COVID-19 Management in Disability Support Program Licensed Homes – Guidelines

September 25, 2020

1. 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) (see link in Section 6). 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.

2. Preparing your organization for COVID-19

2.1. 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.

2.2. 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 expediating 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.

3. Preventing the introduction of COVID-19 into the DSP home

3.1. 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 (section 4.3).

- Staff with any symptoms should be tested for COVID-19 and excluded from work. Possible symptoms include fever (temperature of 37.8°C or greater or signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, unusual fatigue, headache, loss of sense of smell or taste and red, purple or blueish lesions on the feet, toes or fingers without clear cause.

- 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, including fever (temperature of 37.8°C or greater or signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, unusual fatigue, headache, loss of sense of smell or taste and red, purple or blueish lesions on the feet, toes or fingers without clear cause.
  - Any of these symptoms will prompt immediate referral to 811 for assessment and access to testing.

3.2. 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 contact 811for an assessment for COVID-19 testing.

3.3. Managing Visitors

- Outdoor and indoor visits are permitted per the Order of the Chief Medical Officer of Health and in accordance with the terms and conditions set out in Disability Support Program – Visitor Guidelines (last updated 17 July 2020).

- Given that participants are permitted community access, the preference is for visits to continue to take place outdoors, unless not possible due to a participant's mobility, other support needs, or due to weather.

Each participant may now identify three (3) family/social visitors who will be able to attend indoor visitation. Participants may have one visitor at a time.

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

- ☐ One (1) identified family/social visitor, per participant, per visit for indoor visitation.
- ☐ Up to five (5) visitors, per participant, per visit for outdoor visitation.

3.4. Managing Visits

- Visits are permitted per the Order of the Chief Medical Officer of Health and in accordance with the terms and conditions set out in *Disability Support Program – Visitor Guidelines (last updated 17 July 2020)*.
- A summary of the guidelines includes:
    - The preference is for visits to continue to take place outdoors, unless infeasible due to a participant's mobility, other support needs, or due to weather.
    - Visits occurring outdoors take place in designated areas on the grounds of the home.
    - Visits monitored by staff who will accompany visitors directly to the identified visiting space and who will provide a mask to the visitor if necessary.
    - Visitors must be screened for COVID-19 upon entry to the home, must be asymptomatic, must wear a non-medical mask while outdoors and a medical mask while indoors, and must maintain physical distancing of 2 metres.
    - Once at the designated outdoor visiting area, the non-medical mask may be removed at the discretion of the service provider if physical distancing can be maintained and if the mask presents a barrier to effective communication between resident and visitor.
    - Environmental cleaning of surfaces occurs before and between each visit
    - Visitor information must be logged, including date and time of attendance at the home.

3.5. Physical Distancing

As per the Order by the Medical Officer of Health:

- All efforts to maintain physical distancing should be made. Examples of physical distancing include, but are not limited to; staggering mealtimes, maintaining physical distance of two metres or six feet, limiting group activities to a maximum of 10 people total inclusive of staff supporting activity.
- Gatherings (for example: dining, recreation, socialization) are permitted ensuring adherence to the gathering limits of 10 people inclusive of staff supporting the activity. All efforts should be taken to ensure that the participants participating in group activities remain consistent.
- Staff while working within the home providing participant care are exempt from physical distancing requirements.

3.6. 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.

3.7. 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.

4. Identification of COVID-19

4.1. 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://covid-self-assessment.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.

4.2. 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.

4.3. Testing

Participants

- Participants who are exhibiting symptoms should first be supported to complete the online assessment tool found at: https://covid-self-assessment.novascotia.ca/en
- The assessment tool will provide direction on whether 811 should be called for further assessment by a nurse.
- 811 will provide direction on how to receive a COVID-19 test. You should notify 811 of any mobility challenges associated with participants accessing testing.

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 calling 811 for assessments. This screening tool aligns with that of 811.

- Access the screening service by calling: **1-833-944-2413**. Please note that the alternate assessment line is intended for screening purposes only.

5. 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.

5.1. 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

5.2. 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-meter 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

5.3. 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.

5.4. 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.

5.5. 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).

6. 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