

Guidance For COVID-19 and Other Respiratory Viruses in Congregate Living Settings

This document is a joint communication from Public Health at Department of Health and Wellness, Nova Scotia Health and Department of Environment and Climate Change and replaces all previous guidance documents re: COVID-19 and congregate living settings.

Introduction.....	1
Operational Plans	1
Terminology	2
Routine Public Health Measures	2
Immunization.....	4
Screening and Testing.....	5
Self-Screening by Staff and Visitors.....	5
Self-Screening by Residents	6
Testing.....	6
Managing staff and residents who develop respiratory symptoms or test positive for COVID-19	7
Staff and visitors who develop respiratory symptoms or test positive for COVID-19	7
Resident Isolation Risk Assessment for Congregate Settings.....	7
Residents who develop respiratory symptoms or test positive for COVID-19 and live in an elevated risk setting.....	8
Notifying Public Health	9
Additional Infection Control Measures for On-site Isolation	10
Additional Resources	11
Appendix A:	12

Significant Changes to Document:

November 8, 2022 – Integration of guidance for other respiratory viruses

July 20, 2022 – Clarification provided for definition of a congregate living setting

July 6, 2022 – Alignment with public health measures in community

March 7, 2022 – Phase 2 alignment

February 8, 2022 - Exposure and Outbreak Plans Section

- Appendix A – Point of Care Assessment – which Personal Protective Equipment Should I Wear?
- Appendix B – Information for Cases, Contacts of COVID-19 in smaller congregate settings

Introduction

Nova Scotia's COVID-19 response has continued to evolve to ensure public health measures are proportional to the current level of risk. It is important to remain vigilant not only regarding COVID-19, but other respiratory viruses such as seasonal influenza and respiratory syncytial virus (RSV); particularly during the fall and winter months as people spend more time indoors. Like COVID-19, most respiratory viruses are easily transmitted between people in closed spaces, crowded places and by close contact which is why public health continues to recommend enhanced measures in Congregate Living Settings (CLS).

CLS have worked closely with Nova Scotia Health, Department of Health and Wellness, and Department of Community Services for the duration of the pandemic to mitigate the increased risks to people who face homelessness, physical or intellectual disabilities, addictions and mental health concerns, or who are involved with the criminal justice system. This partnership has been crucial to supporting populations who are at increased risk due to intersecting social and health risk factors. As COVID-19 disease becomes endemic CLS need to have plans, policies, and contingencies in place to function in this new reality.

The goal of Nova Scotia's Respiratory Response Plan is to minimize severe illness and death from all respiratory pathogens. To achieve this goal, Public Health's response includes a focus on provision of publicly funded vaccination programs for vaccine preventable respiratory disease, implementation of public health measures with an emphasis on protecting those at higher risk and vulnerable populations, and communication with the public regarding risk.

The purpose of this document is to provide guidance and information on prevention strategies to reduce introduction and transmission of COVID-19 and other respiratory viruses into CLS in Nova Scotia. **Organizations providing congregate living are required to update and modify operational plans, outbreak policies and procedures based on this guidance.**

This document may be revised as new information becomes available and the public health requirements change.

Operational Plans

The Public Health measures recommended in this document, such as isolation and exclusion, are effective strategies that have commonly been used to prevent transmission of respiratory viruses and minimize risk of severe outcomes among high-risk populations.

Public Health recommends CLS develop organizational policies to support the operationalization of these recommendations, as well as to develop contingencies as appropriate to their setting. CLS operational plans should outline procedures for if there is a positive COVID-19 resident requiring on-site isolation, as well as outline alternate plans if off-site exclusion is needed. On-site isolation, if feasible, not only effectively protects others in congregate living settings, but also minimizes social disruption for the person and allows them to remain close to their supports. Public Health may be consulted when additional advice is required.

Terminology

Term	Definition
Congregate living settings	Includes, but is not limited to shelters, transition houses, correctional facilities, halfway houses, all licensed Department of Community Services (DCS) disability support program (DSP) facilities (including DCS residential care facilities (RCF) regardless of capacity), as well as private senior living facilities.
Resident	A person who resides in a CLS (on a temporary or permanent basis).
Staff	All paid staff, contractors, and volunteers who regularly work in a CLS.
Visitor	Anyone who is accessing common spaces to visit with residents or staff. May include a person who accesses services through a CLS but does not reside onsite. May also include family members, case workers or other external service providers.
High risk populations	A list of individuals who are considered at higher risk of severe disease can be found at https://www.nshealth.ca/coronavirustesting under the “Who is considered high risk” tab.

Routine Public Health Measures

With the removal of public health measures for COVID-19 in community settings, additional guidance is provided to assist in balancing the risk of exposure in congregate living environments. CLS, by nature of being shared living spaces, are at higher risk for transmission of respiratory viruses, and some populations who live in these settings may also be at higher risk of severe outcomes from these viruses. Routine Public Health measures are good practice preventive measures for all respiratory viruses. CLS should be using Routine Public Health measures regardless of whether there are any cases of respiratory viruses among staff or residents.

Public Health Measure	Description
<p>Medical masks</p>	<p>The decision to mask routinely can be based on an individual or organizational risk assessment. Public Health continues to be supportive of settings and sectors that require masking, as well as individuals who choose to wear a mask.</p> <p>Public Health recommends all individuals wear a mask when experiencing respiratory symptoms, even if symptoms are mild. Residents who have respiratory symptoms or who are positive for COVID-19, or any another respiratory virus, are recommended to wear a well-fitting three-layered medical mask if not in their own room, e.g. when using the bathroom, in communal areas.</p> <p>Have a supply of masks on hand for residents, staff, and visitors who may choose or need to wear one. Build trust and rapport when discussing the benefits of wearing masks. Answer questions openly and honestly about masks.</p> <p>For more information on appropriate masking: Coronavirus (COVID-19): protect yourself and others - Government of Nova Scotia, Canada</p>
<p>Environmental Cleaning and Disinfection</p>	<p>Environmental cleaning and disinfection are two separate, but equally important steps to help reduce the transmission of respiratory viruses and other germs.</p> <p>Cleaning with soap/detergent removes the dirt and germs on a surface through mechanical action (e.g., rubbing a cloth over a surface). Although, cleaning does not kill all germs it is an essential step as removing dirt allows disinfectants to make contact with surfaces.</p> <p>Disinfecting means using chemicals to kill germs on surfaces and is most effective after surfaces are cleaned. Household disinfectants are available at most stores, and it is important to read the label that it kills bacteria and viruses. It is important to follow the directions as most recommend a time that the surface must stay wet to kill germs. Disinfectant wipes can also be used for cleaning, then disinfecting; use one wipe to clean and use another wipe to disinfect.</p> <p>Do not mix cleaning agents and disinfectants together or use multiple disinfectants together. Consult products Safety Data Sheets and use personal protective equipment (PPE) if required.</p> <p>You should clean the frequently touched surfaces like doorknobs, light switches, toilets, and tabletops every day. Use a new cloth for each surface and either launder or if disposable discard. This is the responsibility of all staff and residents.</p>

	In addition to the environmental cleaning and disinfecting practices as outlined here: Coronavirus (COVID-19): protect yourself and others - Government of Nova Scotia, Canada , congregate living operators should follow all organizational occupational and regulatory health policies.
Cough and Sneeze etiquette	Follow cough and sneeze etiquette practices as described here: Coronavirus (COVID-19): protect yourself and others - Government of Nova Scotia, Canada
Hand hygiene	Hand hygiene is everyone's responsibility: staff, residents, and visitors, and is the most effective way to prevent the spread of germs. Follow hand hygiene practices as described here: Coronavirus (COVID-19): protect yourself and others - Government of Nova Scotia, Canada
Gathering safely	Residents, staff and volunteers should make informed choices about who and how to interact with others when someone is feeling unwell. Follow gathering safely practices as described here: Coronavirus (COVID-19): protect yourself and others - Government of Nova Scotia, Canada
Additional Considerations	<p>Ensure there is sufficient personal protective equipment (PPE) including masks, gloves, gowns, face shields, hand sanitizer 60% alcohol or above, tissues, soaps, disinfectants, etc., per CLS operational plan.</p> <p>Staff and visitors should not enter CLS if feeling unwell.</p> <p>If a resident is positive and isolating on site, see Additional Infection Control Measures section below.</p>

Immunization

Immunization is one of the most important measures to reduce the risk of severe disease outcomes and hospitalization due to COVID-19 and seasonal influenza. This is a critical aspect to promote safety in CLS.

Coadministration of COVID-19 and other vaccines, including seasonal influenza vaccine is approved for individuals 5 years and older.

The following are recommendations to increase immunization coverage for populations who access congregate living.

1. Encourage all residents to be fully vaccinated with COVID-19 primary series and to follow-up on doses when eligible.
2. Encourage all residents to receive their seasonal influenza vaccine when available each fall.
3. Staff, residents, and visitors can access COVID-19 and influenza vaccines at most phar-

macies and community outreach clinics. Influenza vaccine can also be accessed through primary care providers through the fall and winter months.

4. Discuss hosting an outreach clinic with Public Health at a location that is convenient and trusted by your residents.

NOTE: Residents should not be denied entry into congregate living setting based on vaccination status or inability to provide proof of vaccination status.

COVID-19 Vaccine

Nova Scotians can receive COVID-19 vaccine for free. For those who have completed their primary series, it is recommended that when eligible for their fall dose they receive a dose of bivalent vaccine. To stay up to date on Nova Scotia COVID-19 Vaccine information or to book an appointment, please visit [Coronavirus \(COVID-19\): vaccine – Government of Nova Scotia, Canada](#).

A Nova Scotia Health Card is not required to receive COVID-19 vaccine. However, you need to have a Nova Scotia Health Card to book your appointment online. If you do not have a Nova Scotia Health Card or your health card is expired, book your appointment by calling the toll-free line: 1-833-797-7772. If you need to renew your Health Card, use the Health Card Renewal Form.

Seasonal Influenza Vaccine

Nova Scotians can receive their seasonal influenza vaccine for free from most family physicians, nurse practitioners, family practice nurses, pharmacists, and walk-in clinics. For more information on influenza vaccine, please visit <https://novascotia.ca/flu/>.

Appointments at pharmacies can be booked online at:

<https://novascotia.flow.canimmunize.ca/en/covid-flu-booking>

A Nova Scotia Health Card is not required to receive influenza vaccine. However, you need a Nova Scotia Health Card to book appointments online. If you don't have a Nova Scotia Health Card or your health card is expired, book your appointment by calling the toll-free line: 1-833-797-7772. If you need to renew your Health Card, use the Health Card Renewal Form.

Screening and Testing

The goal of screening in CLS is the early detection of respiratory pathogens. Early detection and implementation of public health measures can limit opportunities for further spread.

Self-Screening by Staff and Visitors

CLS are recommended to develop an operational plan including guidance for staff to self-monitor for respiratory symptoms (see symptom list outlined under "[Slowing the spread of respiratory illness](#)") as well as contingencies for when staff are unable to report to work. Advice for the operational plan is provided below.

Signage can be placed at the front door reminding staff and visitors to self-screen for respiratory symptoms using the checklist prior to entering (also known as “passive screening”). If experiencing new or worsening symptoms, they should not enter the facility.

Self-Screening by Residents

Within CLS’s operational plan, it is recommended to include guidance for residents to self-monitor for respiratory symptoms (see symptom list outlined under “[Slowing the spread of respiratory illness](#)”).

Residents should be encouraged to self-screen for current respiratory symptoms as listed in the checklist. CLS may post signage at the entry advising residents to tell staff if they have any respiratory symptoms.

Testing

PCR testing for COVID-19 continues to be available and is the preferred testing method for staff and residents of CLS who have respiratory symptoms. Testing for other respiratory viruses such as influenza and RSV is not routinely available in community settings. Asymptomatic testing is no longer recommended.

For up to date information on COVID-19 testing please visit <https://www.nshealth.ca/coronavirustesting>. Staff and residents are eligible to book a PCR test if they have symptoms or want to confirm a rapid test.

If symptomatic, staff and residents may complete the online self-assessment to access testing: <https://covid-self-assessment.novascotia.ca/en>. If a staff or resident are unable to complete the online assessment for testing, they can call 811.

If someone needs assistance with transportation to a COVID-19 testing appointment, they may call 1-844-996-0694 to book an appointment and to arrange help with transportation.

Facilities that have rapid tests on site may use those tests for symptomatic testing and continue to follow current pathways for accessing rapid test supply as needed.

- If a rapid test is used when a staff or resident has symptoms, it is recommended that they have two negative tests, 48 hours apart or accordingly to workplace policy before returning to work or leaving isolation. CLS with confirmatory testing systems (e.g. Abbott ID Now) may complete a confirmation test following a positive rapid antigen test.

Please note: *If a staff or resident tests positive on a rapid test and/or if they have booked a PCR testing appointment complete the [Report and Support](#) screening form online or by phone at 1-833-797-7772. The Report and Support form is time sensitive and collects information to quickly help identify people who are eligible for and may benefit from COVID-19 medications and treatments to reduce the risk of severe disease and hospitalization.*

Managing staff and residents who develop respiratory symptoms or test positive for COVID-19

CLS by nature of being shared living spaces are at higher risk for significant transmission of COVID-19 and other respiratory viruses, and some populations who live in these settings may be at higher risk of severe outcomes. For this reason, Public Health continues to recommend additional guidance in CLS beyond the general public for excluding staff and isolating residents who develop respiratory symptoms or test positive for COVID-19.

Staff and visitors who develop respiratory symptoms or test positive for COVID-19

It is recommended that staff and visitors who test positive for COVID-19 be excluded from the CLS for 7 days from onset of symptoms or positive test (if asymptomatic). Staff and visitors should also be excluded from the CLS while awaiting COVID-19 test results if symptomatic or according to workplace policy.

Staff and visitors who test positive for COVID-19 may return to work after the 7-day period if their symptoms are improving and have had no fever for at least 24 hours. If a visitor requires support services or programs through a CLS while symptomatic and awaiting test results or while positive for COVID-19, efforts may be made to provide the necessary support through virtual or telephone means.

To prevent the spread of other respiratory viruses, it is encouraged that individuals with respiratory symptoms stay home while ill, wear a mask in public, and avoid congregate living settings, as well as other high-risk settings and individuals until they are feeling better. This includes staff and visitors with respiratory symptoms who test negative for COVID-19 and/or test positive for another respiratory virus. CLS should follow operational plans for enforcement of routine and additional public health measures within the facility

Resident Isolation Risk Assessment for Congregate Settings

CLS should consider level of risk for severe disease in their setting when developing guidance on resident isolation for COVID-19 within their operational plan and additional ways to mitigate risk of spread (i.e. social distancing, cohorting, limit number of people, alternative meal plan, etc.).

Elevated Risk Congregate Setting

Factors to consider when determining whether a CLS is an elevated risk setting:

- | | |
|--|---|
| <ul style="list-style-type: none">• Larger settings (e.g., with 13 or more residents)• Open layout design (i.e., in shelters)• Crowded indoor spaces that have poor ventilation (i.e., only small amounts of fresh air being circulated through open windows, doors, or HVAC systems)• CLS resident population is at high overall risk for severe disease (i.e., older adults, pregnant persons, immunocompromised individuals, or those with multiple chronic medical conditions). | <ul style="list-style-type: none">• Isolation away from others should be strongly encouraged in elevated risk settings.• See Residents who develop respiratory symptoms or test positive for COVID-19 and live in an elevated risk setting for further guidance. |
|--|---|

Lower Risk Congregate Setting

Factors to consider when determining whether a CLS is a lower risk settings include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Smaller settings (e.g. with 12 or fewer residents)• The overall risk for severe disease among CLS resident population is similar to the general public (i.e., younger people, immunocompetent individuals). | <ul style="list-style-type: none">• An alternative risk reduction approach to isolation may be appropriate for lower-risk congregate living settings. |
|--|---|

For CLS settings where the 7-day isolation for COVID-19 away from others is not possible or not agreed to by the resident, CLS may also follow an alternative risk reduction approach. A risk reduction approach to isolation includes mitigation strategies such as:

- Resident stays away from others for as much and for as many of the 7 days as possible
- Resident participates in other prevention measures such as distancing and masking around others, or limits interaction with others to outdoor settings or very brief periods.

Residents who develop respiratory symptoms or test positive for COVID-19 and live in an elevated risk setting

Symptomatic residents should notify staff and be isolated away from others within the congregate living setting as much as possible while awaiting test results. [Follow the testing instructions as described above.](#)

Residents who test positive for COVID-19 should isolate away from others within the congregate living setting as outlined in the CLS's operational plan, for a period of 7 days after the onset of their symptoms or from a positive test (if asymptomatic).

To prevent the spread of other respiratory viruses, CLS should develop and follow operational plans for implementation of routine and additional public health measures when there are symptomatic residents who test negative for COVID-19 and/or who notify staff of positive results for another known respiratory virus, such as influenza or RSV. CLS may consider ways to support a symptomatic resident who chooses to isolate away from others as described below.

- A resident may isolate on-site, i.e., in a separate room away from others in the CLS, while being encouraged to wear a mask in common space, maintain distance from others, and disinfect bathroom between use. The resident should clean hands and practice respiratory etiquette, in some situations staff may have to remind or assist.
- A resident may choose to make alternative temporary living arrangements outside of the CLS if appropriate and available (e.g., friend or family member's home, hotel).
- If isolation arrangements are required for isolation outside the CLS, staff will follow procedures as outlined in their operational plan.
- Residents isolating away from the CLS should follow public health measures outlined for community in the [Interim Public Health Measures](#) including: avoiding high-risk settings and individuals and wearing a mask when in indoor public spaces.

Residents may discontinue isolation after 7 days (from symptom onset or positive test if asymptomatic) if symptoms are improving for at least 24 hours and are afebrile. If symptoms are not improving or the resident and/or staff would like further advice, they may call 811 or NSH Public Health.

Notifying Public Health

Lower risk CLS are expected to self-manage and follow their operational plans when there are resident(s) who are symptomatic and/or test positive for COVID-19 or other respiratory pathogens. These settings may consult NSH Public Health as needed when additional support and advice is required.

Elevated risk CLS should contact NSH Public Health for further guidance and support if:

- There are 2 or more COVID-19 positive cases within 72 hours with an epidemiological link
- There are 2 or more symptomatic residents within 72 hours with an epidemiological link
- There is 1 lab-confirmed case of a notifiable disease other than COVID-19 (i.e., influenza). For more information on notifiable diseases see: [It's The Law](#).

It is important to consider whether the positive/symptomatic cases are epidemiologically linked. This means they shared time together such as sleeping space being located on the same floor, sat at the same table during a meal, shared used personal items e.g., drinking glass.

If following a risk assessment NSH Public Health declares an outbreak, elevated risk congregate settings would manage following the principles captured in [2022-2023 A Guide to Respiratory Virus Infection and Outbreak Management in Long-Term Care Facilities](#). This document was developed to provide guidance around management of respiratory viral pathogens including, but not limited to COVID-19, influenza, and RSV. The amount of support and guidance provided by NSH Public Health will vary by setting.

Recognizing there are important differences between LTCF and other CLS, control measures can be modified to the facility's operational circumstances (i.e., consider a risk reduction approach to isolation, permit rapid tests where residents are unable or unwilling to use PCR tests, etc).

Please note: *Private seniors living facilities that are not licensed by the Department of Seniors and Long-Term Care are considered an elevated risk congregate setting but may continue to self-manage resident COVID-19 cases as per current practice. NSH Public Health and NSH Infection Prevention and Control (IPAC) remain available for consultation as needed and on request of the facility. It is most effective to contact Public Health early in response to COVID-19 case(s), as the impact of interventions diminishes as an outbreak evolves.*

It is recommended that anyone who tests positive for COVID-19 complete the [Report and Support](#) screening form online or by phone at 1-833-797-7772. The Report and Support form is time sensitive and collects information to quickly help identify people who are eligible for and may benefit from COVID-19 medications and treatments to reduce the risk of severe disease and hospitalization.

Additional Infection Control Measures for On-site Isolation

This general guidance for additional public health measures pertains to staff interactions with residents who are symptomatic or COVID-19 positive and isolating onsite. These public health measures help reduce transmission of COVID-19 and other respiratory viruses in public and congregate living settings.

Personal Protective Equipment (PPE)

- Staff should wear a well fitted medical mask when interacting greater than 6 feet of a resident who has respiratory symptoms and/or has tested positive for COVID-19 (e.g. dropping off a meal).
- Staff should wear a well fitted medical mask and wear face shield when interacting within 6 feet of a resident who has respiratory symptoms, respiratory symptoms and/or has tested positive for COVID-19.
- In elevated risk settings where there is a resident who has respiratory symptoms and/or has tested positive for COVID-19 and is isolating onsite, staff should follow, and other residents should be encouraged to follow, universal masking protocols (e.g. wearing a well fitted medical mask at all times when in common spaces).
- Staff may also do a point of care assessment to help choose appropriate PPE based on the interaction (see [Appendix A for Which Personal Protective Equipment Should I Wear?](#)).
- Hand hygiene is required before and after every interaction however, disposable gloves are not. They should be worn as per routine practices according the CLS operational plan or other occupational health policies (i.e. blood or bodily fluid contact). Gloves are not a replacement for hand hygiene.
- Staff should perform hand hygiene before and after putting on and taking off any personal protective equipment including a mask, face shield, gloves, or gown.
- Staff may wear gloves, medical mask and gown when cleaning a resident's space after they leave because they developed symptoms or tested positive for COVID-19. Staff may refer to [Appendix A](#) and complete a point of care assessment to determine what PPE would be most appropriate.

Laundry

- All resident linens must be clean and dry and changed regularly
- All soiled laundry should be handled with care, minimizing potential exposure to residents and staff to germs
- Laundry should be placed in a dedicated laundry bin/hamper
- Clean laundry must be stored away from soiled laundry
- Staff should wear disposable gloves when handling dirty laundry and discard after each use. Wash hands before and after glove use.
- Avoid shaking to minimize contamination of the environment, surfaces, and people. Do not place on the floor or furniture
- When laundry is heavily soiled (e.g., with body fluids or blood), use plastic or leak proof bags

- Linen from residents on precautions do not need to be separate from other linen
- Where possible, launder items using the hottest appropriate water setting and dry items completely.
- Clean and disinfect clothes hampers regularly and when visibly soiled. Follow cleaning and disinfecting instructions in [Routine Public Health Measures Table](#) (see above).

Additional Resources

The below resources may be used as supplements to or in the development of a congregate living setting's operational plan.

Nova Scotia Government COVID-19 Website

[Coronavirus \(COVID-19\) - Government of Nova Scotia, Canada](#)

Nova Scotia Government Posters, Factsheets and Resources

[Coronavirus \(COVID-19\): posters, factsheets and resources - Government of Nova Scotia, Canada](#)

[Slowing the spread of respiratory illness](#)

[Protect yourself and others from the flu - Government of Nova Scotia, Canada](#)

Nova Scotia Health Novel Coronavirus (COVID-19) Website

<https://www.nshealth.ca/coronavirus>

Nova Scotia Health Posters, Factsheets and Resources

[Coronavirus \(COVID-19\) Resources](#)

[How to Protect Myself and Others | Nova Scotia Health Authority \(nshealth.ca\)](#)

Department of Environment:

Public Health Inspectors are available to provide advice on reducing risk of transmission in facilities. If you need this additional support, please contact your funder to arrange a consultation. The Operational Plan will need to be supplied to the inspector.

Appendix A:

Point of Care Risk Assessment (PCRA) for Congregate Living Settings - Which Personal Protective Equipment Should I Wear?

Personal protective equipment (PPE) should be worn when appropriate to protect residents, staff, and visitors. Staff and volunteers must complete an assessment before each resident interaction to determine the risk of exposure to COVID-19 or anyone with symptoms of a respiratory infection to help choose appropriate personal protective equipment recommended. This is determined by asking the following questions:

1. Is the resident exhibiting respiratory symptoms or tested positive for COVID-19?
2. What tasks do you have to do with the resident?
3. What is the resident's level of understanding and cooperation?
4. Have you done this task before? Are you comfortable with it?
5. What is the chance that you will be exposed to blood, body fluids, open cuts, and mucous membranes?

Exposure Risk Assessment Questions	PPE Recommendations
Will my hands be exposed to blood, vomit/diarrhea, mucous, open cuts, or contaminated items in the environment like used dishes, laundry etc.?	If YES - wear GLOVES
Will my face be exposed to cough, sneezes or spray from vomit? Will I be in the same room with a coughing resident or someone who has tested positive for COVID-19 or is symptomatic?	If YES - wear a well-fitting MEDICAL MASK and a FACE SHIELD
Will my skin or clothing be exposed to splashes or items contaminated by blood, body fluids (e.g. urine/vomit etc.) or open cuts?	If YES - wear a GOWN
Am I cleaning a sleeping area or other areas vacated by a resident who tested positive for or had symptoms of COVID-19?	If YES - wear GLOVES, a well-fitting MEDICAL MASK, FACE SHIELD and a GOWN.

REMEMBER: Perform hand hygiene before and after putting on Personal Protective Equipment.

Here is a video of the correct way to don (put on) and off (take off) personal protective equipment safely. It is important to put on and take off personal protective equipment including medical masks, face shields, gowns and gloves, and safely to make sure you are not risking exposure to COVID-19. This video is based on a hospital setting, however the process for putting on personal protective equipment is the same for congregate living settings. <https://vimeo.com/397525490>