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COVID 19 – Protection Program and Policy

Policy Statement:

Community Living-Central Huron is committed to providing and maintaining a safe and healthy environment for all employees, volunteers and people supported. To that end, Community Living-Central Huron has developed a COVID-19 Protection Program based on the 2019 novel coronavirus (2019-nCov) to ensure that every reasonable precaution is taken to protect the health and safety of all employees, volunteers, people supported, including visitors and family members in the workplace. All employees and volunteers will be trained on the implementation and application of this Policy. Non-compliance with the Covid-19 Protection Program and Policy is subject to discipline, up to and including dismissal from employment/volunteerism with Community Living-Central Huron.

Procedures:

Coronaviruses are a large family of viruses; they can cause diseases ranging from the common cold to more severe cases such as Severe Acute Respiratory Syndrome (SARS). The first presumptive case of this virus in Ontario was identified on January 25, 2020. Coronaviruses are spread mainly from person to person through close contact and community transmission, for example, in a household, workplace or health care centres.

Some human coronaviruses spread easily between people, while others do not. Your risk of severe disease may be higher if you have a weakened immune system. This may be the case for:

Individuals older than sixty years (60+);

People with chronic disease (for example, diabetes, cancer, heart, renal or chronic lung disease).

The Ministry of Health and Long-Term Care (MOHLTC) updated the definition regarding COVID-19 on November 20/2020, as follows:

Probable Case:

1. A person (who has not had a laboratory test) with symptoms compatible with COVID-19 and:

- Travelled to or from an affected area in the 14 days prior to symptom onset;

OR

- Close contact with a confirmed case of COVID-19;

OR

- Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g. long-term care, jail).

OR

A person with symptoms compatible with COVID-19 AND in whom laboratory diagnosis of COVID-19 is inconclusive.

OR

3. A person with a preliminary positive result from a Health Canada approved point-of-care assay.

Confirmed Case:

1. A person with laboratory confirmation of SARS-CoV-2 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real time PCR or nucleic acid sequencing) on at least one specific genome target. Laboratory confirmation is performed at reference laboratories (e.g. The National Microbiology Laboratory or Public Health Ontario Laboratory) or non-reference laboratories (e.g. hospital or community laboratories).

OR

2. A person with a positive detection of serum/plasma antibodies to SARS-CoV-2 from a laboratory in Ontario that is licensed to conduct serology testing AND testing is done for clinical purposes.

Confirmed Case of Reinfection:

A person with a primary and secondary laboratory confirmed infection with SARS-CoV-2 with time-based or test-based clearance in between the two infections, where genome sequencing indicates that the two SARS-CoV-2 infections either i) belong to different genetic clades or lineages OR ii) sufficient single nucleotide variations to correlate with the probability that the two episodes are caused by different viral lineages.

Symptoms and Treatment:

Symptoms range from mild – like the flu and other common respiratory infections – to severe and can vary from person to person. They may also vary in different age groups. Some of the most commonly reported symptoms include:

- new or worsening cough
- shortness of breath or difficulty breathing
- temperature equal to or over 38°C
- feeling feverish
- chills
- fatigue or weakness
- muscle or body aches
- new loss of smell or taste
- headache
- gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- feeling very unwell.

Complications from the 2019 novel coronavirus can include serious conditions, such as pneumonia or kidney failure, and in some cases, death. Symptoms may take up to 14 days after exposure to COVID-19 to appear.

There are no specific treatments for coronaviruses; however, a number of vaccines have been developed to prevent people from contacting the virus (e.g. Pfizer-BioNTech,

Moderna). Most people with common human coronavirus illnesses will recover on their own. Note: The list of symptoms may change. Consideration should be given to contact a medical professional when experiencing any symptoms.

HOW IS COVID-19 SPREAD

Based on the available evidence, the COVID-19 virus is transmitted between people through direct, indirect (through contaminated objects or surfaces), or close contact with infected people via mouth and nose secretions. Further, some medical procedures can produce very small droplets (called aerosolized droplet nuclei or aerosols) that are able to stay suspended in the air for longer periods of time. When such medical procedures are conducted on people infected with COVID-19, these aerosols can contain the COVID-19 virus and potentially be inhaled by others, if they are not wearing appropriate personal protective equipment.

PASSIVE AND ACTIVE ASSESSMENT

Employees are required to undergo Passive Screening **PRIOR** to reporting for work and Active Screening before entering any Community Living-Central Huron work location.

A. Passive Screening:

All Community Living-Central Huron employees must complete the Government of Ontario (www.ontario.ca) Self-Assessment (Passive Screening tool) prior to reporting for work and follow their guidance. The Agency (Human Resources) generates an email each day advising of the screening requirement, with the most current Ministry of Health screening questions. Employees who do not pass the COVID-19 questions are required to contact your immediate Supervisor /or Pager and advise they have 'not passed' the COVID screening test; therefore, are unable to report to work.

B. Active Screening When Reporting at the Location of Work:

Note – only those passing the Self-Assessment/Passive Screening prior to work are permitted to arrive at the location of work.

Upon arrival, all employees must **FIRST COMPLETE** and **PASS** the **Active Screening** questionnaire before entering the location. Community Living-Central Huron is required to retain records that track employee results of the questionnaire. Should an employee be unable to enter the work location, they must contact their immediate Supervisor/or Pager, return home; contact a medical professional (e.g. family physician, hospital) or Public Health for further directions. Following such, employees will provide updates to your immediate Supervisor /or Pager regarding the direction provided.

Should employees experience any symptoms when working, employees will: self-isolate; perform the self-assessment and follow said guidance; contact their immediate/relevant Supervisor /or Pager to advise of guidance and to await further direction

C. Active Screening for People Supported:

Employees working in congregate living settings will complete an active screening questionnaire a minimum of 2x daily with people supported and each time people supported return to the congregate setting from the community. Should the response to any of the

screening questions, signs or symptoms, be “YES, a medical professional (e.g. family physician, hospital or Public Health) will be contacted for direction.

Respiratory Hygiene and Spatial Separation: Preventative Measures:

Preventive and mitigation measures are key in congregate settings including the most effective preventive measures:

performing hand hygiene frequently with soap and water for a minimum of 20 seconds or alcohol-based (70% alcohol) hand rub for a minimum of 15 seconds;

avoiding touching your eyes, nose and mouth;

practicing respiratory etiquette by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue and performing hand hygiene;

wearing a mask and eye protection and any and other PPE appropriate to the risk and task being performed; as per MCCSS directives;

maintaining physical distance (a minimum of 2 m/6 ft.) from other people;

frequent disinfecting of the work location, with emphasis on shared spaces and objects.

Personal Protective Equipment:

It is mandatory for all employees to wear a mask and eye protection (face shields/goggles), as per Public Health and/or MCCSS directives, during all shifts in congregate living environments, removing such only to eat/drink or/and when able to isolate from others in an office space or outside, until the pandemic has been declared over or Public Health advises differently. Failure to follow proper Personal Protective Equipment (PPE) protocols, such as not wearing masks or eye protection, is against Public Health’s directive and will risk the safety of people supported, other employees and visitors, and will be deemed a performance issue subject to discipline. Employees will be required to report to their Supervisor in writing, providing written medical confirmation, if there are medical reasons which prevent them from wearing specific personal protective equipment.

The use of PPE applies to all employees who may require droplet protection for infection control purposes during normal work operations and during non-routine or emergency situations involving a person supported.

The PPE selected will be used as personal protection as part of an overall infection control plan which incorporates engineering and work practice controls. Community Living-Central Huron will follow the most current Ministry of Health, World Health Organization (WHO) and MCCSS guidelines on appropriate infection control practices.

When supporting a person with suspected or confirmed Covid-19, or other communicable illness, all PPE will be removed and disposed of in a receptacle prior to or upon exiting the suspected or confirmed person’s room and hand hygiene performed immediately.

<u>Setting</u>	<u>Target personnel</u>	<u>Activity</u>	<u>Type of Personal Protective Equipment (PPE)</u>
Person supported Bedroom	Employees People supported	Providing direct care to a person who is confirmed or suspected with COVID-19 Cleaning the bedroom	Medical mask Gown Gloves Face shield/goggles (Donning and Doffing process to be posted)
Residential location	Employees	At all times while providing regular support to and practicing physical distancing	Medical mask/eye protection
Residential location	Essential Visitors People supported	At all times while visiting an essential visitor and practicing physical distancing	Medical mask/eye protection
In public areas, such as: grocery stores	Employees People supported	While participating in tasks outside the home where physical distancing may be a challenge (Grocery store)	Medical mask/eye protection
Residential Location	Employees	Performing aerosol generated medical procedures	N-95 masks, gloves, gowns, face shield/goggles

Cleaning and Disinfecting:

Each congregate living setting will maintain a daily cleaning and disinfecting checklist to specify and record the frequency and areas of cleaning and disinfecting, whereby employees will initial confirming completion of said task. The list shall include:

- High frequency and shared surfaces sanitized a minimum of 2x daily and after use.
- All surfaces cleaned and disinfected when visibly dirty.
- Bedding washed a minimum of 1x weekly.
- Towels washed after a maximum usage of 3x.
- All laundry to be washed in hot water.
- Vehicles to be cleaned and disinfected before and after each use.

Resuming Visits in Congregate Living Settings:

As per the recommendations and guidelines provided by the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Health Guidance: Congregate Living for Vulnerable Populations:

A. Definition of Essential Visitor:

An essential visitor is defined as “a person performing essential support services, such as health care services, a parent/guardian, a person visiting a very ill or palliative resident, or a maintenance worker”.

Further guidance from MCCSS:

- An essential visitor is generally a person (including a contractor) who performs essential services to support the ongoing operations of a service agency or is a person considered necessary by a service agency to maintain the health, wellness and safety, or any applicable legal rights, of a person who lives in a congregate setting.
- Who is considered an essential visitor and the way in which the visit is exercised (e.g. in-person, virtual) may change depending on whether there is an active outbreak, the nature of the congregate living setting, the individuals served, as well as advice provided by a local public health unit.
- Agency employers should take careful consideration as to when and whether an in-person visitor is truly vital to maintain the health, wellness and safety of a member. This should include whether the support or care provided by the visitor can be reasonably, safely or fully assumed by staff.
- A log of all essential visitors who are given entry, with whom they visit, and/or what areas of the residence they occupy should be maintained.
- All visitors are to be actively screened for COVID-19 symptoms, to maintain infection prevention and control (IPAC) standards and to wear masks and eye protection for source protection.

For congregate living settings in Adult Developmental Services, Violence Against Women, Anti-Human Trafficking, and Intervenor Services sectors, Ontario Regulation 177/20 under the Emergency Management and Civil Protection Act requires that recommendations of the COVID-19 Guidance: Congregate Living for Vulnerable Populations, be followed.

Although the direction on non-essential visitors does not place a blanket prohibition on all visitors, it is intended to greatly limit entry into the congregate living settings to help prevent transmission of COVID-19 and to protect people supported and staff during the outbreak. The role that families, visitors and loved ones play in providing caregiving and emotional supports is important in the quality of life for those living in congregate living settings. The Ministry of Children, Community and Social Services will work in partnership with Public Health Ontario and recommendations will be passed on accordingly. When visits may be considered at congregate care settings, to ensure the protection of people supported and Staff, the Ministry requires considerations are followed by the following principles:

Safety: Any approach to visiting in a congregate living setting must consider, balance, and meet the health and safety needs of people supported, staff and visitors, and ensure risks are mitigated.

Emotional Wellbeing: Allowing visitors is intended to support the emotional wellbeing of people supported and their families/friends, through reducing any potential negative impacts related to social isolation. Staff/Supervisors must make every effort to ensure that visits are meaningful and equitable by scheduling visits of a sufficient duration and maintaining the visiting schedule.

Equitable Access: All individuals seeking to visit a person supported be given equitable visitation access, consistent with the preference of the person supported and within reasonable restrictions that safeguard people supported.

Flexibility: The physical/infrastructure characteristics of the congregate living setting and/or nearby public space, and its current status with respect to staffing, and any other key factors must be considered.

Visitors should consider their personal health and susceptibility to the virus in determining whether visiting is appropriate. Where it is not possible or advisable for in-person visits, other options, such as regular phone calls and virtual meetings should be considered.

B. Congregate Living Settings' Visitor Requirements:

The baseline requirements for the congregate living setting, as set out by the MCCSS and the Ministry of Health must be met prior to the congregate living location being able to accept any personal visitors:

1. The location **MUST NOT** be currently in outbreak. Visits cannot occur in instances where a symptomatic employee or person supported is awaiting COVID-19 test results, until those tests results are known.
2. The congregate living setting has established:
 - a. **Procedures for the resumption of visits** and a process for communicating these procedures with people supported, families, visitors and employees, including but not limited to infection prevention and control (IPAC), scheduling and any setting-specific policies.
 - b. **Protocols in place** to maintain the highest IPAC standards prior to, during and after visits.
3. A dedicated area, preferably outdoors, has been identified where visitors can meet with people supported, which allows for a minimum of 2 metres (6 feet) physical distance. The area must be thoroughly disinfected prior and after every visit.
4. Employees must be available to provide assistance, as necessary, for visits to be able to occur and to ensure visitors requirements are adhered to.
5. List of visitors should be maintained and available for relevant/appropriate staff to access.

C. Visitor Requirements:

All visitors must adhere to the following:

Visits are to be booked in advance with employees at the congregate living location;

Approval must be given by employees for any gifts/items to be brought to the visit (e.g. must be able to sanitize them);

Must pass the active screening every time they are on the premises;

Community Living-Central Huron's "Family/Friend Visit Protocol Agreement and Screening Assessment" form must be signed prior to the visit occurring;

Proper hand hygiene must be performed prior to the visit;

Face coverings/masks and eye protection must be worn at all times;

Respiratory etiquette must occur;

Practice physical distancing of 2 meters/ 6 feet.

D. General Guidelines for Visits:

A designated space will be identified for visits that ensures the ability to comply with physical distancing. It may be an option for the visits to occur at the visitor's home, pending Supervisor approval. Note: outdoor visits are preferred;

Wherever possible the visitor accesses the outdoor space through an outside entrance;

The area will be thoroughly disinfected between visits;

A maximum of 2 visitors at a time per person supported, providing physical distancing can be maintained;

Employees must be available in the area to provide support or assistance;

Gifts are permitted only if the surface can be disinfected;

Visitors are not allowed to access the inside, shared living areas of the location.

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

Employee Contracts COVID-19 at Work:

Under the Occupational Health and Safety Act, occupational illness is defined as a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected, and the health of the worker is impaired. Employees must immediately notify their Supervisor or designate when being tested for COVID-19.

Depending on the work location, Administrative Building or congregate living; Residential Supervisors will inform the Coordinator, Adult Services, Executive Director and Administrative Coordinator, Human Resources/Finance regarding any employee who is tested and the subsequent results. Employees working in the Administrative Building will inform their immediate Supervisor or relevant Coordinator, Executive Director and the Administrative Coordinator, Human Resources/Finances regarding the employee who is tested and the subsequent results. As appropriate, for employees who are COVID-19 positive, the relevant Supervisor will complete a Serious Occurrence Report and submit to MCCSS. The Administrative Coordinator will investigate how the staff contracted the virus, in conjunction with the Huron Perth Public Health.

If it is determined the employee contracted the virus at work (outbreak where employees and/or people supported have tested positive), the following notifications will be provided to:

Ministry of Labour (Management and Bargaining Unit Health and Safety Representatives);
WSIB (Administrative Coordinator);
Union (Management Health and Safety Representative);

If an employee completes and submits a Form 6, WSIB, the Administrative Coordinator will follow-up, as required with the submission of a Form 7, and other necessary procedures. However, if after review, it is determined the employee contracted COVID 19 outside of the workplace, no reports will be filed.

Managing Covid-19 Outbreaks in Congregate Living Settings:

As per Public Health Ontario, an outbreak is defined as one or more cases of COVID-19 in a person supported or employee associated with a work location. Further, a possible outbreak is defined as a cluster of ill people supported, employees and/or visitors.

Should Community Living-Central Huron experience an outbreak or possible outbreak, the Agency would refer to Community Living-Central Huron's Outbreak Management document and seek the guidance and directives of Huron Perth Public Health.

Employees, families/emergency contacts (as appropriate) will be notified of confirmed or suspected cases of COVID-19, with adherence to confidentiality and privacy. The Executive Director, per Agency Policy, will determine notification of media.

Responsibilities:

Community Living-Central Huron's Pandemic Policy (D-008) and Infection Control Policy (D-013) shall also be referred to for Employer, Supervisor, Location Health and Safety Representatives and Employee/Volunteer responsibilities.

Employer:

The Employer will be responsible for the administration of the COVID-19 Protection Program, in consultation with the Health and Safety Committee. In addition, the Employer will:

Monitor World Health Organization (WHO), Ministry of Health, Ministry of Children, Community & Social Services, Public Health infection control and management standards for changes and necessary policy revisions.

Evaluate feedback information, surveys.

Participate in MCCSS and/or MOH PPE inventory surveys.

Conduct a periodic evaluation of the Program and revise, as needed.

Supervisor:

Supervisors are responsible for ensuring the COVID-19 Protection Program is implemented in work locations. In addition to being knowledgeable about the Program requirements, Supervisors must also ensure the Program is understood and followed by the employees under their supervision. Other responsibilities of the Supervisor include:

- Maintain working knowledge of Public Health Ontario, local Public Health and Ministry of Children Community Social Services' Guidelines and Directives.
- Knowledge of the hazards in the area in which they work and supervise.
- Knowledge of required PPE needed by employees and ensuring such is available.
- Ensuring the Program and worksite procedures are followed.
- Ensuring employees use PPE, as required.
- Ensuring proper storage and maintenance of PPE.
- Determine necessary training/education for employees.
- Awareness and practice of Agency related polices/procedures.

Location Health and Safety Committee Representatives:

Location Health and Safety Representatives play a critical role in the protection of other employees, volunteers and people supported as part of the Internal Responsibility System (IRS), therefore are required to:

- Understand and follow the COVID -19 Protection Program;
- Participate in all required training and advising what further is needed;
- Ensure co-workers are properly using the required PPE;
- Reporting and submitting Hazzard Reports, as required;
- Awareness and practice of Agency related Policies and Procedures.

Employee:

Employees share in the responsibility of a safe workplace and abiding by the Agency's COVID 19 protection Plan to assist in optimizing workplace safety. Employees are required to:

- Understand and follow the COVID-19 Protection Program;
- Participate in all required training;
- Wear PPE as trained and required;
- Maintain equipment;
- Inspect PPE and perform all infection control processes as trained;
- Report concerns immediately;
- Follow testing requirements as per CL-CH and Public Health directives;
- Adherence to other related CL-CH policies/procedures;
- Promote adherence to IPAC measures with people supported (e.g. frequent hand washing, sanitization, respiratory etiquette, physical distancing).

Training and Education:

Review written COVID-19 Protection Program

Public Health Ontario "Covid-19 IPAC Fundamentals Training"

Review of related CL-CH policies/procedures (e.g. Pandemic Policy D-008 and Infection Control D-013, Outbreak Management document)

Mock outbreaks
Infection Prevention and Control (IPAC) measures
Webinars
Review of donning/doffing procedures specific to COVID-19
Review of Agency resources (e.g. Covid-19 Binder, SharePoint site)
Other training, as deemed necessary/appropriate by Management

Evaluation:

This policy will be reviewed annually by Senior Management, with consideration to the following:

Evaluate any feedback information or surveys.

Review any new hazards or changes from the World Health Organization (WHO), Ministry of Children Community and Social Services, (MCCSS), Ministry of Health and Public Health recommendations that would affect the COVID-19 Protection Program.

Make recommendations and implement any changes needed in the COVID-19 Protection Program.

Related Policies:

- Vision, Mission and Service Principles (A-001)
- Guiding Principles (A-002)
- Confidentiality (A-003)
- Privacy (A-004)
- Press and Media Releases (B-002)
- Volunteer (B-007)
- Purchasing and Credit (B-008)
- Accessibility Policy (B-009)
- Duty of Care (B-010)
- Code of Conduct (B-011)
- Individual Welfare/Rights (C-001)
- Behavioural Support (C-002)
- Complaint/Feedback Policy and Procedures for Persons Supported (C-003)
- Abuse Policy-Prevention, Reporting and Managing (C-004)
- Serious Occurrence (C-006)
- Communication Policy ©-007)
- Individual Support Policy for Persons Receiving Service (C-009)
- Orientation for People Supported (C-011)
- Medical Care for Persons Supported Policy (C-012)
- Persons Supported Food and Nutrition Policy (C-015)
- Health and Safety Policy Statement (D-001)
- Medication Policy Statement (D-002)
- Emergency (D-003)
- Critical Injury (D-006)
- Bullying, Harassment and Workplace Violence Policy and Procedures (D-007)
- Pandemic Policy (D-008)
- Preventative Maintenance Policy (D-009)
- Musculoskeletal Disorders Awareness Policy (D-010)
- First Aid Policy and Procedures (D-011)
- Infection Control Policy and Procedures (D-013)
- Hazard/Risk Policy and Procedures (D-014)
- Health and Safety Orientation Policy (D-015)
- Location Health and Safety Representatives Policy (D-016)
- Sharps Policy and Procedures (D-018)

- Workplace Inspection Policy (D-021)
- Work Refusal Policy (D-022)
- Lifts, Transfers and Physical Assistance Policy (D-023)
- Incident/Accident Investigation Policy (D-024)
- Independent Contractor Policy & Procedures (D-025)
- Masks or Face Covering Policy (D-026)
- Orientation Policy – Employees, Volunteer and Student Placements (E-005)
- Professional Development/Training Policy (E-006)
- Individual Consultation (E-007)
- Vehicle Use (E-009)
- Personal Property Damage Reimbursement (E-010)
- Employee Performance Standards (E-011)
- Disciplinary Policy (E-012)
- Early and Safe Return to Work (E-016)
- Benefit Plans (E-017)
- Exit Interview Policy (E-021)

Other Related Documents:

- Medication Policy and Procedures Manual
- Outbreak Management Document.