

COVID Prevention Management Update November 22, 2021

ENTRY TO HOSPICE

- Anyone entering the Hospice buildings (visitors, volunteers, health care providers, employees) must screen negative for COVID signs and symptoms. They must don a medical-grade mask before entering and sanitize their hands before and after. The mask must cover the mouth and nose. They need to register their name and time of arrival and departure.
- Everyone must have proof of full vaccination unless the person has been granted a medical or religious exemption.
- Masks must remain on at all times unless working alone in an office space separated by at least six feet from others or separated by plexi-glass barrier. Reception volunteers may remove their masks when behind the plexi-glass barrier but must don masks whenever anyone is nearby.

VISITORS

- Number of visitors is not restricted but a maximum of 2-3 are allowed in the building at one time.
- Only visitors identified by our residents and screened for vaccination, will be given a green card to enter the hospice at any time.
- Visitors that qualify for weekly COVID-19 PCR swabbing will be given a yellow card to help with tracking and designation
- All other visitors (over 12 years old) will be asked to show proof of their full vaccination* for COVID-19 at reception.
 - If visitors are unable or unwilling to be vaccinated, they will be asked to obtain a COVID-19 swab test once a week while visiting and provide proof of negative result weekly to team leaders/nursing staff and have their yellow card updated to reflect the expiry date of PCR swab.
- There will be limited exceptions for unvaccinated or partially vaccinated visitors based on safety, urgency and compassion. These exceptions include:
 - Individuals under the age of 12 or those who have a documented medical exemption

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- One-time limited timed visit for imminently dying patients that have not had time to complete a PCR swab (these cases need to be discussed with the team lead and/or RN on call). These visits must be time limited and the visitor must wear PPE including gown.
- The family room at RSH and the sunroom at MCH are now open for visitors who are fully vaccinated. They are asked to maintain a 6 foot distance from others not visiting the same resident. Eating or drinking will be permitted but masks should be worn at all other times.
- While care is being provided in the room, visitors may be asked to leave the room in order to maintain physical distancing. They may go outside or sit in the designated lobby area.
- Window visits and outdoor visits permitted if prearranged with Care Team.
- Flowers and plants are allowed and our flower arranging volunteers have been invited to help again.
- Visitors are permitted to use shower facilities with a caution that the showers are cleaned only once daily at this time.

VACCINATION

- All staff, volunteers and visitors are required to be fully vaccinated against COVID-19, before entering the Hospice. Booster shots are recommended based on new provincial guidelines but not mandatory. Refer to HCO COVID-19 Vaccination Policy for qualifying exemptions
- Staff and volunteers who are not fully vaccinated due to a medical or religious exemption may continue to work/volunteer with HCO if they provide proof of negative COVID-19 PCR test on a weekly basis. Those who are not fully vaccinated against COVID-19 for any other reason will no longer be able to work or be able to volunteer with Hospice Care Ottawa.

RESIDENCE CARE

- Admissions
 - All patients will be asked to have a COVID test prior to admission to hospice and it will not be limited to the 48-72 hours window prior to admission. Patients who have who have an urgent need for admission can be admitted while their test results are pending as

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- long as they are fully vaccinated and do not screen positive for covid-19 symptoms.
- No LOAs (leave of absence) permitted at this time for residents.
- PPE
 - All staff and volunteers in the residence must wear the medical mask covering mouth and nose at all times.
 - When providing care or patient/visitor facing, all staff and volunteers must wear eye protection (either goggles or face visor). Alternatively, “onesies” (shield and mask combination) can be worn. They must also wear gloves and follow appropriate precautions. See Appendix 1 “Routine Practice...”
 - If a resident has any possible signs of COVID infection or is awaiting a COVID test result, the resident must be put on contact/droplet precautions.
 - Staff must don and doff gowns in addition to their regular PPE.
 - Visitors must adhere to the PPE requirements when visiting and be observed intermittently for donning and doffing.
 - The same mask may be worn between resident rooms unless soiled or damp.
 - Volunteers will not be permitted in these isolation rooms.
 - Showers/tub baths are permitted for residents who have been fully vaccinated. Staff should wear appropriate PPE, as indicated by a point of care risk assessment (PCRA).
 - Patients requiring AGMP (aerosol generating medical procedure) i.e. BiPAP, CPAP, O₂ > 6 L, nebulizers, suctioning or humidification will be admitted if appropriate. Staff should complete a PCRA (point of care risk assessment) and may choose to wear a N95 respirator instead of a regular medical-grade mask. See Appendix 2 on “PCRA”.
Volunteers should not enter the room during an AGMP procedure.
- COVID Monitoring
 - Temperatures should be checked and recorded on all residents once a day.

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- 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 symptoms and any symptoms are to be reported to the Team Leader/Director and the resident's physician. Place the resident in isolation 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 a negative COVID swab obtained and you are 24 hrs respiratory symptom-free or 48 hrs GI symptom-free. See Appendix 5 "Should I go into Hospice" document.
- Note: those with a negative COVID test and who are at least 6 days post onset of symptoms but have reduced yet lingering symptoms (e.g. chronic cough) may discuss an earlier return to work date with their supervisor.

COMMUNITY PROGRAMS

- Congregate programs such as day hospice have started. Clients are required to be fully vaccinated in order to participate.
- Home visiting is resuming with appropriate precautions in place, including screening and PPE.
- In person Grief and Bereavement sessions will remain virtual for the next several months.

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 are available at each site to be used in spaces no larger than 30' by 30' when needed to increase air flow.

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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.

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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

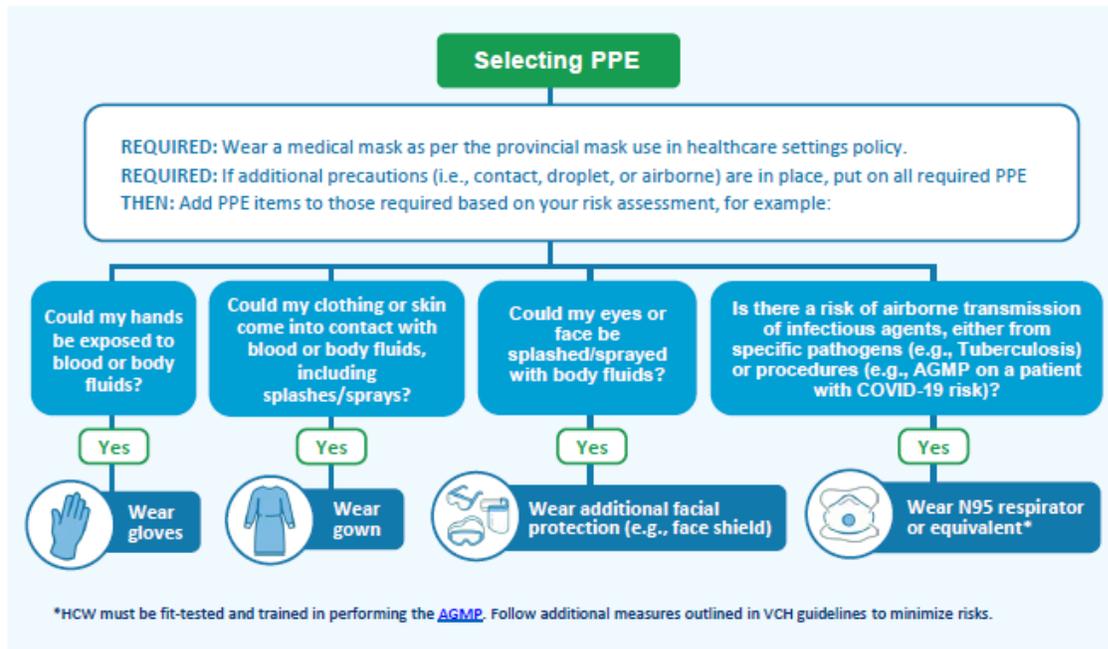
- Are there potential hazards that may impact my task (e.g. ongoing AGMP, physical clutter)?
- Is there a risk to/from other individuals (e.g., shared rooms, mobile patients with infectious symptoms)?
- Is there enough space for physical distancing to be maintained?
- Can my planned work area be properly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

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APPENDIX 3: Should I go into Hospice

Should I go into Hospice?



Possible COVID 19 Scenarios and What to Do Updated September 1, 2021

COVID -19 Scenario	You are Fully Vaccinated ¹	You are NOT Fully Vaccinated
1. Have COVID Symptoms including cold or flu symptoms or gastrointestinal type symptoms 	<ul style="list-style-type: none"> Notify Supervisor/on call Stay Home Obtain Test If test is negative: then return to work when symptom-free for 24 hours (respiratory symptoms²) or 48 hours (GI symptoms) If test is positive: then self-isolate 10 days and return to work if symptom free for 24hours (respiratory symptoms) or 48 hours (GI symptoms) 	<ul style="list-style-type: none"> Notify Supervisor/on call Stay Home Obtain Test If test is negative: Isolate for 10 days or as directed by OPH and do not return to work unless symptom free for 24hours (respiratory symptoms) or 48 hours (GI symptoms) and negative test result obtained weekly. If test is positive: Isolate for 10 days or as directed by OPH and do not return to work unless symptom free for 24hours (respiratory symptoms) or 48 hours (GI symptoms). Weekly negative test results will not be required until 90 days post first positive test AND symptom free
2. You are asymptomatic for COVID symptoms but have been exposed to a person who tested positive for COVID and not wearing appropriate PPE 	<ul style="list-style-type: none"> Notify supervisor/on call You do not need to self-isolate, but need to closely self-monitor for development of symptoms. 	<ul style="list-style-type: none"> Notify Supervisor/on call Stay Home and self isolate Closely self monitor for development of symptoms Obtain negative test before return to work and continue with weekly testing
3. You have a household member who is symptomatic for COVID-19 or has tested positive for COVID 19 	<ul style="list-style-type: none"> Notify supervisor/on call You do not need to self-isolate, but need to closely self-monitor for development of symptoms. 	<ul style="list-style-type: none"> Notify Supervisor/on call Stay Home You are required to self-isolate until the symptomatic individual has received a negative COVID-19 test result or an alternative diagnosis. If testing is not conducted then you must self-isolate for 10 days from last exposure.