

Infectious diseases policy (visiting policy inclusive)

Purpose

To reduce the risk and spread of infectious illness to our residents, staff, volunteers, and visitors while encouraging resident wellbeing through family and visitor presence.

Definition

Infectious disease refers to any communicable virus, bacteria or fungi that is easily spread and has the potential to cause illness including, but not limited to, COVID 19.

A visitor is any person that is not employed, contracted or volunteering within the home. An essential caregiver is not considered a visitor.

Staff, volunteer, or an essential caregiver is anyone employed, contracted, volunteering, or has been designated as an essential caregiver in writing by the Director of Nursing.

Procedure

New admissions/ readmissions

- New admissions and re-admission to Stirling Manor are accepted based on the guidelines from the Ministry of Health.
- All new and re-admissions will be evaluated on a case-by-case basis to determine if/where they need to isolate.
- All belongings will be taken to the laundry room upon admission.
- COVID-19 testing is not recommended or required for a resident transfer to occur from a hospital to a long-term care home.
- Any resident being admitted or transferred to a long-term care home, regardless of their COVID -19 vaccination status, who is identified as having symptoms and/or diagnosis of COVID 19 should be tested, self isolated and placed on additional precautions at the home.
- Admissions and transfers to a long-term care home that is currently in outbreak with any infectious illness should be avoided in situations where:
 - a new outbreak has been declared and there is an ongoing investigation;
 - outbreaks where new cases are occurring beyond those known contacts who have already been isolating;
 - or admissions / transfers to long terms care homes where many residents are unable to follow Public Health measures;
 - the resident being admitted is at risk for severe outcomes related to infection. This includes resident that are immunocompromised, history of wandering/ confused behaviour, residents that are not up to date with COVID 19 vaccinations, and those who experience decreased compliance with Public Health measures to prevent infection.

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- In general, admissions and transfers to a long-term care home in outbreak should be avoided. However, if the risks of not admitting a client are determined to outweigh the risks of admitting the client, informed consent from the client or substitute decision maker should be obtained.
- If absolutely necessary, residents who do not have an active infection may be admitted or transferred to a long-term care home that is in an outbreak provided that:
 - the resident is up to date with their COVID 19 vaccinations;
 - resident/substitute decision maker is aware of the risks associated with admission or transfer and consents to the admission or transfer;
 - The client is admitted or transferred to a private room
- Any admissions or readmissions either coming from an area that is in outbreak or will be going to an area that is currently in outbreak, requires consultation with the local Public Health unit.

Visitors

- All visitors must perform passive screening for infectious disease before entering the home, which includes symptom surveillance and monitoring.
- If a visitor is experiencing symptoms of, or test positive for COVID 19 or other infectious illness, visits to the home should be avoided for 10 days after symptoms onset or first positive test, whichever is earliest.
- If a visitor should start feeling ill while in the home, they should leave immediately and self isolate in their own home, follow Public Health measures, and seek medical assessment as needed.
- If visits cannot be avoided (ex. essential care giver visits), visitors should wear a medical mask, physical distance, and notify the long-term care home of their illness/ positive test. It is also recommended that the resident being visited and their roommate (if applicable) wear a medical mask if able.
- Non-essential visits should be avoided if the resident being visited is self isolating or if the facility is in outbreak.
- COVID 19 vaccination for visitors is strongly recommended however, is no longer a requirement for entering the home.
- Masking is recommended and welcomed, but is not required.
- Visitors are required to comply with any masking/PPE requirements as appropriate during outbreaks or if the resident is on additional precautions.
- Proper hand hygiene must always be followed.
- Visitor logs will be kept and are readily available to the local Public Health unit for contact tracing purposes upon request. Visitor logs contain name of visitor, their contact information, date, and time of visit, as well as the name of the resident they are visiting.

Staff/ Essential caregivers

- Masking is recommended and welcomed, but is not required.
- COVID 19 vaccination is strongly recommended but is not required.

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- In the event of an outbreak or resident placed on additional precautions, masking/PPE requirements must be followed.
- Passive screening must be performed before each entry to the home, which includes symptom surveillance and monitoring.
- If a staff member or essential care giver becomes ill while in the building, they should leave immediately and self isolate in their own home, (unless otherwise advised by the Director of Nursing, Infection Prevention and Control Lead, or manager on call), follow Public Health measures, and seek medical assessment as needed.
- If a staff member or essential care giver tests positive for COVID 19 they should leave the home immediately and self isolate in their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever present.
 - for a total of 10 days after the specimen collection or symptom onset (which ever is earliest), staff and essential care givers should adhere to workplace measures for reducing the risk of transmission including but not limited to, masking unless eating or drinking, isolated breaks, and avoiding caring for residents at highest risk of severe COVID 19 infections, if possible.
- Proper hand hygiene must always be followed.

Residents

- Masking in common areas is welcomed if able, but is not required.
- Vaccination against COVID 19 is strongly recommended but is no longer required.
- Residents are to be monitored daily for signs and symptoms of infection.
- If a resident becomes ill, the nursing staff, physician and Director of Nursing/ Assistant Director of Nursing will be notified.
- If there is concern of infectious illness the resident will be placed on additional precautions at the discretion of the care team (ex. RN, RPN, MD, Director of Nursing, Infection Prevention and Control Lead/ ADON).
- If the resident is identified as a confirmed or probable COVID 19 case and is unable to wear a mask, the resident will be placed on additional precautions for 10 days from symptom onset or date of specimen collection (whichever is earlier) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present. Residents may leave their room for walks in the immediate area with a staff member or essential caregiver wearing the appropriate PPE, to support overall wellbeing of the resident.
- If the resident is identified as a confirmed or probable COVID 19 case and can independently and consistently wear a mask, the resident will be placed on additional precautions for 10 days from symptom onset or date of specimen collection (whichever is earliest). Residents may leave their room to participate in activities and join others in communal areas provided they meet the following criteria:
 - It has been a minimum of 5 days from symptom onset or positive test (whichever is earlier)

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- They are asymptomatic or their symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever present; and
- They wear a well fitted mask at all times when outside of their room, they do not join in communal activities where they would need to remove their mask within the setting (ex. group dining), and they continue to follow additional precautions for 10 days after their symptom onset or positive test.
- If a resident requires isolation, they should be placed in a private room if possible. Where not possible, residents may be placed in a room with no more than 1 other resident who should also be placed on additional precautions. Barriers/ partitions are recommended for use between beds to promote physical distancing.
- Residents on isolation will be delivered meal trays for each meal using disposable tray's, dishes and cutlery.
- Residents who test positive for COVID 19 should be assessed as soon as possible to determine if COVID 19 therapeutics are within their goals of care and if so, to determine eligibility as per The Ministry of Health guidelines.
- Proper hand hygiene must always be followed.