards:** S|R|R must have essential cleaning and disinfection supplies and adhere to IPAC standards, including enhanced cleaning.
 - **Physical Distancing:** Where appropriate, S|R|R must be able to facilitate visits in a manner aligned with physical distancing protocols

PROCEDURES

Indoor/Outdoor Visits

These requirements are necessary for both indoor and outdoor visits, regardless of a home's previous outdoor visitation policy prior to the implementation of the MSAA guidelines and update to Directive #3.

1. Beginning June 18th, 2020, S|R|R will begin a gradual resumption of visits, beginning with outdoor visits and indoor visits in the Family Visiting Centre, Dining Room, Tea Room and Family Lounge. In-suite depending on circumstances, if appropriate physical distancing can be maintained. Management will review this policy and revise as appropriate based on circumstances in the community and within S|R|R .
2. For outdoor visits, the visitor may visit in the front landscaped Trellis area and Family Visiting Centre. Staff will clean and disinfect the visiting area after each visit. Appointments can be made with the Life Enrichment team.

As identified throughout this policy, should S|R|R go into an outbreak or the resident be self-isolating or symptomatic, both indoor and outdoors visits will be discontinued, except for essential visits (see section below)

Visit Parameters

1. Provided SRR is not in outbreak and all other requirements are met under Directive #3 and the MSAA Reopening Retirement Homes, SRR will carry out a staggered approach to the number of visits during the COVID-19 pandemic. The number of visitors per resident, per day, will be determined by SRR in review of community and residence circumstances. More details are provided in the section "Scheduling of Visits".
2. Provided that current CMOH guidance on physical distancing can be accommodated, SRR will begin with **1 family visitor at a time** for a resident. Additionally, **at a minimum, S|R|R will allow a sufficient block of time for at least 1 meaningful weekly visit per resident.** This policy will be reviewed and revised when appropriate.
3. If S|R|R is in outbreak or the resident is self-isolating or symptomatic, **family visits are not allowed**, and only essential visitors are allowed. An **essential visitor** is defined as a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident.
4. **Visitors must only visit the one resident they are intending to visit, and no other resident. If a visitor wishes to visit more than one resident, a separate visit must be scheduled.**

Screening Protocols & Visitor Requirements

1. Prior to each visit, the visitor, must: **(See Appendix D)**
 - a. **Pass active screening**, including symptom screening, exposure for COVID-19, and temperature check **every time** they are on the premises of or enter S|R|R , and also **attest** that they are not experiencing any of the typical and atypical symptoms of COVID-19. Visitors will not be allowed to visit if they do not pass the screening.

Visitors are to arrive 15 minutes early to ensure sufficient time for active screening. Visitors will be screened at the front doors.

- b. **Attest** to residence staff that they have been **tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive**. S|R|R is not responsible for providing the testing.
2. The visitor must comply with the home's infection prevention control protocols (IPAC), including proper use of masks.
 - a. Visitors should use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks. If the visitor does not bring their own mask, and the home is not able to provide a surgical/procedure mask, the family visitor should not be permitted inside the home. Essential visitors (e.g., Paramedics, OT/PT, etc.) who are provided with appropriate PPE from their employer, may enter the home. **If a visitor does not have a mask, S|R|R will provide a mask at a cost.**
 - b. Education on all required protocols will be provided. (See Education for Visitor).
 - c. **Any non-adherence to these rules could be the basis for discontinuation of visits.**
3. The visitor must only visit the indoor/outdoor area they are intending to visit, and no other resident.
4. Essential visitors providing direct care to a resident must use a surgical/procedure mask while in S|R|R, including while visiting the resident that does not have COVID-19 in their room.
5. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).

SCHEDULING VISITS

1. All visits must be pre-arranged to allow for appropriate physical distancing and staffing coverage. S|R|R will create and maintain a list of visitors. The list will be available for relevant/appropriate staff members to access. All visits will be arranged with the Life Enrichment department.

Visits will begin with one visitor at a time. As indicated above, the visitor must only visit the one resident they are intending to visit, and no other resident.

2. Visits will be time-limited to allow S|R|R to accommodate all residents.
3. The highest of IPAC standards will be maintained prior to, during and after visits. Visits will be staggered, allowing sufficient time between visits for cleaning/disinfecting and other IPAC requirements as needed.
4. The needs and preferences of residents will be considered in prioritizing visits.
5. If visits occur in a resident room, scheduling will ensure that overcrowding does not occur especially for shared rooms (under special circumstances approved by the Executive Director & Operator in advance of the visit).
6. As noted above, family visits are not permitted when a resident is self-isolating or symptomatic, or when the home is in an outbreak.

ADDITIONAL PROTOCOLS

1. All residents and visitors will be provided with this policy and information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Additional applicable policies and procedures will also be communicated to residents as appropriate.
2. All visitors must practice physical distancing, respiratory etiquette, hand hygiene, and follow the S|R|R's infection prevention and control practices (IPAC) and proper use of PPE.
3. Staff will monitor visits to ensure PPE and physical distancing protocols are followed. If not, the visitor will be asked to leave the premises per the community's policy on discontinuation of visits.
4. Visitors must identify any items brought for the resident to staff so they may be disinfected by staff, if appropriate.

Discontinuation of Visits

1. **Non-compliance with the S|R|R's policies could result in the discontinuation of visits for the non-compliant visitor.** S|R|R will provide more education to the visitor, however the visitor; will be asked to leave if they continue to not follow protocol. The incident will be documented and the visitor will be notified if & when they will be allowed back and under what parameters.

Appendix A - Information Package for Visitors

Appendix B - Sample Signage for Visitors

Appendix C - Sample Visiting Schedule

Appendix D - Visitor Screening

Appendix E - MSAA Reopening Retirement Homes Chart (June 11, 2020)

References:

Ministry for Seniors and Accessibility (MSAA) Reopening Retirement Homes - June 11, 2020

https://files.ontario.ca/msaa-reopening-retirement-homes-en-2020-06-11.pdf?_ga=2.162336698.740546518.1591898495-1970199366.1571162281

Ministry of Health (MOH) Directive #3 - June 11, 2020

<https://orcaretirement.us2.list-manage.com/track/click?u=of7b468f27a8cf1a453f09536&id=8d9d92of89&e=ofbcef2f46>

ORCA Reopening Retirement Homes – Visitor Recommendations

<https://www.orcaretirement.com/wp-content/uploads/Reopening-Retirement-Homes-Recommendations-for-Visitations-ef-061120.pdf>

Visits with Your Loved Ones During COVID-19

EXPECTATIONS FOR VISITS

Staying connected with others and the outdoors is important for everyone's well-being.

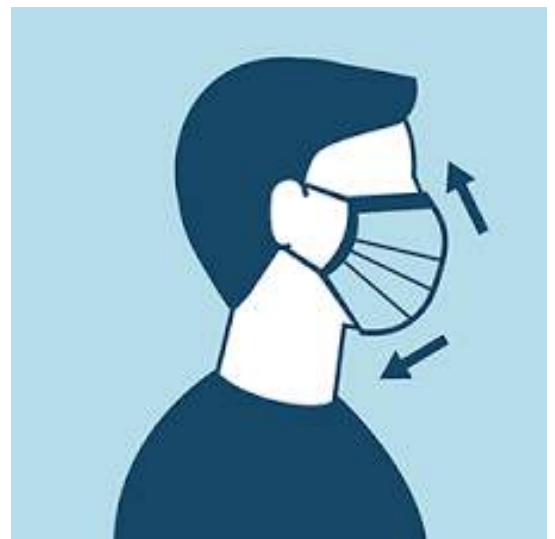
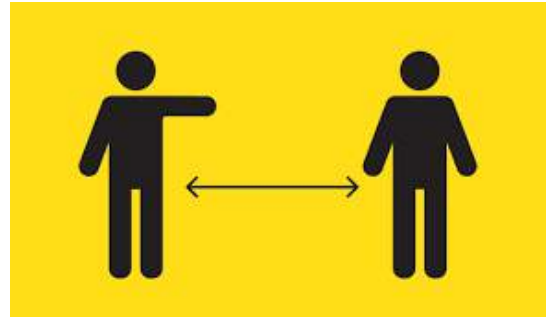
To ensure the safety of residents and the whole retirement home community, all visitors must adhere to the following restrictions as per the Ontario Chief Medical Officer of Health ([Office of the Premier, June 11, 2020](#)) (CMOH, Directive #3). Visits will be re-opened in a gradual, phases manner that meets the health and safety needs of residents, staff, and visitors. Please refer to [Ontario Governments Reopening Retirement Homes guidance document](#) for more information (June 11, 2020).

The following requirements must be met for visits to happen, they include:

- Visits can only be arranged when the S|R|R is not in outbreak
- There will be a limit of **2** visitors per resident for outdoor visits
- Visits can only be arranged if there is adequate testing in the event of a suspected outbreak
- Visits can only be arranged if there is enough staffing support to coordinate and assist residents to/from dedicated visit areas
- Visits can only be arranged if there is enough personal protective equipment (PPE) for staff and residents; residents will be required to wear a mask during visits
- Visits can only be arranged with residents who are NOT on isolation
- Visits will be limited to **1** resident only and not multiple residents
- Visits are to be scheduled/arranged and are time limited to ensure the health and safety needs of residents, staff and visitors is maintained
- Visitors must leave promptly at the end of the scheduled visit time to prevent overlap of scheduled visitors
- Visits can only be held in dedicated areas identified by the retirement home
- Visitors must pass the screening process every time they visit and must attest that they are not experiencing any typical/atypical symptoms of COVID-19
- Visitors must attest to the home that they have tested negative for COVID-19 within the previous 2 weeks each time they visit
- Visitors must comply with the retirement home's infection and prevention control protocols (IPAC) which includes:
 - Visitors must bring and wear a mask at all times
 - Visitors must wash/sanitize hands before and after each visit
 - Visitors must practice physical distancing (2 metres/6 feet apart)
 - Visitors must not touch the resident (no hugging, kissing, hand holding, or shaking hands; this increases the risk for transmission)
 - Visitors cannot visit more than **1** resident at a time

Guidelines for Outdoor Visits During COVID-19

- Practice physical distancing
- Keep at least 2-metres or 6 feet apart
- Mask wearing is a MUST at all times
- Don't touch your face or others
- Wash or sanitize your hands before and after your visit





SHORT STAYS

PANDEMIC INFECTION CONTROL MANUAL			
Policy Title:	COVID-19 RESIDENT SHORT STAY ABSENCES	Policy #:	
Section:	Resident Services	Originated:	June 16 2020
Developed by:	Health and Wellness Department	Reviewed:	June 16 2020
Approved by:	M J Lafontaine	Last Revised:	June 16 2020
Approval date:	June 16 2020	Page:	13 of 14

*As per the Ministry of Health Directive #3 (June 10, 2020) and Ministry for Seniors and Accessibility (MSAA) Reopening Retirement Homes (June 11, 2020) requirement for **education on all required protocols for short absences to be provided by S|R|R**, this document will be shared with all residents.*

INTRODUCTION

Beginning June 18, 2020, Scarborough Retirement Residence will allow residents to leave the property for short absences within the parameters outlined in this document, provided all requirements are met.

General:

- If S|R|R is in an **outbreak**, short-stay absences are not permitted. If short absences begin in S|R|R but S|R|R **enters into an outbreak**, all short absences will **end**.
- Any non-adherence to the rules set out in this document could be the basis for discontinuation of short-stay absences.

Expectations for Residents:

Scarborough Retirement Residence residents who wish to go outside of S|R|R to attend medical appointments are permitted to do so if the following requirements are met:

- The resident **must pass active screening every time they re-enter S|R|R** and also **attest** that they are not experiencing any of the typical and atypical symptoms of COVID-19. If a resident cannot meet these conditions, S|R|R will follow existing outbreak or isolation policies.

- Each short absence must be limited to Medical, Professional and Urgent Visits at a **maximum of 4 hours and cannot be overnight**. SRR does not include the 12 hour off site short stay visits due to concern with compliance and limited control and is therefore not included in S|R|R's COVID19 Pandemic Visitation Policy. Should families have any questions regarding Short Stays please contact the Executive Director Marnie Barton at marnie@scarboroughretirement.com
- The resident must **wear a cloth mask while outside S|R|R** . The resident is responsible for supplying their own cloth mask while they are on short absences. S|R|R may, **at its discretion**, opt to supply masks for short absences but will seek to avoid accessing the provincial pandemic stockpile for this purpose.
 - For residents that leave the home for an **out-patient visit**, S|R|R will provide a mask. The resident must wear a mask while out, if tolerated and be screened upon their return, but does not need to be self-isolated.

If S|R|R Enters into an Outbreak – Absence in Hospital

Per Directive #3, in the **event of an outbreak** where residents cannot be placed in other areas of S|R|R that are not part of the declared outbreak area, or there are other exceptional circumstances (e.g., resident safety, advice from local public health unit), temporary short-stay in hospital may be considered for residents to support outbreak management and IPAC measures under certain parameters.



PANDEMIC INFECTION CONTROL MANUAL			
Policy Title:	COVID-19 SYMPTOMS	Policy #:	TBD
Section:	Resident Services	Originated:	June 16 2020
Developed by:	Health and Wellness Department	Reviewed:	June 16 2020
Approved by:	M J Lafontaine	Last Revised:	June 16 2020
Approval date:	June 16 2020	Page:	15 of 16

The following symptoms include both symptomatic and asymptomatic and Atypical Symptoms.

Common Symptoms of COVID-19 Include:

- Fever (temperature of 37.8C 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 absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.*

Other signs of COVID-19 can also include:

- Clinical or radiological evidence of pneumonia

Atypical symptoms / clinical pictures of COVID-19 should be considered particularly in children, older persons, and people living with a developmental disability. 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

Symptoms Continued P.15

- Croup
- Conjunctivitis
- Multisystem inflammatory vasculitis in children
 - Presentation may include fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash.

Atypical sign can also include:

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

Appendix A: Source: Ministry of health COVID-19 Reference Document for Symptoms (May 25th 2020)

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

INFORMATION PACKAGE FOR VISITORS

Note Visitor Requirements Identified Herein:

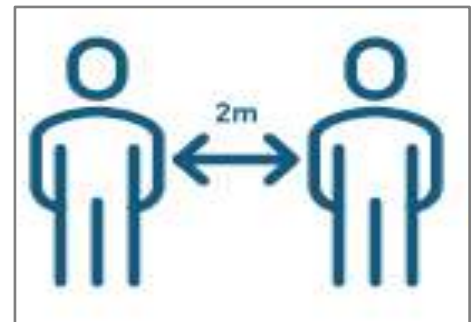
As part of the S|R|R's policy on visits during COVID-19, all visitors will be provided with the information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

The visitor policy and information package will also be shared with residents to communicate the S|R|R's visitor policy, including the gradual resumption of family visits and the associated procedures.

Physical Distancing

Physical distancing means keeping our distance from one another and limiting activities outside the home. When outside your home, it means **staying at least 2 meters (or 6-feet) away** from other people whenever possible.

Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.



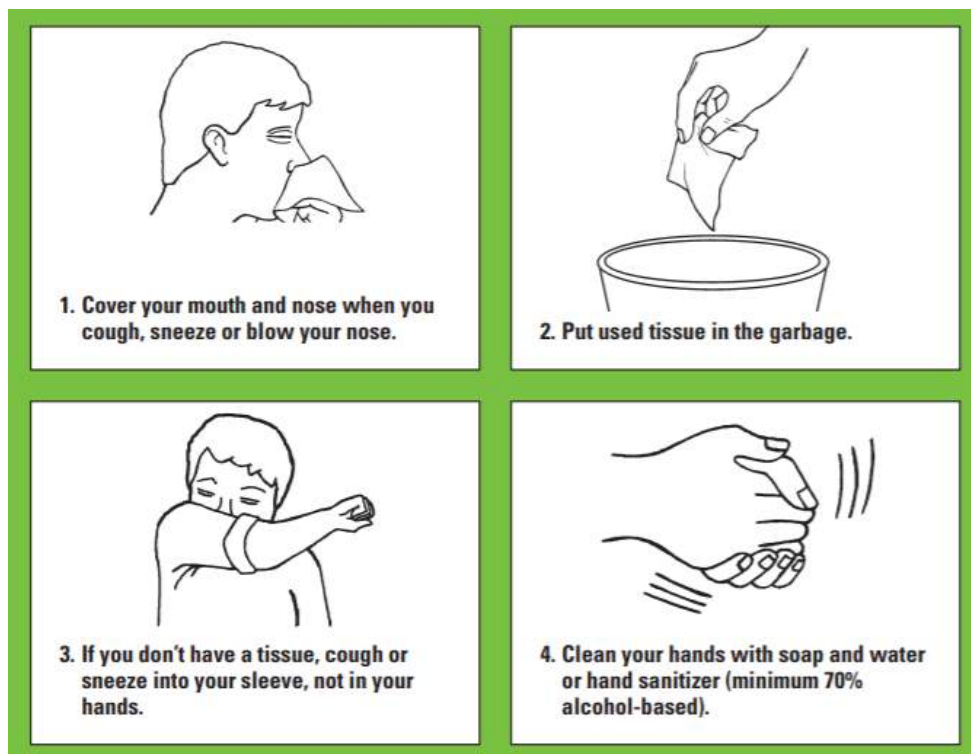
Physical distancing means making changes in your everyday routines in order to minimize close contact with others, including:

- Avoiding crowded places and non-essential gatherings
- Avoiding common greetings, such as handshakes or hugging
- Limiting contact with people at higher risk (e.g. older adults and those in poor health)

Physical distancing of 2 metres must be practiced during all visits on S|R|R property to reduce the risk of COVID-19 transmission.

Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing and sneezing.



Respiratory etiquette must be practiced during all visits on S|R|R property to reduce the risk of COVID-19 transmission.

Following these steps is important:

1. Cover your mouth and nose when you cough, sneeze or blow your nose.
2. Put used tissue in the garbage.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hand.
4. Clean your hands with soap and water or hand sanitizer.

HAND HYGIENE

Hand hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water.

Touching your eyes, nose or mouth without cleaning your hands or sneezing or coughing into your hands may provide an opportunity for germs to get into your body. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

Prior to beginning each visitor with a resident, visitors must perform hand hygiene. Additionally, any time your hands become soiled for any reason during the visit, you must perform hand hygiene. Wash or sanitize your hands at the end of the visit as well.

A. Handwashing

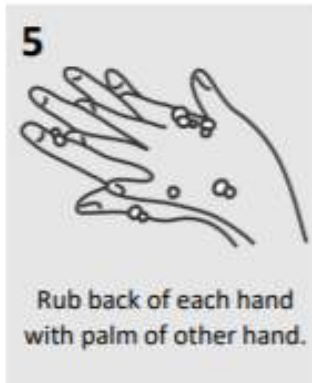
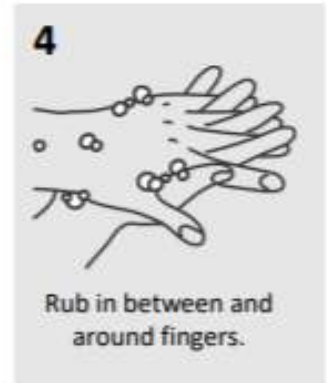
Handwashing with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water – done correctly – removes organisms.

Follow these steps for hand washing: (hand wash for at least 15 seconds)

1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub between fingers, back of hands, fingertips, under nails.
4. Rinse thoroughly under running water.
5. Dry hands well with paper towel.
6. Turn taps off with paper towel.

Coronavirus Disease 2019 (COVID-19)

How to wash your hands



B. HAND SANITIZING

Hand sanitizers are very useful when soap and water are not available. When your hands are not visibly dirty, then a 70-90% alcohol-based hand sanitizer/rub should be used. It has been shown to be more effective than washing with soap (even using an antimicrobial soap) and water when hands are *not* visibly soiled.

Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is important when using an alcohol-based hand sanitizer to apply sufficient product such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry.

Follow these steps for sanitizing your hands: (rub hands for at least 15 seconds)

1. Apply 1-2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm, between and around fingers, back of hands, fingertips, under nails.
3. Rub hands until product is dry. Do not use paper towels.
4. Once dry, your hands are clean.



Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors must follow S|R|R's infection and prevention control protocols (IPAC), including proper use of masks.

IPAC practices include:

1. Hand hygiene program
2. Screening and surveillance of infections
3. Environmental cleaning procedures that reflect best infection control practices
4. Use of personal protective equipment
5. Outbreak detection and management
6. Additional precautions specified to prevent the spread of infection
7. Ongoing education on infection control

Proper Use of Personal Protective Equipment (PPE)

PPE is clothing or equipment worn for protection against hazards. Examples of PPE include gloves, gowns, facial protection and/or eye protection. Using, applying and removing personal protective equipment correctly is critical to reducing the risk of transmission of COVID-19.

All visitors must comply with the S|R|R's IPAC protocols, including donning and doffing of PPE and following instructions on use provided by S|R|R .

Family visitors **must** where a **face covering if the visit is outdoors**.
If the **visit is indoors, a surgical/procedure mask is required**.

Visitors are responsible for bringing their own mask. If S|R|R is not able to provide surgical/procedure masks, family visitors will **not** be permitted inside S|R|R . Essential visitors who are provided with appropriate PPE from their employer, may enter S|R|R .

For Essential Visitors only:

Essential visitors providing direct care to a resident must use a surgical/procedure mask while in S|R|R , including while visiting the resident that does not have COVID-19 in their room. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).

MASK EDUCATION GUIDANCE


HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY


who.int/epi-win


Do's →


- 


Clean your hands before touching the mask
- 


Inspect the mask for damage or if dirty
- 

Adjust the mask to your face without leaving gaps on the sides
- 

Cover your mouth, nose, and chin
- 

Avoid touching the mask
- 

Clean your hands before removing the mask
- 

Remove the mask by the straps behind the ears or head
- 

Pull the mask away from your face
- 


Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it
- 


Remove the mask by the straps when taking it out of the bag
- 


Wash the mask in soap or detergent, preferably with hot water, at least once a day
- 

Clean your hands after removing the mask


Don'ts →

- 

Do not use a mask that looks damaged
- 

Do not wear a loose mask
- 

Do not wear the mask under the nose
- 

Do not remove the mask where there are people within 1 metre
- 

Do not use a mask that is difficult to breathe through
- 

Do not wear a dirty or wet mask
- 

Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 2 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 2 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WIN





VISITING & DINING CENTRE

PANDEMIC INFECTION CONTROL MANUAL			
Policy Title:	COVID-19 VISITING CENTRE	Policy #:	TBD
Section:	Resident Services	Originated:	June 16 2020
Developed by:	Health and Wellness Department	Reviewed:	June 16 2020
Approved by:	M J Lafontaine	Last Revised:	June 16 2020
Approval date:	June 16 2020	Page:	25 of 6

S|R|R’s Resident and Family Visiting and Dining Center was created to provide a Pandemic Free Zone to enhance the visiting experience.

The Center is designed with two dedicated entrances.

- Visitor’s Entrance
- Resident Entrance with a ramp provided for access

The Visiting Meeting Center is open weekly from Thursday through Sunday. All appointments are to be scheduled with Mark Lundrigan the Life Enrichment Manager.

There is no need to wear a mask or be COVID tested when visiting in the center.

A Surgical or Face Protection masks is only worn outside upon entering and leaving the Family Visitor’s section of the center. The environment is disinfected between each use.

All guests must be screened in advance of arriving to the Visiting Center

The available scheduled times are:

- **Morning** From 9:30 – 11:00 AM
- **Afternoon** From 2:30 – 4:00 PM
- **Evening** From 5:00 0 6:30 PM

The Visiting Center is disinfected between visits

Please call Front desk reception at 416.264.3566 to alert the PSW for escorting or specific request for Dining or Health & Wellness

Family can bring or order a meal from SRR or bring their own and SRR dining services will heat and serve.

Refreshments are available to Visitors and Residents while visiting.

EXAMPLE FOR REFERENCE ONLY

COVID-19 ACTIVE SCREENING TOOL – VISITORS

Visitors - Visitors may include friends and family. Please have the visitor answer the following questions:

1.	Do you have any of the following new or worsening signs or symptoms?		
	I. New or worsening cough	Yes	No
	II. Shortness of breath	Yes	No
	III. Sore throat	Yes	No
	IV. Runny nose, sneezing or nasal congestion <i>(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)</i>	Yes	No
	V. Hoarse voice	Yes	No
	VI. Difficulty swallowing	Yes	No
	VII. New smell or taste disorder(s)	Yes	No
	VIII. Nausea/vomiting, diarrhea, abdominal pain	Yes	No
	IX. Unexplained fatigue/malaise	Yes	No
	X. Chills	Yes	No
XI. Headache	Yes	No	
2.	Have you travelled or had close contact* with anyone who has travelled in the past 14 days?	Yes	No
3.	Do you have a fever?	Yes	No
4.	Have you had close contact* with anyone with respiratory illness or a confirmed or probable case of COVID-19?	Yes - Go to Question 5	No - Skip Question 5
5.	Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?	Yes	No
<i>If individual passes screening questions 1 to 5:</i>			
	Take temperature (fever is a temp of 37.8°C or greater)	Yes	No
	The visitor attests to not be experiencing any of the typical and atypical symptoms.	Yes	No
	The visitor attests they have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive.	Yes	No

Continued on Next Page

**A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g. shaking hands, face-to-face contact within 2-metres and greater than 15 minutes, coughed on) or who lived with or otherwise had close prolonged contact (e.g. in a close environment such as a meeting room or hospital waiting room, in an aircraft sitting within two seats) with a probable or confirmed case of COVID-19 while the person was ill.*

Screening Passed

- A. If the individual answers **NO to all of the questions from #1-4 above, they do not have a fever**, they have **attested** to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can enter the home **OR**
- B. If the individual answers **NO to #1-3 and YES to #4 and #5, they do not have a fever**, they have **attested** to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can enter the home.

The following steps should be taken by the home:

- The visitor should be told to self-monitor for symptoms
- Education on all required protocols will be provided
- The visitor should be reminded about required re-screening when they leave the home

The following steps must be taken by the visitor:

- Use hand sanitizer upon entering
- If visiting a resident, they must only visit the one resident they are intending to visit and no other resident
- Must use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks.

Any non-adherence to these rules could be the basis for discontinuation of visits.

Screening Failed

- A. If the individual answers **YES to any question from #1-3**, or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot enter the home, **AND/OR**
- B. If the individual answers **YES to #4 and NO to #5** or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot enter the home.

The following steps should be taken by the home:

- The visitor should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing.

The following steps must be taken by the visitor:

- The visitor should go home to self-isolate immediately

Please refer to:

[May 6, 2020 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.](#)

COVID-19 assessment centres

Learn about coronavirus (COVID-19) assessment centres and what you need to know before you go to get tested.

When to visit an assessment centre:

If you're worried you have COVID-19 or have been exposed to it, you should get tested – even if you don't have any symptoms.

You should visit an assessment centre if you:

- Have COVID-19 Symptoms
- do not have symptoms but are concerned you might have been exposed
- do not have symptoms but think you are at risk (for example, if you are an essential or health care worker)

Testing is a free service. If you can, please bring your Ontario health card.

Anyone can get a test if they want one.

Some assessment centres may require you to book an appointment first or have certain restrictions (for example, some are unable to test young children).

When to go to the emergency department instead

You should call 911 or go to your nearest emergency department if you are currently experiencing:

- severe difficulty breathing (struggling for each breath, can only speak in single words)
- severe chest pain (constant tightness or crushing sensation)
- feeling confused or unsure of where you are
- losing consciousness

For infants under 3 months

Call 911 or go to the nearest emergency department if your child:

- has a fever
- is having trouble breathing
- appears unwell

Call 911 or go to the nearest emergency department if your child has any of the following symptoms:

- fever longer than 7 days
- fever with a rash
- has a compromised (weakened) immune system with a fever
- breathing faster than usual or trouble breathing
- bluish skin colour
- not drinking enough fluids
- not waking up or not interacting
- is so irritable that they do not want to be held
- constant vomiting

After you have been tested for COVID-19, you can [access your test results online](#) at:

<https://covid19results.ehealthontario.ca:4443/agree>

SELF ASSESSMENT: <https://ca.thrive.health/covid19/en>

ASSESSMENT CENTER: <https://covid-19.ontario.ca/assessment-centre-locations/>

A. Scarborough Health Network Centenary

2867 Ellesmere Road, Toronto, ON M1E 4B9

Phone number 416-495-2601

Website: www.shn.ca/covid19-assess/

Hours Monday - Sunday: 10 a.m. to 7 p.m.

B. Scarborough Health Network - Birchmount

3030 Birchmount Road, Toronto, ON M1W 3W3

Phone number: 416-495-2601

Website: www.shn.ca/covid19-assess/

Hours: Monday - Sunday: 9 a.m. to 5 p.m.



COVID-19 e-RESOURCES

1. Ontario's COVID-19 Response website: <https://covid-19.ontario.ca>
2. Center for Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
3. World Health Organization: <https://www.who.int>
4. Ontario Public Health
 - <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>
5. Mental Health
 - https://www.anxietycanada.com/covid-19/?gclid=CjwKCAjw57b3BRBIEiwA1lmytrPg0TJT2OucIFZMQ42dw9LgodmcWjz4GfiuhYFpha_qLonav8XhHRoCjAIQAvD_BwE
 - <https://www.camh.ca/en/health-info/mental-health-and-covid-19>
6. Retirement Home Regulatory Authorities <https://www.rhra.ca/en/>
7. ORCA Ontario Retirement Communities Association <https://www.orcaretirement.com>
8. Long Term Care Association <https://www.oltca.com/OLTCA/>
9. Scarborough Center for Healthy Communities <https://www.schcontario.ca>
10. Finding Your Way Alzheimer's Society www.findingyourwayontario.ca
11. Alzheimer's Association: <https://alzheimer.ca/en/on>
12. Central East LIHN <http://www.centraleastlhin.on.ca>

