

COVID-19 Management in DSP Licensed Homes – Guidelines

December 8, 2020

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Introduction

The goal of COVID-19 Management in the Disability Support Program is to, as much as possible, prevent the introduction of the virus into the home and/or prevent transmission to participants and staff within the home.

All residential service providers must follow the orders and directives made by the Chief Medical Officer of Health under the Health Protection Act (HPA). We are also recommending compliance with the guidelines contained in this document.

These guidelines are based on the latest available scientific evidence about this emerging disease and may change as new information becomes available. The Public Health Agency of Canada will be posting regular updates and related documents at <https://www.phac-aspc.gc.ca/>.

These guidelines use the term **participant** to include individuals residing in a licensed DSP home.

These guidelines use the term **home** to include the following licensed DSP facilities: Residential Care Facilities (RCFs), Development Residences (DI, DII, DIII), Small Option Homes (SOH) and Group Homes (GH).

These guidelines use the term **staff** to include compensated employees of licensed service providers.

These guidelines use the term **essential visitors** to include health care workers not employed by the service provider, such as but not limited to:

- Paramedics, occupational therapists, physiotherapists, nurses and primary care.

Essential visitors will also include support service vendors such as but not limited to:

- Canada Post, supply deliveries, essential maintenance, IT, regulator authorities (Office of the Fire Marshal, Nova Scotia Environment, Licensing, Care Coordinators).

If your organization has any questions about these guidelines, please contact Nancy Neil, DSP Residential Coordinator at nancy.neil@novascotia.ca.

Preparing your organization for COVID-19

Central point of contact

In the event of a COVID outbreak the organization should have one point person **assigned who is physically on-site or available by phone** during an outbreak who will serve as the central point of contact for DSP and Public Health.

Collection and storage of HCN

Staff, including casuals, should be invited to provide their Health Card Number and date of birth so that a centralized list could be compiled by the organization. This list will aid in expediting the screening and testing process in the event of an outbreak. Employees should be told there is no obligation to provide their HCN and if they choose not to do so they should be asked to ensure they have their HCN on them whenever they are working.

Preventing the introduction of COVID-19 into the DSP home

Screening, Monitoring and Active Surveillance

- Active screening of all **staff, visitors** and anyone else entering the home:
 - Enact, and if possible document, active daily symptom screening of all staff (including temperature checks once per shift, at the beginning of shift) and visitors. Visitors who show signs or symptoms of COVID-19 (see below) must not be permitted to enter the home. If a staff or visitor becomes symptomatic while on the premise, individuals are to immediately perform hand hygiene, ensure that they do not remove their mask, avoid further resident contact, go home to isolate and to seek testing.
 - Staff with any symptoms should complete the 811 online assessment tool and be excluded from work.

- Staff and visitors should be screened using the [811 screening criteria](#), which include:
 - Staff or visitors experiencing within the last 48 hours:
 - * Fever (i.e. chills/sweats) OR cough (new or worsening)
 - OR, Two or more of the following symptoms (new or worsening):
 - * Sore throat
 - * Runny nose/nasal congestion
 - * Headache
 - * Shortness of breath
- Staff should also be screened for the following and are not permitted to enter the home if the answer is yes to the following:
 - Staff was at an exposure site at the date and time identified in a recent Public Health announcement where testing was recommended;
 - Staff was outside of Atlantic Canada in the last 14 days; or,
 - Staff was in close contact with a confirmed case of COVID-19 during the last 14 days (includes getting a COVID Alert exposure notification).
- Active screening of all **participants**:
 - Enact, and if possible document, active screening of participants (at least daily, and twice per day if operationally feasible, including temperature checks) for early identification of any participant with fever or symptoms compatible with COVID-19, based on the [811 screening criteria](#):
 - Participants experiencing within the last 48 hours:
 - * Fever (i.e. chills/sweats) OR Cough (new or worsening)

- OR, Two or more of the following symptoms (new or worsening):
 - * Sore throat
 - * Runny nose/nasal congestion
 - * Headache
 - * Shortness of breath
- Any of these symptoms will prompt immediate referral to the [811 online assessment tool](#) for assessment and access to testing for assessment and access to testing.

New Admissions and Re-Admissions

New admissions and re-admissions should be screened for symptoms and potential exposure to COVID-19.

- Prior to a participant returning from a healthcare facility or being admitted to a DSP home, staff must perform a risk assessment where participants are screened for symptoms of COVID-19.
- If any symptoms are identified, immediately complete the [811 online assessment tool](#) to book COVID-19 testing.

Physical Distancing

- All reasonable efforts to reduce close contact between residents who are not part of a consistent group must be made.
- Staff must maintain a physical separation (minimum of 2 metres) between each other while unmasked, including during breaks or lunch. Physical distancing of staff in staff break room, cafeteria, nursing stations & conference rooms must occur.
- Cohort or group the same residents together for participation in group activities such as dining, recreation and socialization. Physical distancing should be maintained between cohorts as much as possible and mixing of cohorts should be avoided.

- Staff, while working within the facility providing resident care, are exempt from physical distancing requirements.
- Service providers should stay current of any exceptions to region specific gathering limits, which can be found at the [restrictions alert by county website](#).

Environmental Management

- Enhanced environmental cleaning and disinfection regimens are recommended. This includes frequent (twice daily) cleaning and disinfection of high-touch surfaces.
- Disinfectants should be used in accordance to the manufacturers' instructions.
- Laundry and waste disposal protocols are as per routine practices.

Participant Care Equipment

Any equipment that is shared between participants should be cleaned and disinfected, as per routine practices, before and after use on or by another participant.

Managing Visitors

Visits to Adult Residential Centres (ARCs) and Regional Rehabilitation Centres (RRCs) will continue to follow the DHW guidelines for LTC visitation per the Health Protection Act Order.

Preparing for Visitors

Create and maintain a visitor logbook including:

- name of visitor(s) and contact information
- name of participant visited
- date and time of visit
- COVID-19 screening results

This information is important to ensure service providers are prepared to quickly and effectively communicate with other staff, families, and Public Health if a participant or visitor becomes ill with COVID-related signs and symptoms.

Prepare Your Homes for Visits

- Establish a designated area for visits. Providers should also consider implementing the following:
 - physical markings on the ground to indicate the flow of people to and from the designated visiting area to maintain physical distancing
 - physical markings within the designated visiting areas to indicate appropriate distance between visitors and participants.
- Consider implementing the following:
 - designating the visit space to be as close to the entrance as possible;
 - designating a single room to be used for visits, if possible, for participants with limited mobility; and,
 - selecting a space for visits that is conducive to providing families and residents with privacy.
- Put signs up around the home, focusing on key areas where you will be accepting visitors when they arrive. Signage should include the following information:
 - how to wash hands or use alcohol-based hand sanitizer
 - how to don/doff a mask properly
 - physical distancing requirement
 - expectations for visitors

Prepare Your People for Visits – Communication with Staff

- Establish and communicate protocols for visits. This should enable all staff to know exactly how to safely receive and screen visitors, as well as manage visits for participants. Consider making this a visual handout. This should also include:
 - clear, detailed steps on where to meet and screen visitors when they arrive (i.e., location inside or outside of the home)
 - how to safely guide visitors to the designated visiting space
 - how to conduct pre-visit screening
 - how to schedule appointments
 - allowed duration of visits
 - how to monitor visits
- Establish protocols for visits with participants with mobility issues. This should include:
 - consideration on how many staff are required for the identified visitor
 - which space will be allocated for visits to allow for physical distancing between staff and visitors
 - how to schedule appointments to ensure the participant has required staff supports for the duration of the visit, while maintaining appropriate staffing levels in the home for other participants
- Establish how you will communicate the visit scheduling process and guidelines with participants and families/support networks.
- Appoint a person within your team and identify a central email/or phone line to direct all visit scheduling inquiries from families/support networks.
- Establish a process to communicate to the team should a visitor notify the home that they have become ill with COVID-19 symptoms following a visit. Include all staff to keep everyone up to date. Prepare a memo ahead of time, if possible, to be used.
- Clarify a process (who and how) for staff to escalate concerns regarding visitors not following visitation guidelines.
- Establish and communicate a protocol for masking requirement for visits.

Prepare Families and Support Networks for Visitation

- Communicate with families/support networks about how and when they can schedule a visit with their loved ones.
- Communicate with families/support networks on the permitted duration for visits.
 - Communicate with families/support networks the expectations for visits. This should include the need for visitors to wear a medical mask (provided by the facility).
- Communicate the protocols for pre-visit and on-site screening with families/support networks.

Visits

When visitors arrive at the home for their scheduled visit with a participant, staff must receive them in the designated waiting area and accompany them to the designated visit area on the property of the home. Staff **must** monitor the visit and provide personal protective equipment to visitors, if necessary.

On-site visits are intended to support the emotional and well-being of participants and are limited to the following restrictions:

- One (1) visitor, per participant, per visit for indoor visitation.

Service providers should stay current of any exceptions to gathering limits. Gathering limits during visits include the participant, staff and visitors. Region specific gathering limits can be found at the [restrictions alert by county website](#).

In-Person Screening

When visitors arrive for their scheduled visit, staff **must** screen them for signs and symptoms of COVID-19. Staff **must** screen visitors using criteria from the [811 online assessment tool](#).

Visitors should also be screened for the following and are not permitted to enter the home if the answer is yes to the following:

- Visitor was at an exposure site at the date and time identified in a recent Public Health announcement where testing was recommended;
- Visitor was outside of Atlantic Canada in the last 14 days; or,
- Visitor was in close contact with a confirmed case of COVID-19 during the last 14 days (includes getting a COVID Alert exposure notification).

Staff **must** keep a list of all visitors entering the home and document that they have been screened.

Prevention Education and PPE – Participants and Visitors

Upon arrival, staff should provide education to visitors about the requirement for them to follow proper respiratory hygiene/coughing etiquette and hand hygiene for the duration of their visit. Staff should ensure visitors wash their hands before and after their visits.

Procedural masks must be worn at all times during visits.

If the use of masks presents as a barrier for effective communication between participants and their visitors, the masks may be removed if physical distancing can be maintained and at the **discretion of the service provider**.

Staff **must** inform visitors that, should they become ill in the two (2) weeks following their visit to the home, the visitor **must** complete the [811 online assessment tool](#). Should the visitor test positive for COVID-19, the visitor **must** inform Public Health during their investigation that they visited the home.

Physical Distancing

For the entire duration of the visit, staff **must** ensure that visitors maintain physical distancing of two (2) metres between themselves and the participant.

It is recognized that following physical distancing guidelines may be difficult for some participants. This should not preclude participants from being able to receive visitors and should not lead to visits being ended while in progress. Additional protective measures such as symptom screening, proper hand hygiene, limiting visits to two visitors, and using masks can help to reduce the risk of participants not being able to adhere to physical distancing guidelines.

Supplies for Visitors

Certain supplies **must** be made available for visitors, by the home, including:

- Hand sanitizer
- Waste disposal receptacle
- Surgical masks

Community Access

To support safe and timely access to community, the following guidelines have been developed to ensure all who provide services are aligned in their planning and implementation.

Awareness and Communication

- Ensure that staff, volunteers, support workers, participants, and other stakeholders are informed and understand new guidelines.
- It is recommended that staff support participants on initial access to community until the participant is comfortable, particularly in cases where participants would otherwise access community independently.

Participant Screening

- Participants should only access community if they are not exhibiting symptoms (exception for access to urgent medical appointments or testing).
- Complete active screening for COVID-19 symptoms upon reentry if the participant has been away from the home for more than 24 hours. If participants indicate any symptoms, complete the [811 online assessment tool](#).

Tracking of Community Access

- Each outing outside of the home must be documented and include:
 - Date/time
 - Accompanying support staff (if applicable)
 - Mode of transportation
 - Place(s) visited
 - Known close contacts, including potential high-risk contacts (e.g. family members, etc.)
- If possible, avoid community settings where physical distancing is not possible, or it is likely that physical distancing would be compromised for the participant or members of the community due to the individual's support needs.
- At this time, it is not advised that participants leave the province on travel if it requires them to self-isolate for 14 days upon return. The need to self-isolate will depend on the region travelled to and the current Public Health order.

Hand Hygiene

- Ensure participant practices proper hand hygiene before leaving the home.
- Ensure participant practices proper hand hygiene immediately upon returning to the home.
 - If possible, participant should practice frequent hand hygiene with hand sanitizer after contacting high-touch surfaces in public.

Masking

- Support staff must wear a medical/procedural mask if it is not possible to maintain a physical distance of 2 metres while supporting a participant to access community.

Transportation

- All service provider operated vehicles must be cleaned and disinfected (e.g. high-touch surfaces) between outings by participants.
- If travelling in a private vehicle (e.g. family), the driver must verify that the vehicle has been cleaned and disinfected with a focus on high-touch surfaces.
- Drivers of vehicles and all passengers (if possible) must be masked.
- Drivers and passengers must sit as far apart as possible, minimizing the number of passengers in the vehicle.
- When using public transportation, the participant should follow all municipal transit guidelines, maintain safe physical distance, wear a mask (if possible) and frequently use hand sanitizer after contact with high-touch surfaces.

Temporarily Suspending Community Access

- Community access for a participant must be temporarily suspended if the participant receives a positive screen from 811 for COVID-19 testing (until a negative test result is received) or if a home has a participant with an active case of COVID-19.
- Any participant with a positive screen must self-isolate until test results are received.

Identification of COVID-19

Managing a Positive Screen for COVID-19

Participants who are exhibiting potential symptoms should first be supported to follow the isolation measures as outlined in Section 5.2 and complete the online assessment tool found at: <https://when-to-call-about-covid19.novascotia.ca/en>. Measures to avoid direct care should be attempted for symptomatic participants who are awaiting test results following a positive screen from 811. This will avoid the need to use droplet/contact PPE while awaiting test results.

A lab-confirmed case of COVID-19 should prompt complete outbreak control measures as outlined in Section 5.

Notification of Confirmed Case

Notification of the following agencies should occur **immediately**:

- DSP Specialist for their region and DSP Director, Lisa Fullerton
 - Western Region – Wendy Street
 - Central Region – Lynn Ann Power or Tricia Murray
 - Northern Region – Adam Fraser
 - Eastern Region – Cynthia Boutilier
- During contact tracing discussions with Public Health, staff should report all homes they have worked in during the 14 days preceding symptom onset.
- During contact tracing discussions Public Health should be notified of participant transfers during the 14 days preceding symptom onset.
- Public Health will be notified through standard processes if a participant or staff member tests positive for COVID-19.

Testing

Participants

- Participants who are exhibiting symptoms should first be supported to complete the online assessment tool found at:
<https://when-to-call-about-covid19.novascotia.ca/en>
- The online assessment tool will provide direction on how to book a test, if required.

Staff

- An alternate phone line for COVID-19 initial assessments has been set up to ensure front-line workers are virus-free and able to safely provide care, reducing the demand on 811.
- Staff in DSP facilities/homes should use this line as an alternative to the online 811 assessment tool.
- Access the screening service by calling: **1-833-944-2413**. Please note that the alternate assessment line is intended for screening purposes only.

Outbreak Control Measures

Use the measures outlined below **as soon as** a participant or staff has been notified of a positive, lab-confirmed case of COVID-19.

Signage

- Signage should be posted at all entrances and exits throughout the home to advise staff and essential visitors, that an outbreak has been declared in the home.
- Signage should include instruction for cleaning hands when entering and exiting the home, reminders that ill visitors should not visit, and that visitor restrictions are in effect e.g. non-essential visits must be postponed.

Cohorting of Staff and Participants

Cohorting of staff and participants is a very important measure to reduce transmission and should be applied to the best of a home's ability.

Participants

For **symptomatic** participants, **asymptomatic lab-confirmed cases** and **their close contacts**, restrict contact as much as possible until the isolation measures can be lifted as per Public Health direction. This includes:

- Placing participants in private rooms, or if that is not possible, placing symptomatic participants/lab-confirmed cases with other symptomatic participants/lab-confirmed cases. If this is not possible, maintain a two-metre distance between participants with symptomatic/lab-confirmed cases and others. Use of partitions, like curtains, must be used if available.
- Serving meals in the participant's room.
- Further restricting participation in any group activities.
- Droplet and contact precautions (eye protection/shield, surgical mask, gowns and gloves) should be used when providing direct care to the participant or when within 2 metres of the participant.
- A sign should be visible on the participant's door or in the participant's bed space that indicates the participant requires droplet and contact precautions. The sign should not disclose the participant's diagnosis.
- Ensuring the participant wears a mask when staff or essential visitor is in the room.

For participants who are symptomatic and have a received a positive screen from 811 (i.e. referred to assessment centre for testing), the above measures must also be put in place until a negative test result is received, at which point supports continue as previous.

For **all** participants in a home:

- Minimize contact between participants on affected floors/units/rooms with unaffected areas.
- Remind participants to wash hands thoroughly and immediately report any symptoms.
- Cancel or reschedule appointments that do not risk the health or well-being of the participant until the outbreak is declared over.
- Reinforce and support hand hygiene and respiratory hygiene practices.

Staff

- Cohort staff as strictly as possible e.g. staff working with symptomatic participants should avoid working with participants who are well.
- Practice strict hand hygiene between participants at all times.
- Staff working within homes experiencing a COVID-19 outbreak must not work at a non-outbreak home.
- If dedicated staff for sick participants is not available, staff should first work with the well/asymptomatic and then move on to care for the ill/symptomatic and avoid movement between floors, units and rooms where possible.
- For DSP homes experiencing staffing issues as a result of a COVID-19 outbreak, the following approach is supported in consultation with Public Health.
 - Cohorting of staff/staffing assignments must be reviewed to maximize the utilization of existing staff. Ensure as much as possible that unexposed staff work with unexposed participants, and exposed staff work with exposed participants.
 - As a second measure, exposed staff may continue to work under 'work quarantine/work isolation' measures described below.
 - As a last resort, external staff may be deployed to work in the home, with strict attention given to cohorting.

- If external staff are required to manage an outbreak, the following approaches are to be taken:
 - * Prior to returning to work in a home that is not experiencing an outbreak, staff complete 14 days of self-isolation.
 - * If this is not possible due to staffing pressures in the non-outbreak home, exposed staff may return to work by following the work quarantine/ isolation measures described below.

Work-quarantine (work-isolation) is implemented for staff who are asymptomatic but have had a high-risk exposure.

- Work-quarantine is implemented for staff, to continue operations, where it is unfeasible to exclude the worker for the 14 days of quarantine following a high-risk exposure.
- All requirements must be met:
 - Staff is asymptomatic
 - Staff completes regular twice daily screening of temperature and symptoms
 - Staff must immediately leave the workplace if symptoms develop and self-identify to OHS or supervisor
 - Staff must wear a mask during their shift
 - Appropriate PPE must be worn when interacting with participants
 - Proper hand hygiene must be followed
 - Staff must not work in another home
 - Self-isolation measures must be maintained outside of the workplace

During a COVID Outbreak: Admissions and Transfers

- There should be no new admissions, transfers or outside medical appointments during an outbreak; however, this may not always be feasible.
- For those residents returning from a medical appointment, staff must perform a risk assessment to determine exposure risks during transport and while at the appointment (clinic/hospital/office).

If transfer to the hospital or another facility/home is necessary, consult Public Health and notify the hospital/other facility/home and Emergency Health Services (EHS) of the outbreak situation. If the participant requiring transfer is symptomatic, EHS should be notified prior to pick-up that the participant will require droplet/ contact precautions.

Discontinuation of Precautions for COVID-19 Positive Residents and Contacts

Precautions should remain in place for participants until there is no longer a risk of transmission of the illness. Precautions may be lifted a minimum of 10 days after the onset of the initial symptom, provided the participant no longer has a fever (off fever control medication) and has improved clinically. For asymptomatic participants, precautions may be lifted a minimum of 10 days following laboratory confirmation of COVID-19.

Note: Participants who have signs and symptoms of any respiratory illness must be managed with the appropriate additional precautions (droplet and contact).

During outbreak situations, removal of precautions on individual participants should be part of the ongoing management and discussion with public health.

Declaring the Outbreak Over

The outbreak will be declared over through direction from Public Health. Generally, an outbreak will be declared over when two maximum incubation periods (2x14 days) have passed after the last day anyone could have been exposed to an infectious person in the home. For a staff case this would mean 28 days after break in contact with the home (last shift worked). For a participant this would be 28 days after the last participant case has been deemed recovered (and therefore no longer infectious, typically 10 days after symptom onset).

Other Links

Health Protection Act Order

<https://novascotia.ca/coronavirus/docs/health-protection-act-order-by-the-medical-officer-of-health.pdf>

NSHA COVID-19 updates and resources

<https://covid19hub.nshealth.ca/new>

This document provides direction to health care workers (HCWs) for the prevention and control of novel coronavirus (COVID-19) in LTCFs. The foundational documents used in the development of this guidance include the [2019-2020 Guide to Influenza Like Illness and Influenza Outbreak Control for LTCFs](#)

Hand Hygiene Practices in Healthcare Settings

http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf