RVG "COVID-19 IPAC & Outbreak Management Plan" (Revised in July 2022)

(Includes preparedness & managing preliminary/actual positive cases)

Actions taken during Outbreak Situation recorded on RVG Outbreak Status Form by Director of Care / IPAC Lead

Outbreak Management & Communication Plan	Responsible Person	Date Initiated mmm/dd/yy	Initial upon completed
Outbreak Management Team/ Communication **RVG IPAC Lead: Anu Alex: 519.352.4823 x6119,** anua@chtham-kent.ca **DOC Wanita Gebel: 519.352.4823 x6107,** wanita.gebal@chatham-kent.ca **Administrator: Mary Alice Searles: 519-352-4823 x 6197**, maryalices@chatham-kent.ca **Medical Director: Dr. Anthony Dixon:** anthonyd@chatham-kent.ca **Chatham-Ken Public Health Unit (CKPHU): Cara Robinson, PM 226-312-2023 x 2472** carar@chtham-kent.ca			
COVID-19 ~ PREPAREDNESS **COVID-19 Outbreak Case Definition: One or more PCR positive staff or resident** All residents with one or more COVID-19 signs or symptoms are managed as if the resident is a suspect COVID-19 case (with the variant) until diagnosed otherwise by a COVID-19 PCR nasopharyngeal lab test.	CKPHU, IPAC lead, OMT	Revised on July 5th, 2022, with current Ministry of health Guidelines	ongoing

Passive Screening and Main Entrance • Health care workers (HCWs), other staff, essential visitors, and general visitors STOP at the entrance, maintain physical distancing (2 metres [6 feet]) and perform their passive screening. • Ministry signs (Passive Screening) are posted at the front entrance, including restrictions, signs and symptoms of COVID-19, self-monitoring, respiratory etiquette, hand hygiene technique, public health region zone status. • Alcohol based hand rub (ABHR)/hand sanitizer with 70-90% alcohol concentration and instruction to clean hands at the entrance. • Medical masks are available with instructions to put on mask and, face shields or goggles, disinfectant wipes. Everyone in the building including visitors' clean hands with ABHR and then don a mask before entering RVG. • Deliveries/parcels left in front vestibule (2-3 days); disinfected, then brought into Home. • Food and product deliveries are dropped off and the delivery personnel are not to enter unless actively screened as a support worker. **Active Screening and Entrance Restrictions:** • Active screening is in place for staff (*employees, students, volunteers*) essential visitors (*support workers, caregivers, and end of life visitations*) and returning residents as applicable with the exception of emergency first responders, are	Screeners/ COVID-19 Testers	Revised on July 5th, 2022, with current Ministry of health Guidelines. Revised on July 5th, 2022, with	ongoing

actively screened by a screener for signs and symptoms of and exposure to COVID-19 as they enter the building. • ***Must pass the screening test and attestation statements*** as applicable. Use PPE as directed. If screening test FAILED, screener provides guidance, not allowed to enter, notify the local PH, get PCR tested, and self-isolate until results of tests received. RVG tracking record of FAILED staff and visitors initiated by screeners and follow through to Health & Safety Chair and IPAC Lead. • Visitors of imminently palliative residents who fail screening are permitted entry. The LTCH ensures they wear a medical mask and maintain physical distance from other residents, HCWs and other staff. • Once daily resident assessments for symptoms/signs of COVID-19, including temperature checks; and increased frequency if needed. Follow-up action taken as needed per Surveillance tracking records (PH) where symptoms identified, including monitoring per shift on resident health records as applicable. *(Document and retain records).* • Residents returning to the LTCH following an absence who fail active screening are permitted entry to the home. Residents who fail active screening are placed on Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirements Update. • Visitation restrictions outlined on Caregiver Policy and Visiting Policy provided to Caregivers beginning of each month along with PPE, HH education. Noting one caregiver visitor only during outbreak status and or Orange-Red-Grey Zone and lockdown status. General Visitors restriction allowed to visit only during Green-Yellow zone status or for end-of-life palliative situation in which RVG allows 2 visitors at one time with applicable PPE and not contact with other residents.	Nurses on the floors	current Ministry of health Guidelines	

• Resident admission/readmission leave of absence for temporary or overnight restrictions as / current screening tools with directive 3 and COVID-19 document for long term care homes in Ontario. • COVID-19 Antigen testing performed according to MLTC Testing Directive 3, effective form April 27, 2022and COVID-19 testing provincial guidelines, April 11, 2022. CKPHU- Rapid antigen testing fully implemented by March 15, 2021. Staff and Designated Care Givers 2 times per week on non-consecutive days. Support workers and general visitors upon each visit to home, and per public health region zone and current ministry directive.			
Checklist / Communication Plan	**Responsible Person**	**Date Initiated mmm/dd/yy**	**Initial upon completed**
Other Preparedness Safety Precautions			
• All staff and visitors to wear a medical mask at all times while in the Home except breaks when staff exercise physical distancing measures /stay 2 metres away from others, for "source control" from asymptomatic staff to prevent pre-symptomatic transmission. Eye protection is worn if needed as directed by Ministries' directives and guidance.	RVG Staff	ongoing	ongoing
• Practicing physical distancing (2 metres) as much as possible in the Home, with signage posted at entrance, elevators and throughout the home.	Visitors Staff		
• Cohorting strategies activated when home in outbreak status.	IPAC lead		
• Residents cohorted to private room for isolation, staff cohorting as determined by the IPAC lead and DOC, in consultation with CKPHU.			

• Home prepared for COVID-19 outbreak with 8 private rooms throughout the home for isolation. Large supply carts with full PPE supply prepared and ready for use for each of the 10 Resident Care Units. Isolation rooms are allocated in each floors. • Tray service for residents in isolation as precautionary measures for COVID-19 or actual COVID-19 status, special planning for cohorting on care units with dementia care re dining rooms with 2 metres distancing, Full PPE, environmental services enhanced with High touch cleaning areas (once in day and 2-3 times in an outbreak), etc. • Activation planning restrictions on group activities. One to one provided as determined safe. • Residents provided surgical mask (PPE kit) when absent from home for appointments, etc. In addition, in home were social distancing maintained within 2 m. of a resident, staff or visitor. • All RVG staff and new hires required to be 'fit tested' per N95 respirator during onboarding activities. • All RVG staff and new hires received IPAC training on hire, annually and as refresh training during COVID-19 pandemic. • There is a process for auditing compliance to hand hygiene, Routine Practices, Additional Precautions, PPE use (e.g., how one dons and doffs), and Environmental Cleaning at RVG with identified gaps that are reviewed on weekly basis for quality improvement.	Dietary/HK PSW/ Rec/ IPAC lead IPAC lead		

Suspected COVID-19 Resident			
• A suspected COVID-19 resident may have one or more symptoms of COVID-19 and/or be asymptomatic and have a positive Antigen Test.	RN/RPN		
• Registered nursing staff member to **conduct an outbreak risk assessment** *(Individual resident assessment i.e., signs & symptoms, dx, etc., and level of risk of transmission to other residents, staff, and visitors)*	IPAC lead, Admin, OMT		
• Conducts point of care risk assessment (PCRA) to determine PPE required.	RN/RPN		
• **Notify IPAC Lead / Chatham Kent Public Health Unit**			
• **Prior to moving the resident out of his/her room, discuss with IPAC Lead the appropriate location to isolate the COVID-19 suspected resident. *(Involve environmental staff for room cleaning/disinfecting, as necessary).***			
• Prepare room with necessary supplies, prior to any move. Put appropriate signage up (**isolation, additional precautions, hand hygiene; donning/doffing**), dedicated equipment as much as possible. Close door if possible. Consider opening window a crack.	IPAC lead/ RN/RPN		
• Designate a direct care staff team ***(nursing and housekeeping including high touch)*** to work with affected resident(s), i.e., **staff cohorting** to limit spread/transmission of COVID-19.			
• **Take a COVID-19 PCR test of resident ASAP, if the resident** who have been previously infected with COVID-19(based on a molecular or rapid antigen test)			

and cleared within the last 90 days are not required to isolate if they have been in contact with a positive case *(Obtain Order & consent) and* discuss. • If the resident is symptomatic with new onset of COVID-19 symptoms, continue isolation and consult Chatham Public health for further recommendations (Task done by IPAC lead). • With unit manager, DOC/ IPAC LEAD/designate determines resident placement, relocate if applicable to private room or cohort area where identified multiple cases confirmed positive. • **RN/RPN to notify**: o the Medical Director (Dr. Dixon) or attending physician if applicable o the resident's POA o dietary (for meals in room, use of disposable dishes if possible) o Environmental staff for housekeeping and laundry re cleaning/disinfecting procedures including High touch areas and laundry pick-up. o • **IPAC LEAD/designate to notify:** o CKPHU *(provide # of affected residents & staff, when they became ill and location, i.e., at Home, hospital etc.* o **Contact Medical Director and o*btain order for PCR testing of close contacts at high risk for transmission (In consultation with PH)*** o Outbreak Management Team (OMT); arrange OMT meeting and implement Outbreak IPAC measures using best practice guideline-consultation with Chatham Kent Public Health.	IPAC Lead / DOC RN/RPN		

• Determine **close contacts** to suspect/preliminary positive resident, contact tracing for CKPHU • **Residents & staff who were in <u>close contact</u>** (i.e., shared room, sat near resident in dining area etc.) with the suspected, confirmed or potentially exposed resident and anyone else deemed ***high risk*** by the CKPHU, e.g., staff who provided direct care to affected resident, including ancillary care providers (MD, PAC, physio, Foot care, dental, security, BSS, etc.) should receive a **PCR test** and isolated as appropriate. (Contact, Droplet precautions) ***Note: Staff specimens submitted for lab testing should be labelled "Healthcare Worker"*** • Identify specimen with **"Institution"** written in 'Patient Setting' to expedite testing. • Ensure the specimen collections are dropped off or picked up ASAP • Identify those within the resident's unit of care for further risk assessment and testing, as appropriate. • Initiate appropriate line-listing *("Outbreak" line-list available on RHA nursing station)* ***Note: Separate surveillance line-lists used for resident and staff cases. In the event of an outbreak, RN/RPN must update line-lists and fax to CKPHU daily by 10 a.m.*** • Closely monitor residents on isolation/at risk of transmission & ensure appropriate care, service and treatment is given. • ***If resident requires transport by ambulance, ensure paramedics pre-notified of the resident's COVID-19 status. Affected resident should wear a <u>surgical</u> mask,*** *if tolerated.* ***Ensure POA and advanced directives followed re desired treatment, e.g., hospitalization/palliative care.***	IPAC Lead/ DOC RN/RPN		

• Ask **environmental staff** to clean and disinfect empty rooms prior to another resident moving in and follow the current IPAC environmental cleaning – PIDAC • Ensure **enhanced screening measures among residents and staff.**			
Results of RESIDENT Testing **Negative COVID-19 PCR Result obtained from initial suspect resident tested:** • The resident may discontinue Additional Precautions if there has not been an exposure to COVID-19 and they are afebrile, and symptoms are improving for at least 24 hours (48 hours for gastrointestinal symptoms). Continue to monitor the symptomatic resident closely for worsening symptoms. If symptoms occur, contact the physician/ IPAC lead /DOC and follow the recommendation as advised by CKPHU.	IPAC LEAD / DOC RN/RPN		
Management of a Positive Single Case in a Resident • Isolate resident under Droplet and Contact Precautions, in a single room (i.e., no other resident): Use Airborne precautions for residents with Aerosol Generating Medical Procedures (AGMPs). o **Refer to "Suspected COVID_19 Resident" section above to ensure applicable measures taken.** • Follow **COVID-19 Order Set** as ordered by physician (includes drugs, frequency of assessments including vital signs monitoring for resident with mild or moderate symptoms). Use EOL Order Set for COVID-19 positive residents at EOL.	OMT IPAC Lead Mangrs RN/RPN		

• Have medication times changed to align with BID times if possible *(except critical meds)* • Revise the president's plan of care to reflect the significant changes and include COVID-19 focus and interventions. • Ensure ongoing communication with POA for care/SDM, as applicable. • Update resident's physician, POA and IPAC LEAD/designate of any significant changes to resident's condition.			

Management of a Single Case in a Staff
 	
• ***Apply outbreak control measures to the specific Resident Care Unit(s) in which staff may have worked, and as directed by CKPHU.***
  o Initiate Contact Tracing to determine close contact
  o CKPHU or Medical Director will likely order PCR testing of all staff and residents.
• Refer to "***COVID-19 Quick Reference Public Health Guidance on Testing & Clearance***" and CKPHU.
 	
• Symptomatic staff who test positive
  o must self-isolate for 10 days from onset of symptoms.
 	
For routine operations, COVID-19 positive cases that work in highest-risk settings may return to work:
 	
  o 10 days after symptom onset or date of specimen collection (whichever is earlier) OR
	IPAC Lead
	CKPHU
	OMT
	RN/RPNs		

○ After a single negative molecular test (e.g. PCR, rapid molecular) any time prior to 10 days from the date of symptom onset or specimen collection (whichever is earlier) OR ○ After two consecutive negative rapid antigen tests that are collected at least 24 hours apart any time prior to 10 days from the date of symptom onset or specimen collection (whichever is earlier) AND ○ Provided they have no fever and other symptoms have been improving for 24 hours (or 48 hours if vomiting/diarrhea). ○ See Appendix A for Staffing Options for Highest Risk Settings experiencing critical staffing shortages ***Note*** *Exception to critical asymptomatic staff member- May work in Home if asymptomatic and critical to operations. Critical worker must "work self-isolate" (For definition of work self-isolate refer to info at bottom of chart.)* • Follow the **case definition** in collaboration with CKPHU including self-isolation or work self-isolation protocol for staff. • Collaborate with CKPHU re action, including self-isolation, work self-isolation and exclusionary period for individual staff. •			
Upon declaring a probable or confirmed COVID-19 outbreak • A **confirmed outbreak** in a home is defined as: Two or more residents and/or staff/other visitors in a home (e.g., floor/unit) each with a positive molecular test OR rapid antigen test result AND with an epidemiological link*, within a 10-day period.			

• *Epidemiological link defined as: reasonable evidence of transmission between residents/staff/other visitors AND there is a risk of transmission of COVID-19 to residents within the home. • Only CKPHU is authorized to declare the Home in outbreak. • ***In the event an outbreak of COVID-19 declared in the Home, and it involves a resident, the IPAC LEAD or designate should determine the best location for the resident to isolate.*** *Notify the Reg. nursing staff of the affected resident(s) & where applicable, notify staff working in the Home. Assist the registered nursing staff with immediate activities as needed.* **Refer to "Suspected COVID-19 Resident" section above to ensure applicable measures taken for all affected residents.** • **Contact tracing:** Any roommate (asymptomatic or symptomatic) is to be isolated from the resident who is positive. Determine other close contacts of positive resident(s). • Call resident's attending physician. Inform of resident status (symptoms/ asymptomatic). Obtain any additional orders as applicable. Use COVID-19 order set as applicable. • Check advanced healthcare directives status to determine if resident/SDM wishes resident to be sent to hospital for treatment. **Affected Resident's Private Room:** • **Cohort staff** to affected resident grouping as much as possible (after discussion with IPAC LEAD). • All staff providing personal care to positive resident must follow contact and droplet precautions at minimum.	RN/RPN & IPAC LEAD RN/RPN HK/ H&S RN/RPN HK/ H&S		

• If resident requires any aerosol generating medical procedure, e.g., suctioning, nebulizer, CPAP, tracheostomy care, then **airborne precautions** (including N95 Mask and face shield) and a private room are required. Close door and limit # of staff in room during AGMP, and consistent with the Point of Care Risk Assessment (PCRA). • **Dedicate care equipment to ill resident**, where possible. ***Any care equipment must be disinfected after use.*** **Outside of Affected Resident's Room:** • Place signage outside resident's room (droplet and contact precautions & Airborne Precautions if applicable, including when to use the specific precautions). • Place isolation cart with PPE supplies (Including N95) • Donning and doffing signage outside of room on isolation cart o Registered staff to conduct point of care risk assessment (PCRA) prior to entering affected resident's room to determine appropriate precautions/PPE. • Provide meals on tray, and treatment in room, as required. • ***Limit interactions with affected resident to cohorted staff.*** • Assess resident for signs and symptoms as per COVID-19 Order set. (At minimum BID) • Facilitate appropriate communication between resident and POA/essential visitor, when desired.	RN/RPN HK/ H&S		

○ Visitation allowed for 1 designated caregiver and /or visitor for palliative situation wearing appropriate PPE as determined by PCRA, allowed during home in outbreak status			
Resident Care areas			
• Ensure all staff understand how to don and doff safely. • Ensure the appropriate additional precautions are implemented in all care areas: a) Droplet/contact precautions b) Airborne precautions for positive residents with aerosol-generating medical procedures– i.e., CPAP, trach, etc. • Ensure any shared equipment disinfected prior to use on another resident. • Affected residents will be monitored as / COVID-19 Order set, or physician's orders (a minimum BID). • All residents will continue to be monitored twice daily for respiratory symptoms, including temperature check and recorded on daily surveillance record. Appropriate follow-up action taken for any abnormalities. ○ Any resident with recent COVID-19 symptom(s) should have a PCR test and a risk assessment conducted around the contacts with that resident (contact tracing). ○ • Determine if other residents need to be isolated to their respective room in collaboration with CKPHU, depending on risk assessment. • Cohort affected residents as determined. ***Note:*** *Cohort groupings will change with resident is changing condition.*	IPAC Lead RN/RPN Managers		

• Staff cohorting for the designated cohort resident or groups is required. • Isolate affected unit and/or COVID-19 designated area as applicable, in collaboration with CKPHU. • Outbreak enhanced additional precautions cleaning and disinfecting of high touched surfaces, both inside and outside of resident's room performed. Use appropriate additional precautions in resident's room. • Arrange for **non-urgent** appointments and activities to be rescheduled			

Notification of Key Persons			
Prior to an outbreak being declared – the following persons **must** be notified. Notify immediately *if not already done.* • IPAC LEAD - DOC *(who will notify the OMT)* • CKPHU –***IPAC LEAD/designate will do this.*** • the Resident's Attending Physician • **The POA of resident**	RN/RPN & DOC IPAC Lead		
Upon declaring an outbreak of a **probable or confirmed COVID-19** person in the home, the IPAC Practitioner /designate will notify the following: • Medical Director- Dr. Dixon/Attending Physician *(If not notified already)* • The **OMT**, including DOC/IPAC Lead, Administrator; Nutrition & Environmental Services Managers; Social Services Manager, Nursing Managers.	Admin.		
• Community placement coordinator (LHIN), to ensure there are no admissions or readmissions from any location (e.g., community) during outbreak. • Medical Officer of Health ***(check with CKPHU, they may wish to do this)*** • Director for the Ministry of Health and Long-Term Care (MLTC) by **initiating a CIS form**. • The Union(s) representative - Joint Health & Safety Committee or Representative. • Pharmacy provider and any other community partners/contractors, who may visit or deliver to the home.			

• Chatham-Kent Health Alliance emergency department/paramedics if transferring any resident. • Nursing Agencies used by the Home, if applicable • Staff/Residents/essential visitors, Residents' and Family Council for communication reasons. *(The outbreak information should come from the Home prior to being reported through the media).* • Ministry of Labour (MOL) if applicable *(e.g., staff workplace related illness)* • Home's chaplain/Hairdresser			
Required Steps in Outbreak • When CKPHU declares an outbreak at RVG, the following measures must be taken: 1. IPAC LEAD activates and chairs the OMT; CKPHU invited to attend. 2. For resident admissions and transfers cease during Outbreak. 3. Residents that leave Home for an outpatient medical visit provided with a surgical mask, which the resident must wear if tolerated and screened upon their return. RVG may initiate isolation for the resident upon his/her return from a medical visit. The resident will be isolated if readmitted during an outbreak. *(Refer to current resident screening tool).* 4. Discontinue all non-essential activities including non-medical absences.	IPAC Lead RN/RPN		
Additional Signage			

Signage in Home must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 suspected or confirmed in staff or a resident. • Post signage re outbreak status at front entrance indicating outbreak *(reporting illness to staff/managers; physical distancing; frequent hand hygiene; avoid touching face; respiratory etiquette; droplet & Contact precautions)*	IPAC Lead		
Testing Refer to testing requirements re "***COVID-19 Provincial Testing and Guidance*** updated April 11, 2022 • Determine appropriate COVID testing (PCR and/or rapid antigen test), who should be tested, and how often. • During an outbreak PCR testing typically performed. Frequency determined by CKPHU. • Rapid Antigen testing of staff and visitors to be resumed post outbreak, as / CKPHU direction.	IPAC Lead/ CKPHU		
Communications • Home must keep staff, residents & families informed about COVID-19, including frequent & ongoing communication during outbreaks. • Staff reminded to monitor themselves for COVID-19 symptoms at all times and to immediately self-isolate if, they develop symptoms and not come to work. • Issuing a media release to the public is the responsibility of RVG and in collaboration with CKPHU.	Admin. IPAC Lead Admin/ CKPHU		
Plan for DAILY Outbreak Management Team (OMT) meetings			

• IPAC Lead to focus on IPAC ONLY if possible. Designate or reassign all other duties where possible. • Review any new orders, directives, health alerts, etc. received and implement ASAP. • Resident status updates, new cases, transfers, changes in advance directives, deaths, resolutions etc. • Update staff/resident surveillance list with new and resolved cases and fax to CKPHU. • Review # of positive residents on isolation, location of isolation, daily status *(Prepare for multiple calls from MLTC, CKPHU, media, etc.)* • Identify any concerns, e.g., wandering residents and need for resolution, including requesting HINF (1:1) as appropriate; IPAC measures reinforce IPAC training for staff, caregivers, PPE supplies, physical distancing measures etc. not being applied correctly. • Review of **staffing resources** in all departments, including cohorting staff of ill / well residents. Up staffing levels to accommodate for staff refusals to work and illness. • (Municipal re-deployed staff resources provided training and may assist with care on units as RSW or as Screeners, etc... Heads up to staffing agency. Relief staff from other sources if available. (Identify basic qualifications; provide onboarding training with overview of LTC, basic care for residents, safety measures, and IPAC core competencies, measures, etc. provided for all new resources deployed, etc.) • Determine if additional separate entrance should be used, or change of shift times (e.g., by ½ hr.)	Admin IPAC Lead / Mgrs. CKPHU		

• Ensure all staff have name identification, Emergency codes, whistle, PPE donning and doffing cards, etc, • Arrange for staff to stagger break times. No group meetings; maintain physical distancing as much as possible between staff. • Arrange for tray service in the rooms of all affected residents, with single use items. • Review PPE supply, including ABHR, and order/obtain supplies as needed. Ensure supplies are available and accessible to staff. • Review of care equipment supply - additional care equipment (e.g., commode, BP cuffs, oximetry testing, oxygen concentrator etc.) may be necessary if **dedicating care equipment to each ill resident's room**. If equipment shared ensure cleaning and disinfecting of equipment with high-level disinfectant. • Review of quantity of specimen collection testing kits/supplies and re-order as needed. • Review required specimen collections and arranged for drop-off or pick up of specimens. • Review of need for additional education to residents and/or staff per ministry updates and identified learning needs. • Review of enhanced additional precautions - cleaning/disinfecting schedule, supplies, and staffing. • Ensure disinfecting of shared resident items. Disinfect affected resident's room if resident leaves room and after affected resident's symptoms resolve.	IPAC Lead RN/RPN/ Nurse Mangers		

• Review and cancel as appropriate upcoming activities, functions and irrelevant meetings, appointments. • Ensure regular communication with updates is provided to **residents, residents', family councils, staff, families**, **union, JHSC,** contractors, etc. as needed. Assign one charge person. May need to follow through on previously booked meetings for updates as necessary. • Update media messaging: review media messaging with CKPHU and collaborate on rolling out message. • Review and amend as necessary the CIS outbreak report			
Death of a Resident during COVID-19 Pandemic • Follow the usual death procedure, unless notified to follow an alternate process by coroner/physician. • Funeral Home staff to remain outside the building. Nurses to take gurney, disinfect, bring to resident's room, place identified body in body bag and bring gurney with body and appropriate paperwork back to funeral staff.	RN/RPN		
Declaring the Outbreak Over • CKPHU in collaboration with the IPAC LEAD will declare the outbreak over when there are no new cases in residents or staff after 14 days from the latest of: o Date of isolation of the last resident case: OR o Date of illness onset of the last resident case: OR o Date of last shift at work for last staff case	CKPHU/ IPAC Lead		

Ensure all documentation related to Outbreak Management records retained.

***Work self-isolation"** means continuing to work (where appropriate) while using appropriate PPE and undertaking active self-monitoring, including taking their temp BID to monitor for fever, and immediately self-isolating if symptoms develop.

- Used in exceptional circumstances by asymptomatic staff critical to operations but who have been advised to self-isolate (e.g., from travel, high-risk exposure, or testing positive)
- Must identify themselves to the JHS Committee
- Must follow self-isolation outside of the workplace
- Must check with IPAC Lead re PPE to be worn while at work. Refer to Appendix 1 pages 17-18 of the "COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH)" dated June 11, 2022, or as amended.