

COVID Prevention Management

as of:

June 21, 2022

ENTRY TO HOSPICE

- Anyone entering the Hospice buildings (visitors, volunteers, health care providers, employees) must don a medical-grade mask before entering and sanitize their hands before and after. The mask must cover the mouth and nose. If they prefer, they can don a “onesie” (mask +shield). Everyone must register their name, and time of arrival and departure. Only visitors are required to leave a phone number.
- Masks should be worn at all the time at Hospice whether in the residence or not. Masks may be removed for eating and drinking.
- Eye protection (onesie, face shield or goggles) is recommended when client facing but not mandatory.

VISITORS

- Residents are permitted to identify any number of visitors they wish to have unlimited access to visit. These visitors will be given a green card by residence staff. Visitors without a green card will be held at reception and the receptionist will check with residence before allowing the visit. Three people maximum in client rooms at a time. Note: testing and vaccination status is no longer required.
- Eating or drinking is permitted in the hospice residence rooms as long as mask is on when care team is present, and masks are worn by visitors in the room at all other times. We encourage families to take advantage of the outdoors for eating and drinking.
- Common areas are available for family use, however they are only to eat/drink if they are the only family using the space at the time.
- Family kitchen is open for families but we ask that masks remain on as many people go in and out.
- While care is being provided in the room, visitors may be asked to leave the room in order to maintain physical distancing. They may sit in the designated common area or leave the building.
- Window visits are permitted anytime but if a family requests a visit with their loved one outside, they must be pre-arranged with the care team between 11 AM and 5 PM. Volunteer monitors are not required.

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- Visitors are permitted to use shower facilities.
- Flowers and plants are allowed in the resident's room. Flowers with strong odours will be removed.

TESTING

- Rapid testing is available to all staff and volunteers (including physicians) but not required.

VACCINATION

- All staff, volunteers and visitors are required to have 2 vaccinations against COVID-19, before entering the Hospice, unless they have an approved exemption. Third and fourth doses (if qualified) are strongly recommended. Other boosters may be required in the Fall.

RESIDENCE CARE

- Admissions
 - All patients will be asked to have a negative COVID test prior to admission to hospice within 48-72 hours of admission. Patients who have an urgent need for admission will be dealt with on a case by case basis.
 - Day passes are generally not permitted at this time. If one is requested, please consult with the team lead.
- PPE
 - All staff and volunteers in the residence must wear the medical mask covering mouth and nose. Eye protection is recommended. If a resident has any possible signs of COVID infection or is awaiting a COVID test result because of possible exposure, the resident must be put on contact/droplet precautions with N95 use ("suspect precautions") immediately and a rapid test conducted. Please follow Isolation Guidelines for Patient Scenario of "suspect" PPE which includes:
 - N-95 fitted masks must be worn by staff providing care.
 - The same N-95 mask should be worn for the duration of a shift or as long as tolerated. Mask may be removed for breaks and re-used if not soiled or damp and kept on a clean surface.

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- Good hand hygiene for doffing and donning mask is VERY important.
- Essential visitors can still see patients but must adhere to the PPE requirements when visiting and be observed intermittently for donning and doffing (N 95 not required for visitors).
- Volunteers will not be permitted in these isolation rooms.
- Visitor restrictions may be considered on a case by case decision for individuals on isolation precautions.
- Residents may be on isolation following admission as a precaution based on Ministry Guidelines and may be on “Admission PPE” scenario. Please continue to follow Patient/Location Scenario Guidelines that are posted in team station (eg. “suspect PPE”, “admission PPE” or N/A).
- HCO staff must complete a PCRA which is a component of routine practice conducted prior to any patient/client interaction to inform the selection of appropriate PPE, including decisions regarding the use of an N95 mask.
- Showers/tub baths are permitted for residents who have been fully vaccinated and they are not currently on isolation due to suspect/high risk contact/confirmed case. Staff should wear appropriate PPE, as indicated by a point of care risk assessment (PCRA) and the patient situation/location guidelines.
- Patients requiring AGMP (aerosol generating medical procedure) i.e. BiPAP, CPAP, O₂ > 6 L, nebulizers, suctioning or humidification will be admitted if appropriate. These patients are on droplet/contact isolation for the duration of their stay. Staff are not required to wear N 95 masks but may do so based on their PCRA. Please refer to AGMP during COVID-19 Pandemic for further details.
- COVID Monitoring
 - Temperatures should be checked and recorded on all residents once a day. Documenting on the Shift Flowsheet is sufficient unless temperature is abnormal, then log on the COVID-monitoring Log.
 - Residents should be monitored for any signs and symptoms of COVID at least daily i.e. fever, chills, cough, dyspnea, loss of smell/taste, GI

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symptoms and any symptoms are to be reported to the Team Leader/Director and the resident's physician. Place the resident in contact/droplet isolation and don an N95 and conduct a COVID PCR swab test. Once a negative result is received the resident can come off isolation.

EMPLOYEE ILLNESS

- All staff should continue to self monitor for any signs and symptoms of COVID.
- Please inform your supervisor/on-call immediately if ill and do not come into work until you speak to a supervisor. See "Should I go into Hospice" v6 document.
- If you have a high risk contact in your household who is symptomatic, notify your supervisor. Please refer to "Should I go into Hospice" v6.

COMMUNITY PROGRAMS

- Congregate programs such as day hospice are reinstated with limits on number of participants.
- Home visiting programs are reinstated.
- In-person Grief and Bereavement sessions will remain virtual

ENVIRONMENT

- All shared equipment needs to be cleaned with Oxiver between clients.
- Meeting rooms may be used for staff meetings as long as 6 feet physical distancing can be maintained. Tables and chairs should be wiped down with Oxiver before and after use.
- Portable air exchangers must be placed in each resident room when they become available. Priority to be given to rooms in isolation.

APPENDIX 1: Routine Practices for Infection Prevention and Control (IPAC)

Routine Practices refer to infection prevention and control (IPAC) practices to be used with all clients/residents/residents during all care, to prevent and control transmission of microorganisms in all health care settings. Routine Practices are incorporated into the culture of HCO and into the daily practice of each health care provider to protect both the client/resident/resident and health care provider. Vaccination along with routine practices provides the most effective method to minimize the spread of the COVID-19 virus.

Routine Practices at HCO include:

- risk assessment of the client/resident/resident and the health care provider's interaction with the client/resident/resident;
- hand hygiene to be performed with an alcohol-based hand rub or with soap and water before and after contact with a client/resident/resident or their environment, before invasive/aseptic procedures and after body fluid exposure risk;
- Control of the environment, including:
 - appropriate placement and bed spacing, such as single rooms
 - cleaning of equipment that is used for/on more than one client/resident/resident between uses
- engineering controls, such as:
 - well-maintained heating, ventilation and air conditioning (HVAC) systems with sufficient air changes per hour
 - barriers, such as the use of Plexiglass® screens or curtains
 - point-of-care sharps containers and alcohol-based hand rub dispensers
 - adequate dedicated hand wash sinks

During the COVID-19 pandemic, additional infection control practices are in place at HCO including:

- Wearing of medical grade masks (covering mouth and nose) and eye protection at all times when working in client areas of HCO.
- Wearing of gloves when providing resident care.
- Donning and doffing additional PPE (Personal Protective Equipment) such as gowns and N95 respirators when required, for particular client circumstances such as those on contact/droplet precautions or using AGMP (Aerosol generating medical procedures).

Please refer to Ontario Public Health for details: https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

- **PPE Refresher:** Below is a link to a video from Alberta Health which also provides a good overview.
https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/ipc-guide-to-ppe-update/story_html5.html

APPENDIX 2: PCRA

Point-of-Care Risk Assessment (PCRA)

The PCRA is a component of routine practice which should be conducted before every patient/client/resident (hereafter 'patient') interaction by a healthcare worker (HCW) to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and additional Personal Protective Equipment (PPE) to minimize the risk of exposure in addition to any Infection Prevention and Control recommendations already in place. This is a general tool, and risk assessments may vary from person to person. The questions and actions may need to be adapted for specific health care settings and roles.

1 Before each patient interaction, a healthcare worker must assess the following:



THE PATIENT

- What are the patient's symptoms (e.g., frequent coughing or sneezing, unexplained fever, diarrhea)?
- Are there additional precautions (droplet, contact, airborne) for infectious agents in place?
- Is the patient able to practice respiratory etiquette and perform hand hygiene?
- Has the patient been recently screened for infectious symptoms (e.g., triage, daily symptom screening)?



THE TASK

- What type of task am I carrying out (e.g., providing direct face-to-face care, performing an [aerosol generating medical procedure](#) (AGMP), potential for contacting body fluids, personal care, non-clinical interaction)?
- Is additional equipment required to safely carry out the task (e.g., dressings, emesis basin)?
- Am I trained and ready for the task?



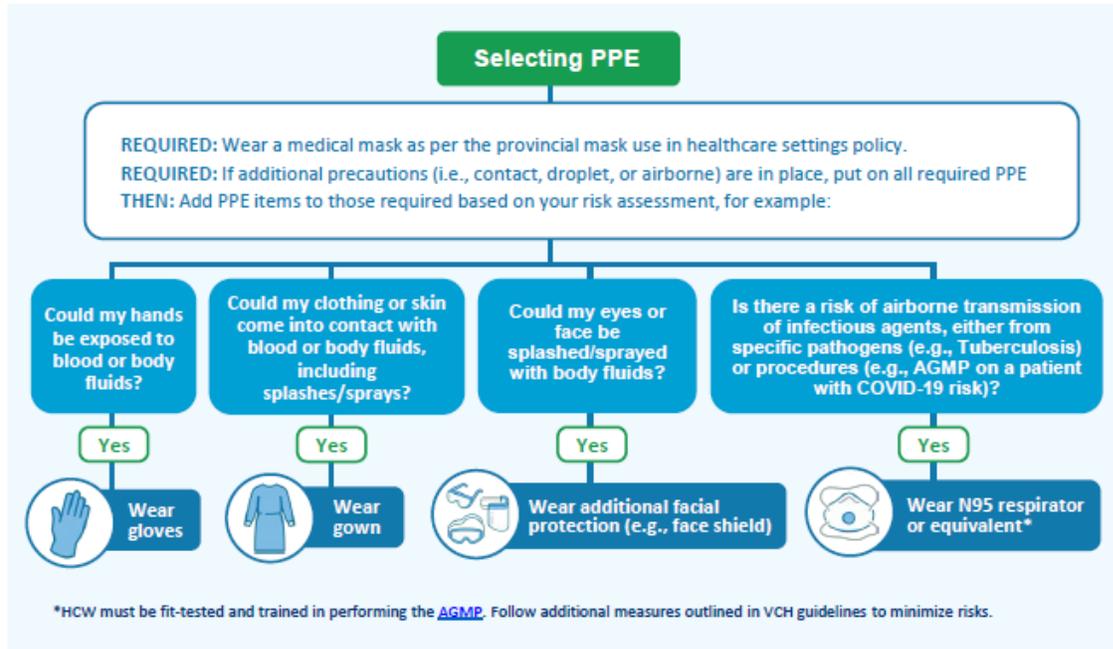
THE ENVIRONMENT

- Are there potential hazards that may impact my task (e.g. ongoing AGMP, physical clutter)?
- Is there a risk to/from other individuals (e.g., shared rooms, mobile patients with infectious symptoms)?
- Is there enough space for physical distancing to be maintained?
- Can my planned work area be properly clean and disinfected?

2 Choose appropriate actions and PPE including the following:

- Hand hygiene** (e.g., before donning and after removing PPE items, before and after patient contact without PPE)
- Respiratory etiquette** (e.g., offer the patient a medical mask, support the patient to use tissues/their elbow to cover coughs)
- Personal space** (e.g., encourage the patient to respect other's personal space)
- Implement additional precautions if required** (e.g., droplet and contact precautions for COVID-19)
- Environmental and equipment cleaning and disinfection** (e.g., clean & disinfect environmental surfaces and reusable equipment between each use)
- Patient placement** (e.g., prioritize patients with risks for infectious agents to single rooms where possible)
- Select PPE items based on required additional precautions and your own risk assessment** - outlined on the following page.

Point-of-Care-Risk Assessment (PCRA)



3

Incorporating PCRA and PPE choices in the care of patients with COVID-19:

HCW PPE requirements for care of ALL patients

- Use of medical masks in healthcare settings as outlined in the provincial policy on Mask Use in Healthcare Facilities During the COVID-19 Pandemic

Additional HCW PPE requirements for care of patients with suspected or confirmed COVID-19

- As a minimum, droplet and contact precautions must be implemented for all patient care
- If a HCW determines that a patient interaction presents an elevated risk of COVID-19 transmission on their individual PCRA, additional PPE (e.g., N95 respirators) are accessible
- Airborne, droplet, and contact precautions must be implemented when performing AGMPs on these patients