

INTRODUCTION

Community Living Windsor is committed to providing a safe and healthy work environment that protects individuals from all occupational injuries and illnesses. To achieve this, all employees must work together to identify any potential risk of exposure to COVID-19 in the workplace. The organization will undertake any reasonable and practical measures to eliminate or minimize risks in a proactive and timely manner.

Community Living Windsor recognizes our dual responsibility to develop, implement, monitor, and continually enhance infection prevention and control (IPAC) measures and procedures that prevent transmission to employees, people supported and visitors of the organization. We will ensure that infection control procedures meet requirements under the Ontario Occupational Health and Safety Act, relevant IPAC related legislation, regulations, and current best practices guidelines.

PROCEDURES

What is COVID-19?

COVID-19 is an acute respiratory infection caused by a coronavirus strain that began spreading in people in December 2019 in Wuhan China. It is a new respiratory virus and it can cause mild to severe illness in people. The COVID-19 virus is not the same as the other coronaviruses that commonly circulate among people and cause mild illness, like the common cold.

How COVID-19 Spreads

Person-to-person

COVID-19 spreads mainly from person-to-person who are in close contact with one another and through respiratory droplets when an infected person coughs or sneezes. This is similar to how influenza also spreads. When a person with COVID-19 coughs or sneezes, others around them can breathe in the virus from the droplets discharged.

Spread from contact with contaminated surfaces or objects.

The virus can also spread when someone touches an object or surfaces with the virus on it and then touches their mouth, face, or eyes.

Types of transmission

Global clinical experience and updated scientific and epidemiological evidence, routes of transmission for COVID-19 reveal the following:

COVID-19 cases and clusters demonstrate that Droplet/Contact transmission are the routes of transmission.

The majority of cases are linked to person-to-person transmission through close direct contact with someone who is positive for COVID-19.

There is no evidence that COVID-19 is transmitted through the airborne route.

PPE required at all times during the Covid-19 pandemic

Community Living Windsor has **zero tolerance** for employees not wearing the appropriate PPE.

- Failure to wear the appropriate PPE will result in serious discipline up to and including termination.
- Regardless of immunization status, a medical (surgical/procedure) mask must be always worn by staff except when:
 - Eating and drinking (and maintaining physical distance of at least 2 metres from others) designated area must be used.
 - Alone outside
 - Alone in an office

Surgical mask must be worn at all times when travelling in a vehicle for work purposes and when accompanying a person supported in the community.

- Staff who are not vaccinated must always wear face shields except when in a designated area, alone in an office, alone outside or driving agency vehicle.
- Vaccinated staff must wear eye protection (i.e. face shield, goggles, safety glasses) when providing direct care to a resident (i.e. care provided within 2 metres) indoors, or in an enclosed space. It is recommended that vaccinated employees who are high risk wear eye protection at all times. If 2 metres distance from person supported and staff cannot be maintained eye protection must be worn.
- When taking breaks employees must be more than 6 feet away from people support and other employees. You need to make sure you are in a designated area where you will not have close contact with people supported or other employees while your PPE is removed.
- Surgical mask are required in agency vehicles at all times. Going out in the van will be based on which level of Covid-19 response Windsor/Essex is in at the time. You will receive updates by e-mail and from your manager with directions on use of van.

Signs and Symptoms of COVID-19

Symptoms of Covid-19, which is the disease caused by the 2019 novel coronavirus, range from mild like the flu and other common respiratory infections to severe.

Call 911 if you are experiencing any of the following symptoms:

- Severe difficulty breathing (struggling for each breath, can only speak in single words)
- Severe chest pain (constant tightness or crushing sensation)

- Feeling confused or unsure of where you are
- Losing consciousness

Common symptoms of COVID-19 include:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

Other symptoms of COVID-19 can include:

- Sore throat
- Runny nose or sneezing
- Nasal congestion
- Hoarse voice
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain

Other signs of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

Atypical symptoms/signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup

Atypical signs can include:

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

1. People Supported who DO NOT present any symptoms of COVID-19

Employees must wear the appropriate PPE listed above at all times and use the Risk Assessment under Routine Practices on a daily basis.

2. Person Supported Develops Symptoms of COVID-19

If a person we support develops symptoms of COVID-19 such as Fever, Cough, Shortness of breath employees **MUST** use “Additional Precautions for COVID-19 immediately”. Employees **MUST** contact Nicole Morassut, Director of Human Resource or Rachelle Sereduik, Manager of Health and Wellness immediately if a person we support develops symptoms to received further instruction.

Additional Precautions COVID-19

When a person supported has a suspected or confirmed diagnosis of COVID-19.

a) Droplet/Contact transmission are the routes of transmission of COVID-19

Contact COVID-19

Contact transmission is the most common route of transmission of infectious agents. There are two types of contact transmission:

- **Direct** - occurs through touching (i.e. an individual may transmit microorganisms to others by touching them).
- **Indirect** - contact occurs when microorganisms are transferred via contaminated objects

Droplet COVID-19

Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person. Droplets can be generated when a person talks, coughs or sneezes. The droplets are propelled a short distance and may enter the host's eyes, nose or mouth or fall onto surfaces. Droplets do not remain suspended in the air and usually travel less than two metres. Microorganisms contained in these droplets are then deposited on surfaces in environment and some microorganisms remain viable for extended periods of time. Contact transmission can then occur by touching surfaces and objects contaminated with respiratory droplets.

b) Contact/Droplet transmission of COVID-19 is controlled by:

- Hand hygiene.
- Personal Protective Equipment.
- Environmental cleaning.
- Respiratory etiquette.
- Spatial separation
- Isolation to bedroom when possible

c) PPE required with suspected or confirmed case of COVID-19:

The following PPE will be used at all times with suspected or confirmed case of COVID-19. Person supported should also be wearing a mask if possible when you are going to be within 2 meters (if they are able to).

- Gloves
- Gown
- Mask
- Protective eye wear/face shield

- Hand hygiene after removing PPE.

d) Educating The Person you Are Supporting about COVID-19:

- Explain the reason for the additional precautions.
- Encourage and assist person supported to clean his or her hands regularly.
- Encourage and assist person supported to maintain good personal hygiene.
- Encourage and assist person supported to clean hands regularly and put on mask if they cannot maintain 2 metre separation (if they are able to);
- Encourage and assist person supported with respiratory etiquette practices.
- Encourage and assist person supported to maintain 2-metre separation.

e) Measures that must be put in place to prevent the spread of COVID-19

- Person supported should be isolated to their room. If person supported cannot be isolated to their room the Executive Director or designate will evaluate to see if other arrangements can be made.
- Person Supported should be using a designated bathroom where possible. If this is not possible the bathroom must be disinfected with an appropriate disinfectant after every use.
- Designated care equipment and personal hygiene products for infected person.
- Daily routine cleaning with disinfectant.
- Wash your hands often with soap and water after each contact with infected person. Use alcohol-based hand sanitizer if soap and water are not available.
- Use a separate waste basket lined with a plastic bag. This should be used for disposal of any garbage that came into contact with infected person. Garbage should be disposed of with gloves at the end of each day. Clean your hands with soap and water after emptying the wastebasket. All waste can go in a regular garbage bin.
- Avoid sharing household items. Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items with the person who is infected. After use, these items should be washed with soap or detergent in warm water. No special soap is needed. Dishwashers and washing machines can be used.
- Wash laundry thoroughly gloves need to be worn when handling. Clean your hands with soap and water immediately after removing your gloves. Laundry must be put away immediately after it is complete.

f) Hand Hygiene

- Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of infections.
- Hands are the most common vehicle for transmission of infection from person-to-person.
- Hand hygiene refers to killing or removing microorganisms on the hands as well as maintaining good skin and nail integrity.
- The purpose of hand hygiene is to destroy or remove microorganisms that have been picked up from contact with people supported or employees, contaminated equipment, or the environment.
- Appropriate hand hygiene results in a reduction of infections.

Hands should be cleaned:

- Upon entering home
- Before and after touching surfaces or using common areas or equipment
- Before eating
- Before and after preparing food
- Before putting on and before and after taking off a mask
- Before touching the face (including before smoking)
- After using the bathroom
- When dirty

How to wash your hands



Wash hands for
at least 15 seconds



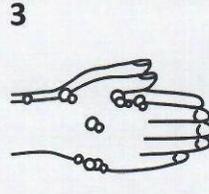
1

Wet hands with
warm water.



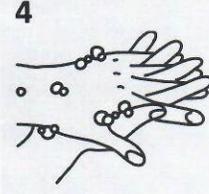
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Apply soap.



3

Lather soap and rub
hands palm to palm.



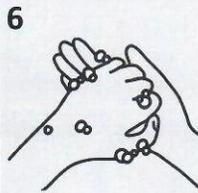
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Rub in between and
around fingers.



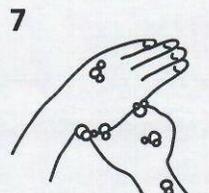
5

Rub back of each hand
with palm of other hand.



6

Rub fingertips of each
hand in opposite palm.



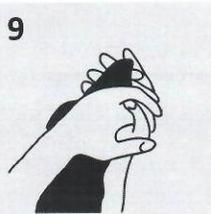
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Rub each thumb clasped
in opposite hand.



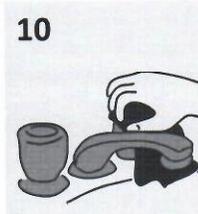
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Rinse thoroughly under
running water.



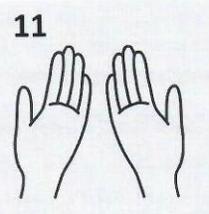
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Pat hands dry with
paper towel.



10

Turn off water
using paper towel.



11

Your hands are now
clean.

How to use hand sanitizer

How to use hand sanitizer



<p>1</p> <p>Apply 1 to 2 pumps of product to palms of dry hands.</p>	<p>2</p> <p>Rub hands together, palm to palm.</p>	<p>3</p> <p>Rub in between and around fingers.</p>	<p>4</p> <p>Rub back of each hand with palm of other hand.</p>
<p>5</p> <p>Rub fingertips of each hand in opposite palm.</p>	<p>6</p> <p>Rub each thumb clasped in opposite hand.</p>	<p>7</p> <p>Rub hands until product is dry. Do not use paper towels.</p>	<p>8</p> <p>Once dry, your hands are clean.</p>

g) Respiratory Etiquette

Always use respiratory etiquette. Cough and Sneeze into a tissue or into your elbow or sleeve, followed by cleaning your hands.

h) Physical Distancing

What is physical distancing?

- Physical distancing means keeping our distance from one another and limiting activities outside the home.
- When outside your home, it means **staying at least 2 metres (or 6 feet) away from other people** whenever possible.



Things to avoid



Non-essential trips outside your home



Hugging or shaking hands



Crowds or gatherings



Visiting friends



Sharing food or utensils



Engaging in group activities or sports



Visiting popular destinations



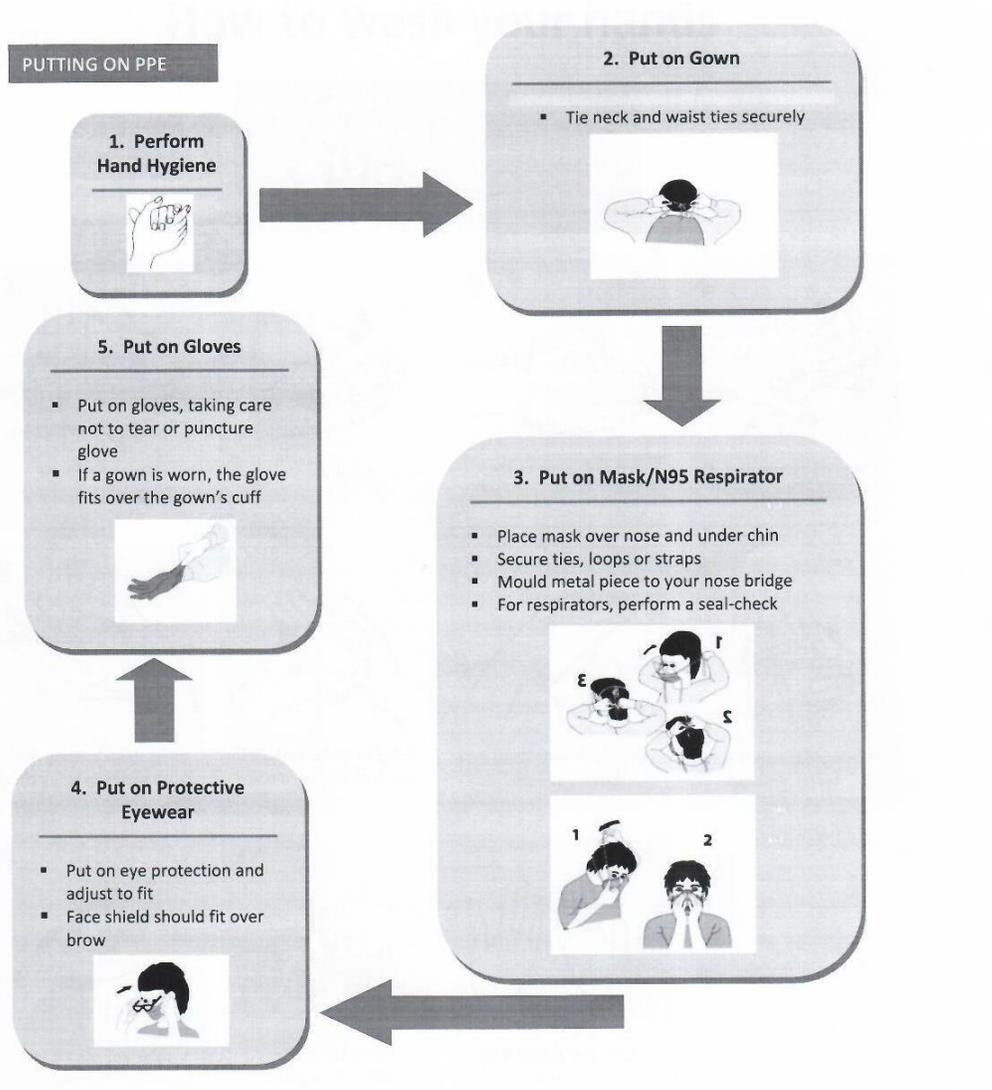
Play dates, parties or sleepovers

i) **Personal Protective Equipment (PPE)**

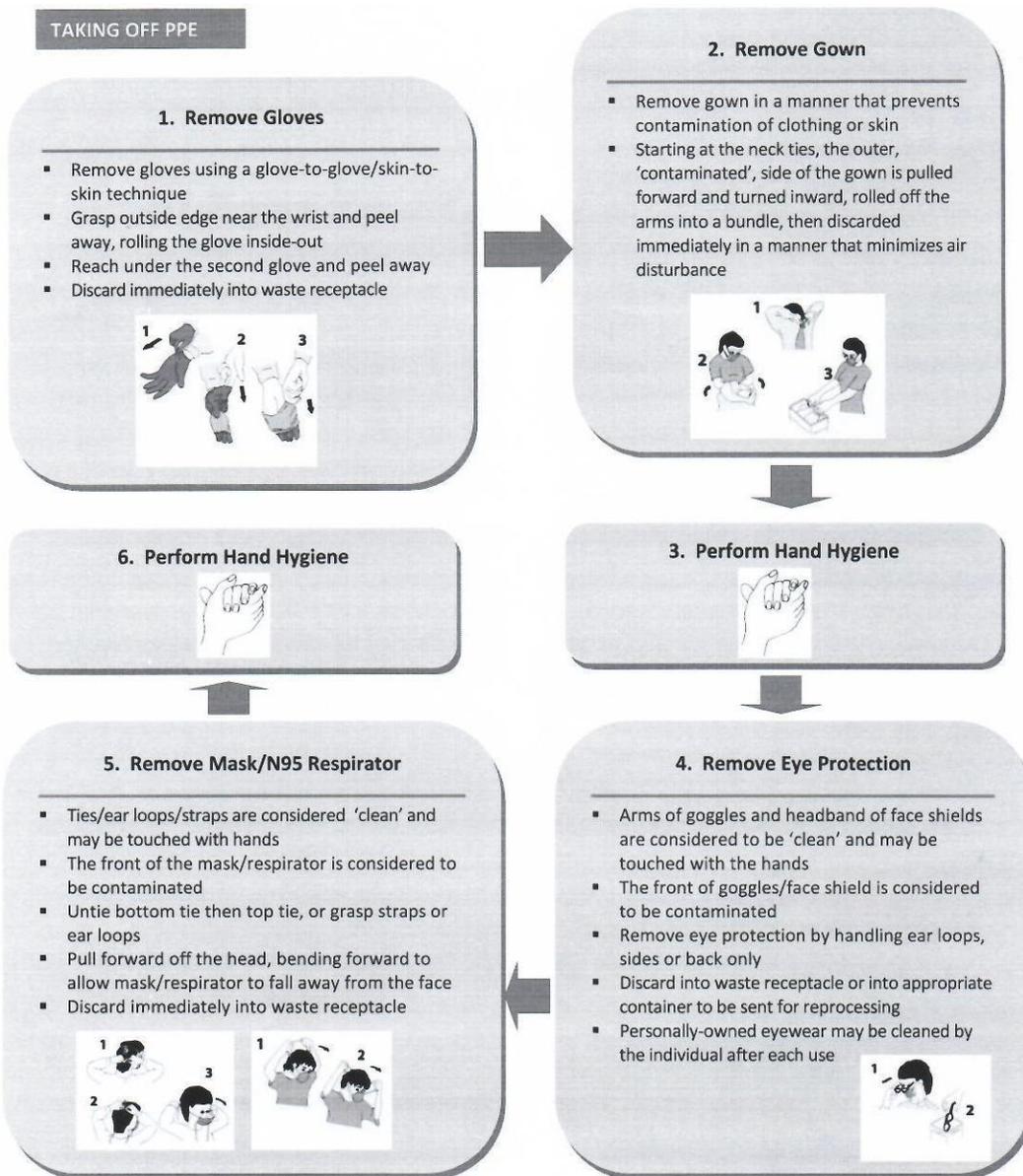
- PPE is used to prevent transmission of infectious agents from person supported to employee. The same equipment will also prevent transmission from person to person, employee to person and employee to employee.
- PPE is used alone or in combination to prevent exposure by placing a barrier between the infectious source and one's own mucous membranes, airways, skin, and clothing.

Please refer to our Routine Practices Procedure for appropriate use of PPE

Putting on PPE



Taking off PPE



When removing a mask that can be re-used, employees are to:

- Perform hand hygiene
- Remove the mask by undoing ties or removing the loops from around the ears,
- Fold the mask inwards so that the outside surface of the mask is exposed and the inside (the side that lies against the face) is protected,
- Place the mask in a clean paper bag folding the bag closed or a plastic container with a lid,
- Perform hand hygiene

When re-using the mask:

- Perform hand hygiene,
- Remove the mask from the bag, handling the mask in a manner that minimizes contact with exposed mask surface,
- Don the mask,
- Perform hand hygiene.

Mask are intended to be worn for extended periods and re-used for the entire shift; however the mask should be replaced if the mask is:

- Soiled
- Contaminated (e.g., if someone coughs on you),
- Moist or wet
- Damages, and/or
- Difficult to breath through.

Eye Protection (Face Shields, Goggles etc.):

Eye protection may be reused if the item is clear and intact. If the item is visibly damaged or suspected to be damaged, the item must be properly discarded. A process and area must be established to safely clean/disinfect eye protection upon removal and prior to removing/changing masks, including prior to breaks and at the end of a shift with the following minimum requirements to be included:

- Move away from person supported to a designated cleaning area;
- Perform hand hygiene.
- Put on gloves.
- Ensure a clean level surface (designated cleaning station table) is available and the surface is cleaned and disinfected between cleaning each side of face shield or place a clean paper towel on table, and ensure table is cleaned and disinfected between users;
- Remove eye protection and place on table.
- Clean and disinfect with Oxivir or disinfectant wipe focusing on the external surface and allow to air dry;
- Rinse under tap in sink if cloudy and dry with clean paper towel (using a product that contains alcohol will help to reduce clouding and hence the need for this step);
- Remove gloves and discard and perform hand hygiene after cleaning;

Frequency of cleaning eye protections that is being worn for an extended period of time:

- Cleaning and disinfecting of extended use eye protection should occur when visibly soiled and/or,
- Cross contamination risk is identified (e.g., eye protection adjusted with gloves during personal care) and other times, such as upon removal before breaks or after removal.

Ensure that eye protection is not touched while being worn, or only touched and adjusted following hand hygiene, and that the eye protection has been cleaned and disinfected prior to re-donning is important.

j) **Environment and Equipment Cleaning**

The role of environmental cleaning is important because it reduces the number and amount of infectious agents that may be present and may also eliminate routes of transfer of microorganisms from one person/object to another, thereby reducing the risk of infection.

High Touch Surfaces

High-touch surfaces are those that have frequent contact with hands. Examples include doorknobs, telephones, bedrails, light switches, computer keyboards, equipment, tabletops, counter tops, faucets, toilet handle, drawer handles, wall areas around the toilet and any other high touch surfaces within the home.

Cleaning of high-touch surfaces require more frequent cleaning and disinfecting than minimal contact surfaces. These areas should be cleaned and disinfected **twice daily.**

Low Touch Surfaces

Low-touch surfaces require cleaning on a regular (but not necessarily daily) basis. Low touch surfaces must be cleaned if visibly soiled. Examples include floors, walls, ceilings, mirrors, and windowsills.

Laundry and bedding

Gloves are to be worn when handling dirty laundry. Handle laundry gently without shaking.

People's laundry should be washed separately.

Regular laundry soap and hot water are to be used for laundering.

People supported need to have their own clean bedding and towels, which are not shared.

Bedding needs to be changed once a week.

Bath Towels need to be washed after being used three times.

Bathrooms

Bathrooms should only be used by one person at a time and should be disinfected after each use.

Personal hygiene equipment (e.g. toothbrushes, razors, combs) should be labelled with the person's name and should not be left out where they may be used accidentally.

Towels should not be left in the bathroom where they may be used accidentally.

k) Cleaning Products

Commonly used cleaners and disinfectants are effective against COVID-19, but Community Living Windsor has provided each support location with a higher-grade disinfectant that should be used. The higher-grade disinfectant (Oxivir) will be used for all cleaning except floors. Commonly used cleaners can be used to wash the floors.

l) Person Supported returning from hospital or elsewhere outside of their home

- The home that the person supported is returning to must **NOT** be in a COVID-19 outbreak.
- Person supported must be tested for COVID-19 and must receive a negative test result prior to returning.
- Employees will follow Covid-19 PPE protocol for the 14 days after the person supported returns.
- If test results are positive with person supported senior management will evaluate how to best support this person outside of the home or they would implement Covid-19 PPE protocol if the person supported must return.

m) Self-Screening Prior to Attending Work

All employees must conduct the self-screening below prior to attending work.

1. Do you have any of the following symptoms?

- Fever of 37.8°C or above and/or chills
- Cough or barking cough
- Shortness of Breath
- Sore Throat
- Difficulty swallowing
- Runny Nose or nasal congestion in the absence of underlying reasons for these such as seasonal allergies
- Decrease or loss of taste or smell
- Pink eye
- Headache
- Digestive Issues like nausea/vomiting, diarrhea, stomach pain
- Muscle aches/joint pain
- Extreme tiredness
- Falling down often

Common symptoms of COVID-19 include:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

Other symptoms of COVID-19 can include:

- Sore throat
- Runny nose or sneezing
- Nasal congestion
- Hoarse voice
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain

Other signs of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

Atypical symptoms/signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup

Atypical signs can include:

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O₂ sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

2. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
3. In the last 14 days, have you travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?
4. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?
5. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
6. In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?
7. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?
8. Have you travelled internationally within the last 14 days (outside of Canada)?
9. Have you had close contact with a confirmed or probable COVID-19 case?
10. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?
11. Someone in my household has been exposed to Covid-19 is symptomatic and/or awaiting a Covid-19 test result.

August 17, 2021

If the employee answers no to all the questions above, they have passed the screening and can go to work.

If the employee answers yes to any of the screening questions they cannot go to work and must contact their manager for further direction and screening by Nicole Morassut, Director, Human Resources.

The employee must also acknowledge the following:

Do you understand that you are expected to properly don your personal protective equipment and wear it at all times in this setting with the exception of when you are eating?

Do you acknowledge that at any time your PPE is removed you must maintain a distance of 2 meters or 6 feet from others? Please remember that interacting with colleagues outside of work without face coverings and social distancing raises the risks of COVID-19 transmission.

If employees are showing symptoms of illness that are not COVID-19 related they should be staying home until they are symptom free.

n) Recommendations for Health Care Workers Return to Work

Health care workers (HCWs) should follow isolation and clearance with a non-test-based approach unless they have required hospitalization during their illness, in which case a test-based approach is preferred. Some HCWs may be directed to have test-based clearance by their employer/Occupational Health and Safety.

- Symptomatic HCWs awaiting testing results must be off work
- Asymptomatic HCWs awaiting testing results may continue to work using the appropriate precautions recommended by the facility, which will depend on the reason for testing. In exceptional circumstances where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 positive HCW may be considered under work self-isolation recognizing the staff may still be infectious. Work self-isolation means maintaining self-isolation measures outside of work for 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) to avoid transmitting to household members or other community contacts. While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until non-test-based clearance (or test-based clearance if required by employer/Occupational Health and Safety). The HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations

<u>Symptoms</u>	<u>Test Result</u>	<u>Instructions</u>
Yes	Positive	<ul style="list-style-type: none"> • Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other
Yes	Negative	<ul style="list-style-type: none"> • May return to work 24 hours after symptom resolution
Asymptomatic	Positive	<ul style="list-style-type: none"> • If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure • If there has been a recent potential exposure (e.g., tested as part of an outbreak investigation or other close contact to a case), work self-isolation (i.e., return to work) could start after a minimum of 72 hours from the positive specimen collection date to ensure symptoms have not developed in that time, as the positive result may represent early identification of virus in the presymptomatic period • If there has been no known recent potential exposures (e.g., tested as part of surveillance and no other cases detected in the facility or on the unit/floor, depending on the facility size), there is no minimum time off from the positive specimen collection date as it is unclear when in the course of illness the positive result represents (i.e., consistently asymptomatic HCWs can continue working in work self-isolation until 14 days from specimen collection date)

Note: The employer will make decisions about the recommendations listed above in consultation with the health unit.

o) Guidelines outside of work

All employees must follow any Covid-19 directives or orders issued by the Windsor/Essex health unit or government outside of work. It is the responsibility of employees and Community Living Windsor to ensure the safety of people supported and workers. Community Living Windsor has zero tolerance for failure to follow these directives or order and will lead to serious discipline up to and including termination.

p) Communication

This standard will be communicated to all staff and made available for further reference online under COVID-19 section of the Community Living Windsor website under the employee portal. Community Living Windsor shall ensure timely notice of changes to the existing policy as they arise.

q) **Responsibilities**

Please refer to our Infection Prevention and Control Policy and Procedure to review the responsibilities of the Employer, Supervisors, Employees and the Joint Health and Safety Committee/Representative under the Occupational Health and Safety.