



MENNO PLACE

MENNO PLACE

PANDEMIC INFLUENZA
EXPOSURE CONTROL PROGRAM

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MENNO PLACE

Exposure Control Plan: COVID-19 virus

SCOPE

This exposure control plan (ECP) applies to MENNO PLACE staff who could be exposed to the COVID-19 virus while doing their assigned work.

STATEMENT OF PURPOSE

MENNO PLACE is committed to providing a safe and healthy workplace for all our staff. A combination of preventative measures will be used to minimize worker exposure to the COVID-19 virus, including the most effective control technologies available. Our work procedures will protect not only our employees, but also other workers and/or the public who enter our buildings. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to the COVID-19 virus.

The purpose of this ECP is to protect employees from harmful exposures to the COVID-19 virus, to reduce the risk of infection in the event of an exposure, and to comply with the WorkSafeBC Occupational Health and Safety Regulation 5.54 and 6.3, Exposure Control Plan.

MENNO PLACE will strive to find ways to control or eliminate exposure to the COVID-19 virus by developing and implementing proper risk controls, establishing safe work practices, raising awareness, and providing education and training for employees. MENNO PLACE will follow direction and controls as specified by the BCCDC, the Ministry of Health, and the Provincial or Island Health Medical Health Officer.

DEFINITIONS

PANDEMIC OUTBREAK – Virulent disease that spreads through humans across a large region, such as multiple continents or worldwide at the same time

ESSENTIAL SERVICES – Care and Support Services to residents at Menno Place-

CSO – Chief Safety Officer – Chief Executive Officer (CEO) of Menno Place

BCCDC – British Columbia Centre for Disease Control

ECP – Exposure Control Plan

MHO - Medical Health Officer

PHAC – Public Health Agency of Canada

PPE – Personal Protective Equipment

SWP – Safe Work Procedure

RESPONSIBILITIES

Employer:

- Ensure that the materials (for example, gloves, alcohol-based hand rubs, and washing facilities) and other resources (such as worker training materials required to implement and maintain the plan) are readily available where and when they are required. If due to supply chain disruption, MENNO PLACE becomes unable to obtain the necessary resources, MENNO PLACE will advise the appropriate emergency agency and re-evaluate this plan.
- Select, implement and document the appropriate site- or scenario-specific control measures.
- Ensure that supervisors and employees are educated and trained to an acceptable level of competency.
- Ensure that employees use appropriate personal protective equipment – for example, gloves, gowns, eye protection, and masks when required.
- Conduct a periodic review of the plan's effectiveness.
- Maintain records as necessary.
- Ensure that a copy of the exposure control plan is available to managers, supervisors and employees.
- Through the Administration, modify service models and levels, using a risk based approach, unless otherwise ordered by national, provincial or local health authority.
- Ensure Managers/Supervisors follow the direction of the Administration.

Chief Safety Officer

- Ensure the exposure control plan is reviewed annually and updated as necessary.
- Support the development of supporting resources (such as Safety Huddles, FAQs, posters, SWPs).
- Assist with the risk assessment process and consult on risk controls, as needed.
- Ensure a system for documenting instruction, training and fit testing is in place.

Supervisors:

- Assess the risk(s) related to the COVID-19 virus for the positions under their management
- Ensure that awareness and information resources are shared with employees
- Ensure that training, SWPs, PPE and other equipment are provided
- Assess the risk(s) related to the COVID-19 virus for the positions under their supervision
- Share awareness and information resources with employees
- Provide or arrange for training, SWPs, PPE and other equipment necessary

- Ensure employees have been trained on the selection, care, maintenance and use of any PPE, including fit testing for those employees who may be issued a respirator
- Direct work in a manner that eliminates and if not possible, minimizes the risk to employees
- Ensure employees follow SWPs, use PPE
- Share information regarding worker concerns with Exempt Manager or Director.

Workers:

- Read awareness and information resources, ask questions and follow-up with supervisor to ensure understanding and adherence.
- Take part in training and instruction.
- Review and follow related SWPs.
- Selection, care, maintenance and use any assigned PPE as trained and instructed.
- Take part in fit testing if issued a respirator.
- Rely on information from trusted sources including MENNO PLACE, , BCCDC, PHAC and WHO.
- Understand how exposure can occur and when and how to report exposure incidents.
- Contact manager if exposed to someone who has been diagnosed with COVID-19 for further instruction.

Occupational Health & Safety Committee:

- Identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations
- Consult with workers and the employer on issues related to occupational exposures to infectious diseases
- Make recommendations to the employer on proposed changes to the workplace or work processes that may affect the health or safety of workers.
- Participate in investigations of exposures to infectious diseases.

RISK IDENTIFICATION AND ASSESSMENT

COVID-19 virus

The COVID-19 virus is transmitted via larger liquid **droplets** when a person coughs or sneezes. The virus can enter through these droplets through the eyes, nose or throat if an employee is in close contact with a person who carries the COVID-19 virus. The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin. The COVID-19 virus can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze.

Droplet Contact: Some diseases can be transferred by large infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and are too large to float in the air (i.e. airborne) and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. **Currently, health experts believe that the COVID-19 virus can also be transmitted in this way.**

Airborne transmission: This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs. **Currently, health experts believe that the COVID-19 virus cannot be transmitted through airborne transmission.**

RISK ASSESSMENT

The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined the risk level to our workers, depending on their potential exposure in the workplace.

See Appendix A for the level of risk and risk controls in place for these workers.

Table 1: Risk assessment for pandemic influenza

	Low Risk Workers who typically have no contact with people infected.	Moderate risk Workers who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces	High risk Workers who may have contact with infected residents or with infected people in small, poorly ventilated workspaces
Hand Hygiene	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable gloves	Not required	Not required, unless handling contaminated objects on a regular basis	Yes , in some cases, such as when working directly with infected residents.
Gowns, or similar body protection	Not required	Not required	Yes , in some cases, such as when working directly with infected residents.

Eye protection – goggles or face shield	Not required	Not required	Yes , in some cases, such as when working directly infected residents.
Airway protection – respirators	Not required	Not required	Yes (minimum N95 respirator or equivalent).

Table 2: Pandemic Contingency Plan

- Worst case scenario is that staff absenteeism is 50% or greater and experiencing 3-5 days delay in shipment of essential supplies.
- Guidelines set by Government Health Agencies will be followed

Overall Issue	Action Plan
Staff shortage Delays in supply delivery	<ul style="list-style-type: none"> • 12 hour shifts • Solicit volunteers (Staff, resident family members) for meal service, laundry, etc. • No vacations • All staff and management on call • Contact staffing agencies for possible assistance • Multitask duties
Nutrition/Dietary	<ul style="list-style-type: none"> • Plan/utilize contingency menu • Disposable dishes, cutlery • Canned and already prepared foods • Baby food and canned puddings for therapeutics • Educate families and volunteers on proper techniques to assist with feeding • Maintain 4-7 days inventory of food
Laundry/Linen	<ul style="list-style-type: none"> • Minimize usage • Purchase disposable wipes • Maintain minimum of 3 days inventory • Increase hours of laundering with decreased manpower • Purchase disposable aprons as cloth protectors during mealtime. • Contract out laundry to service provider
Medical care	<ul style="list-style-type: none"> • 24 hour on-call physician
Nursing ADL	<ul style="list-style-type: none"> • Disposable sterile trays and instruments where possible • Disposable incontinent products • Increase incontinent product changes to decrease changing of bed linens and clothing (determine appropriate disposal procedure) • Sufficient supplies for treatment/dressing etc. • Increase supply of disposable gloves

Housekeeping	<ul style="list-style-type: none"> • Ensure sufficient supply of chemicals for cleaning and sanitizing • Increase supply of garbage bags and paper towels
Waste Removal	<ul style="list-style-type: none"> • Increase pick-ups • Additional bins • Ensure proper handling and disposal
Maintenance	<ul style="list-style-type: none"> • Repairs only for inoperable or unsafe equipment
Hospital transfer (emergency only)	<ul style="list-style-type: none"> • RN approves all emergency cases of hospital transfers • Ensure resident is transported using appropriate infection control measures to prevent virus spreading • If required, transport residents across to hospital by walking/wheelchairs
Recreation	<ul style="list-style-type: none"> • If capacity allows, alter programming to include activities that can be conducted in confined areas, small groups, little or no equipment/set-up needed • Utilize families and volunteers
Resident death	<ul style="list-style-type: none"> • If able, contact funeral home/coroner • If available, wrap bodies in body bag or sheet • Move body to an appropriate holding area if necessary
Resident Admission	<ul style="list-style-type: none"> • Occurs only in emergency situations

Point of Care Risk Assessment

The Point of Care Risk Assessment (PCRA) is an assessment performed by healthcare workers and other staff before every resident interaction.

The PCRA will help you decide what Personal Protective Equipment (PPE) to use in order to reduce the risk of exposure to the infectious disease. The PCRA is to ask the following 3 questions and make a decision about what PPE one will wear based on the answers:

- 1. What tasks am I doing with the resident?**
 - Am I doing direct care or indirect care?
- 2. What is the status of the resident?**
 - Has the resident been exposed to or diagnosed for the infectious disease?
 - Is the resident capable of wearing a surgical mask? (does not refer to a N95 mask)
- 3. Where am I performing my task and are there other people with the infectious disease present?**
 - Am I performing my task in a room or common area where there are other people infected?

Use the results of the assessment to choose which PPE to use in order to break the chain of transmission and reduce the risk of exposure to the infected person or contaminated areas.

RISK CONTROL

The Regulation requires the employer to implement infectious disease controls in the following order of preference:

Controls used to mitigate the risks of exposure include:

- Engineering Controls
- Administrative Controls
- Education and Training
- Safe Work Practices
- Personal Protective Equipment

Elimination of face-to-face contact is the best control possible. Controls would include distance control at reception counters, relying on phone, email or regular mail to answer public questions, virtual meetings.

Engineering controls would be such examples of working behind a plexiglass enclosure when delivering meals or at reception. Additional examples may include physical barriers, which limit personal human contacts.

Administrative controls include hand washing and cough/sneeze etiquette. Cover your mouth and nose with a sleeve or tissue when coughing or sneezing. Allow a reasonable personal distance space to reduce human-to-human transmission. An increase in cleaning frequencies for shared work surfaces and equipment. Posters on proper hand washing and physical distancing displayed in key areas around campus.

Personal Protective Equipment is the last resort of mitigation such, as wearing of masks, gowns, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations, such as dealing with infectious residents.

SAFE WORK PROCEDURES

Hand Hygiene

Hand washing, proper coughing and sneezing etiquette, and not touching your face are the key to the prevention of transmission and therefore minimize the likelihood of infection.

Proper hand washing helps prevent the transfer of infectious material from the hands to other parts of the body – particularly the eyes, nose and mouth – or to other surfaces that are touched.

Wash your hands “well” and “often” with soap and water for at least 20 seconds (the time it takes to hum the “Happy Birthday” song twice). If soap and water is not available, use an alcohol-based hand rub to clean your hands.

“Often” includes:

- upon arriving and when leaving work
- after coughing or sneezing
- after bathroom use
- when hands are visibly dirty
- when entering a unit/building
- before eating any food (including snacks)

“Well” means:

- wet hands and apply soap
- rub hands together vigorously for at least 20 seconds ensuring the lather covers all areas – palm to palm, back of hands, between fingers, back of fingers, thumbs, fingernails (using palm) and wrists
- rinse hand thoroughly with water
- dry your hands with paper towel (or a hand dryer), use the paper towel to turn off the tap and open the door, dispose of the paper towel

Additionally:

- Avoid touching your eyes, nose or mouth with unwashed hands
- Use utensils: consider using forks, spoons or tooth picks when eating and serving foods (especially snacks or “finger foods”)

See Appendix B for HANDWASHING and HAND HYGIENE TIPS

Cough/Sneeze Etiquette

All staff are expected to follow cough/sneeze etiquettes, which are a combination of preventative measures that minimizes the transmission of diseases via droplet or airborne routes. Cough/sneeze etiquette includes the following components:

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing to reduce the spread of germs
- Use tissues to contain secretions, and immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- Turn your head away from others when coughing or sneezing

Use of surgical masks

Masks should be used by sick people to prevent transmission to other people. A mask will help keep a person's droplets in.

It may be less effective to wear a mask in the community when a person is not sick themselves. Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask). (BC Centre for Disease Control)

It is not recommended that people who are well wear a mask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. The use of facemasks also is crucial for healthcare workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a healthcare facility). (Centre for Disease Control)

Use of N95 Respirators

The N95 mask is typically worn by workers directly involved in an **aerosol** generating medical procedure (as defined by Health Canada). An N95 mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing. N95s help minimize the spread of potentially infectious material. **N95 masks must be fit tested.**

EDUCATION and TRAINING

MENNO PLACE in response to the COVID-19 virus has established the following means of sharing information across the organization:

- COVID-19 information button on staff website front page
- All MENNO PLACE staff emails – sent on a regular basis
- MENNO PLACE poster series
- Safety Talks

As COVID-19 is a public health matter, information noted above is intended for all staff.

HEALTH MONITORING

Staff concerned that they may have come into contact with someone who may be ill, are to take the following actions:

1. Report the incident to your supervisor.
2. Call BC's HealthLink at 8-1-1 to share information regarding the incident and determine if any action needs to be taken.

If you're feeling stressed or worried, please remember that MENNO PLACE's Employee and Family Assistance Program (EFAP) is available for those who feel they need support of counselling services. Contact EFAP confidentially at 1 800 667-0993.

APPENDIX A: POSITION RISK CHART ASSESSMENT

POSITION	TASKS	LEVEL OF RISK	CONTROL PROCEDURES
Receptionist / HR / Staffing	Data entry, welcome visitors, answer calls	Low to Moderate	Regular and effective hand hygiene
First Aid Attendants	Attend to injured workers	Moderate	Regular and effective hand hygiene
Nursing Care	Direct care of residents	High	As outlined in Operating Guideline
Allied Services	Occupational Therapy, Dietician	High	As outlined in Operating Guideline
Finance / Admin	Data entry	Low	Regular and effective hand hygiene
Support Services	Housekeeping, Laundry, Maintenance	Moderate	Regular and effective hand hygiene
Supervisors	Provide day-to-day leadership	Low	Regular and effective hand hygiene

APPENDIX B: HANDWASHING and HAND HYGIENE TIPS

How to Clean Your Hands with Soap and Water

Use soap and water if your hands are visibly soiled.
Use Alcohol Based Hand Rub if your hands are not visibly soiled.



Wet hands and apply soap. Cover all areas of your hands as shown below.
Rinse hands and pat dry with disposable towel. Turn off tap with towel.

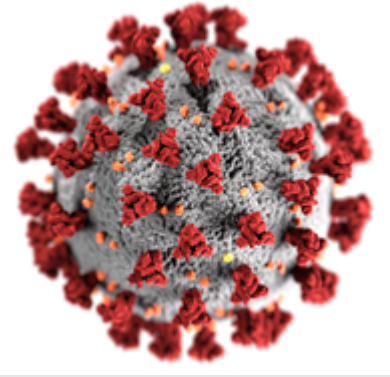


Effective Date: October 2014 Revised Date: © Island Health 2014

Clean hands C·A·R·E |  island health

Safety Huddle – COVID-19

What is COVID-19?



What is a Coronavirus? Coronaviruses are a family of viruses that can cause respiratory illness in people. Coronaviruses circulate among animals, including camels, cattle, cats, and bats.

How is the Novel Coronavirus, COVID-19 Different from Other Coronaviruses?

Just like there are different types of related viruses that cause smallpox, chickenpox, and monkeypox, different coronaviruses cause different diseases in people. The Severe Acute Respiratory Syndrome (SARS) coronavirus causes SARS and the Middle East Respiratory Syndrome (MERS) coronavirus causes MERS. The novel coronavirus, COVID-19 is one of seven types of known human coronaviruses. COVID-19, like the MERS and SARS coronaviruses, likely evolved from a virus previously found in animals. The remaining known coronaviruses cause a significant percentage of colds in adults and children, and these are not a serious threat for otherwise healthy adults.

What are the Signs and Symptoms of COVID-19 infection?

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms such as fever, cough, and shortness of breath.

What Should I Do if I Think I Have Been Exposed to or Infected with COVID-19?

As a health care provider you have immediate access to local swabbing stations. Go immediately to a swabbing station and tell them you work in healthcare. If you are experiencing symptoms, you should tell your healthcare provider about any recent travel to areas where COVID-19 is spreading. If you believe you have been exposed on the job, alert your supervisor or clinic immediately.

How is COVID-19 Diagnosed?


Your healthcare provider/hospital can determine if your signs and symptoms are explained by other causes, or if there is reason to suspect you may have COVID-19. If laboratory testing is appropriate, your healthcare provider will work with health officials, who in turn will work with CDC, to collect and test any clinical specimens for diagnosis.

How is COVID-19 Treated?

No vaccine or specific treatment for COVID-19 infection is available currently.

REMEMBER TO FOLLOW ALL CURRENT MENNO PLACE INFORMATION AND TAKE GUIDANCE FROM THE LOCAL HEALTH AUTHORITY, BCCDC AND THE WORLD HEALTH ORGANIZATION.

APPENDIX D: SWP G7: WORK STATION CLEANING INSTRUCTIONS

 MENNO PLACE	Menno Place SAFE WORK PROCEDURE	Index SWP G7
Department	Topic: Work Station Cleaning Instructions	
<u>AUTHORIZATION</u> Manager, Housekeeping & Laundry	<u>DATE:</u> April 2020	<u>Last Revised Date:</u>

Preamble: A clean office promotes a healthy environment. You have a role in keeping your work station clean.

During flu season especially, it is a good idea to clean your work station regularly.

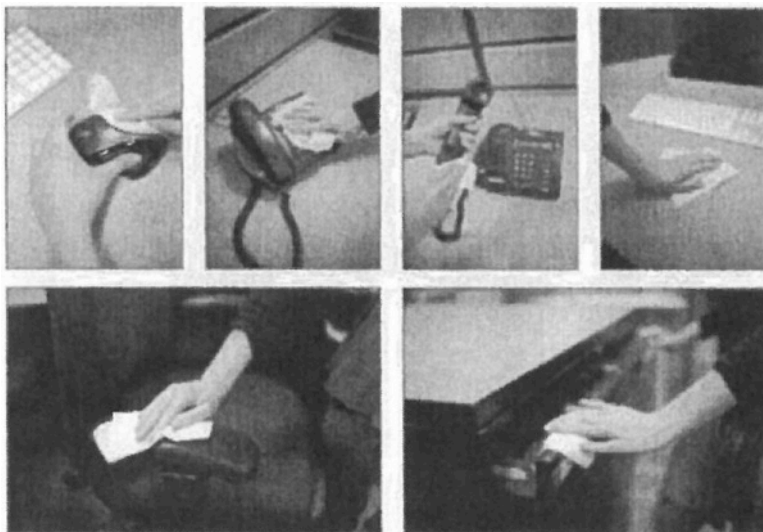
Follow these three easy steps regularly:

1. Use a disposable disinfectant cloth to wipe down hard surfaces.


These include:

- keyboard
- mouse
- phone
- desktop
- armrests on your chair
- cabinet door/drawers

2. Carefully dispose of the cloth immediately after use.
3. Wash your hands with soap and water or an alcohol-based hand sanitizer.



**APPENDIX E: SWP H2: DISINFECT CONTAMINATED EQUIPMENT AND SURFACES
DURING PANDEMIC/OUTBREAK**

 MENNO PLACE	Menno Place SAFE WORK PROCEDURE	Index SWP H2
Department	Topic: Disinfect Contaminated Equipment and Surfaces During Pandemic/Outbreak	
AUTHORIZATION Manager, Housekeeping & Laundry		DATE: April 2020
Last Revised Date:		

Disinfection

Employees will decontaminate instruments, equipment, and surfaces that have been contaminated with blood and body fluids capable of transmitting infection by following the below disinfection guidelines.

Disinfection Contaminated Tools and Equipment

Contaminated tools and equipment must be thoroughly disinfected following use.

Commercially available chemical disinfectants may be more compatible with certain equipment that might be corroded by repeated exposure to sodium hypochlorite, especially the 1:10 dilution. It is also important that the manufacturer’s specifications for compatibility of the equipment with chemical germicides be closely followed.

Enhanced Cleaning Procedure:

1. Perform hand hygiene
2. Using Oxivir, clean all touch points through whole unit. Wiping unit one time to clean the surfaces and wipe the unit a second time to disinfect the surfaces.
3. Follow Procedures as per Fraser Health Task List: nursing stations a) counters, b) chairs, c) light switches, d) telephone(s), 3) keyboard(s), f) nurse call monitoring system.
4. Medication Rooms: a) door, b) door knob on entry and exist, c) counters, d) light switches, e) sink.
5. Clean Utility/Storage Room: a) door and knob on entry and exist, b) sink and counter.
6. Dirty Utility/Storage Room: a) door knob on entry and exit, b) sink and counter.
7. Staff Washroom(s) (if a staff has been ill in the bathroom flag for cleaning prior to anyone using): a) sink basin and facet, b) toilet (lever/flush, horizontal surfaces, and seat), c) floor, d) soap dispenser, e) paper towel dispenser, f) light switch, g) door and handles on entry and exit.
8. Staff Meeting Room(s): a) door and knob on entry and exit, b) telephone.
9. Resident Common Areas: a) chairs and end tables, b) kitchenette.
10. Hallways: a) mobile lifts, b) resident doors and handles, c) elevator buttons, d) key pads, e) handrails.
11. Resident Room Surfaces: a) light switches, b), bedrails, c) bedside tables, d) over-bed light, e) over-bed tables including framework, f) beside chairs, g) wheelchair and/or walker, h) TV controller, i) call button/pull cord, j) telephone.
12. Bathroom Surfaces: a) light switch, b) safety-pull up bards, c) faucets, sink, counter, d) commode/toilet (lever/flush, horizontal surfaces, seat), f) door, g) floor shelves and items handled regularly, h) dedicated laundry hamper.

APPENDIX F: SWP H3: CONTAMINATED LAUNDRY

 MENNO PLACE	Menno Place SAFE WORK PROCEDURE	Index SWP H3
Department	Topic: Contaminated Laundry	
<u>AUTHORIZATION</u> Manager, Housekeeping & Laundry	<u>DATE:</u> April 2020	<u>Last Revised Date:</u>

RECOMMENDATIONS FOR CONTAMINATED LAUNDRY

Contaminated laundry should be:

- Effectively bagged at the location of use. For example, when contaminated laundry is wet and there is a reasonable likelihood of soak-through or leakage, laundry should be placed and transported in leak-resistant laundry bags with the red band at the top and placed in the closest dirty laundry bin. The bins are taken to central laundry. These automatically are directly emptied into the washer and washed on the isolation cycle.

PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENT

- Disposable gloves
- Gown
- During pandemic outbreaks, masks and goggles to be worn when loading washing machines.

APPENDIX G: CLINICAL PROTOCOL – STEP-DOWN FROM OUTBREAK

ACTIVITIES		NOT DURING PANDEMIC
		AWAIT PHO/MHO/ LTC CC DIRECTION
Recreation Therapy	1:1 with: - no equipment - dedicated equipment Or, - cleanable/disinfected equipment	
	Small (consistent) groups (2-4 people, physically distanced): <ul style="list-style-type: none"> • “no touch” activities e.g. music based (not singing), trivia, Word games • person specific or disposable supplies – e.g. Bingo 	
	Medium sized group 4-8 people, physically distanced	
	Large group programs 8+ people, physically distanced	✓
	Resident/tenant/client Group Programs with mixed units	✓
Rehabilitation (Ensure ability to physically distance in all activities of more	1:1 therapy with no or dedicated equipment/ cleanable equipment (e.g. walking program, PROM, strengthening in room)	
	Small group (2-4 people) exercise (no equipment)	
	Small group exercise (2-4 people) with equipment <ul style="list-style-type: none"> • Hand Hygiene prior to/after and clean and disinfect equipment 	
	Therapy Room 1:1	
	Small group off-unit/neighborhood (therapy room/gym/etc.) determine max capacity for space and type of exercise (maintain consistent group from same unit)	
	Walk Therapy Group: <ul style="list-style-type: none"> • Outdoors, on-site (e.g. courtyard) 2-4 people • inside max 2 people (determine max for inside space based on hallway flows & ability to physically distance) 	
	Heat Packs/Therapeutic Heat*	

ACTIVITIES		NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
Music Therapy	1:1 visit with no or cleanable equipment	
	Small group activity 2-4 people with no or cleanable equipment – excludes	
	1:1 singing	✓
	Small group singing	✓
Art Therapy	1:1 with person specific supplies/cleanable/disposable supplies	
	Small group with person specific supplies/cleanable supplies/disposable supplies (2-4	
Spiritual Care	Individual church service with mobile device	
	Small group memorials same unit (residents/tenants/clients only) up to 6	
	Large group 6-12 same unit	
	Mixed unit memorials	✓
	Church services	
Common Areas	TV lounges – small groups 2-4 – markers on floor for max capacity and spacing (4 is	
Pets	Pets (e.g. cats, dogs) in the site (who roam throughout site)	
	Pets in cages (e.g. birds, Guinea pigs)	
Outdoor Access	Patio access on each unit with physical distancing (determine max capacity/markers)	
	Supervised walk in courtyard 1:1	
	Independent Courtyard access (resident/tenant/client able to follow precautions – distancing and respiratory etiquette)	
	Small group courtyard - supervised	
	Large Group Courtyard	✓
	Smoking – smoking gazebo	
	Outside – community access – individual - independent	LTC ✓(except for essential medical needs)
	Bus trip- drive only	✓
	Bus trip with outing	✓
On-site Medical	Foot Care - essential	

ACTIVITIES		NOT DURING PANDEMIC AWAIT PHO/MHO/ LTC CC DIRECTION
	Foot Care - routine	✓
	Dental Care -essential	
	Dental Care - routine	✓
Visits	Hairdresser	
	Virtual	
	Window Visits	
	Essential Visits	
	Family/Social Visits	
	Outing with family	✓
Volunteers	Volunteers 1:1	
	Volunteers small groups	✓
Dining (ensure physical distancing at all	Tray service in rooms	
	Eating in Dining room (25% of max occupancy with physical distancing)	
	Eating in dining rooms (50% of max occupancy with physical distancing) may increase incrementally if site able to ensure separation or schedule staggered dining times; gradual increase, every 2 weeks, to 100% of max occupancy with physical distancing, not to exceed 50 people (including staff)	
	Nourishment station/kitchenette on unit	✓
	Communal Beverage station	✓
Staff	Breaks - break rooms Physical distancing, maintain cohorts within units/neighbourhood	
	Breaks – outside Physical Distancing, maintain in cohorts at designated tables for each floor/unit/neighbourhood	
	Breaks - Leaving the building /premises	