

Manual:	Infection Control COVID-19 Pandemic	Reference No.:	April 1, 2023
Section:	Testing		
Subject:	COVID-19 Testing /Surveillance Testing		

POLICY:

It is the policy of Primacare to take every precaution reasonable in the circumstances to protect staff, residents and visitor. Given the highly infectious nature of COVID-19, this obligation may include implementing reasonable screening and testing measures to limit or prevent the spread of COVID-19 in the workplace.

This policy is compliant with the Ministry of Health and Long-Term Care Directives and is guided by applicable policies, amended from time to time, from the Ministry of Long-Term Care (MLTC), and the Ministry of Health.

Follow the latest Ministry Guidance

FREQUENCY:

Area	Requirements
Entry to Community	<ul style="list-style-type: none"> ➤ Effective April 1, 2023 All visitors, students and caregivers will be required to passively screen and sign in using the Kiosk ➤ Any individual who is required to isolate by public health or government authority is not permitted into the community until their isolation period is completed. ➤ Anyone entering the facility will self-monitor for symptoms of COVID-19 and other respiratory or infectious diseases to prevent spread of infection. ➤ All staff, visitors, students, caregivers and consultants will enter via the front door. <p>VISITORS, CAREGIVERS, STUDENTS, STAFF MUST CONTINUE TO WEAR A MASK WHILE IN THE COMMUNITY.</p> <p>Exceptions to the masking requirements are:</p> <ul style="list-style-type: none"> • children who are younger than two years of age • any individual (staff, visitor or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code • if entertainment provided by a live performer (that is, a visitor) requires the removal of their mask to perform their talent. <p>Eye protection: is required for all staff and essential visitors when providing care to residents with suspected or confirmed COVID-19 and in the provision of direct care within two metres of residents in an outbreak area.</p> <p>In all other circumstances, the use of eye protection by staff is based on the point-of-care risk assessment when within two metres of a resident</p>
Surveillance	<ul style="list-style-type: none"> ➤ Rapid Antigen Testing will no longer be required.

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Testing	<ul style="list-style-type: none"> ➤ If symptomatic visitors, caregivers or students they are not to enter the building with symptoms. ➤ Staff will no longer be required to have rapid antigen testing completed
Auditing	<ul style="list-style-type: none"> ➤ The community will complete an Infection Control assessment bi-weekly this will increase to weekly if a community goes into outbreak ➤ The audit will be analyzed to look for gaps and an action plan for correction completed.
Resident Absences	<ul style="list-style-type: none"> ➤ Upon return from absence residents are not required to be actively screened unless the resident is symptomatic. Residents are no longer required to be tested or isolate upon return from an absence unless the resident does not pass screening. ➤ Residents who are in isolation on Additional Precautions may not participate in essential, social or temporary absences. ➤ For all absences, residents must be: <ul style="list-style-type: none"> • provided with a medical mask when they are leaving the home • provided a handout that reminds residents and families to practice public • health measures such as masking and hand hygiene when outside of the home <p>There are four types of absences:</p> <ol style="list-style-type: none"> 1. medical absences are absences to seek medical or health care and include: <ul style="list-style-type: none"> • outpatient medical visits and a single visit (less than or equal to 24 hours in duration) to the emergency department • all other medical visits (for example, admissions or transfers to other health care facilities, multi-night stays in the emergency department) 2. compassionate and palliative absences include, but are not limited to, absences for the purposes of visiting a dying loved one 3. short term (day) absences are absences that are less than or equal to 24 hours in duration. There are two types of short term (day) absences: <ul style="list-style-type: none"> • essential absences include absences for reasons of groceries, pharmacies, and outdoor physical activity • social absences include absences for all reasons not listed under medical, compassionate or palliative, or essential absences that do not include an overnight stay 4. temporary absences include absences involving two or more days and one or more nights for non-medical reasons

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	<p>The Community will not restrict or deny absences for medical, palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak.</p> <p>Residents who are in isolation on Additional Precautions may not participate in essential, social or temporary absences. Communities will follow the advice of local public health unit if self-isolation must be broken for these reasons.</p> <p>When a resident who is self-isolating on Additional Precautions is required to leave the home for a medical absence, homes should notify the health care facility so that care can be provided to the resident with the appropriate Additional Precautions in place.</p> <p>For all off-site group excursions, residents must be:</p> <ul style="list-style-type: none"> • provided with a medical mask when they are leaving the home • reminded to practice public health measures such as masking and hand hygiene when outside of the home • following testing and isolation rules under isolation and testing requirements for residents when returning from absences, where applicable 	
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FACILITY IN OUTBREAK:

All staff testing decisions will be directed by the local public health unit in any outbreak scenario. In consultation with local public health unit, rapid antigen screening tests may be considered along with PCR testing as directed.

References:

The facility will follow the direction set out in Minister's Directive:

- COVID-19: LONG-TERM CARE HOME SURVEILLANCE TESTING AND ACCESS TO HOMES
- Directive #3 and any other Directives set out by the Ministry of Long-Term Care
- [Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices](#)
- <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh?la=en>
- COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes