COVID-19 Common Staff Questions and Answers

To ALL of our staff,

At this time, we want to thank you for your service and all you do to provide safe and quality care to residents of our home. We encourage everyone who is healthy and asymptomatic to stand shoulder to shoulder with their fellow front-line health care workers and continue to provide quality health care for our elderly and frail residents. If you are healthy and not subject to a requirement to be absent, please come to work!

What is a coronavirus?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

What is COVID-19

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, shortness of breath, dry cough, and anosmia (loss of smell).

Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea.

These symptoms are usually mild and begin gradually.

Some people become infected but don’t develop any symptoms and don't feel unwell, these people are called asymptomatic carriers.

Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.

Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.
**How is COVID-19 spread?**

It is spread from an infected person through:

- Droplets spread when a person coughs or sneezes
- It can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze.
- Touching an object or surface with the virus on it, then touching your mouth, nose or eyes before washing your hands.

**What can I do to protect myself from COVID-19?**

**Hygiene:** Proper hygiene can help reduce the risk of infection or spreading infection to others.

- Wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food
- Use alcohol-based hand sanitizer if soap and water are not available
- When coughing or sneezing:
  - cough or sneeze into a tissue or the bend of your arm, not your hand
  - dispose of any tissues you have used as soon as possible in a lined waste basket
  - and wash your hands afterwards
- Avoid touching your eyes, nose, or mouth with unwashed hands

**Cleaning:** Disinfecting high-touch surfaces frequently. At HCH, we have increased our housekeeping staff to ensure more frequent cleaning of high-touch surfaces such as door handles and elevator buttons.

**Physical (social) distancing:**

- Avoid crowded places and non-essential gatherings.
- Avoid common greetings such as handshakes
- Keep a distance of at least 2 meters from others (unless providing direct resident care)

**Avoid all non-essential travel:** If you have returned from travel you MUST self-isolate for 14 days (THIS IS THE LAW).

**What is being done to protect health care workers on the front lines?**

- Active screening of ALL staff and essential-visitors at the beginning and end of each shift.
- Active screening of ALL residents twice per day.
- ALL new admissions or residents returning from hospital are isolated for 14 days.
- PPE WILL be provided for front-line staff to use for ALL residents in isolation (new admission, re-admission, symptomatic or confirmed case).
- Practicing social distancing during lunch hour and avoiding large meetings. If training is required, sessions are held in large areas with lots of space for social distancing.
- Frequent cleaning of all high-touch surfaces.
- Ensuring ongoing supply of hand sanitizer and hand soap for hand hygiene.
What if we have a confirmed case of COVID-19 in the home?

-HCH will follow the recommendations from Public Health.

-PPE will be provided for all front-line health care workers caring for the resident.

-At this time, we are preparing the Grace Manor restaurant as a make-shift COVID-19 unit in the event that we have a positive case. The resident would be transferred to this area to limit contact in the home area, dedicated staff would work in this area with PPE in accordance with Public Health’s recommendations.

What if I have respiratory symptoms, a fever or feel unwell?

-DO NOT COME TO WORK IF YOU HAVE A FEVER OR ANY RESPIRATORY SYMPTOMS (COUGH, RUNNY NOSE, SORE THROAT, ETC.). CONTACT YOUR MANAGER IMMEDIATELY FOR FURTHER GUIDANCE.

My manager has told me to contact Public Health, what should I tell Public Health?

-It is VERY IMPORTANT that you tell the Public Health unit that you WORK IN LONG-TERM CARE.

-You will likely be asked a number of questions including your symptoms, recent travel and known sick contacts.

-The Public Health unit will then direct you on the procedure you should follow (isolation, return to work, testing, etc.). Please follow up with your manager to let them know public health’s recommendations.

Should I take any medications or vitamins to increase my immune system?

-At this time there is no cure for COVID-19.

-Follow the advice of your health care provider. Stay hydrated, get enough sleep and participate in solo physical activity (maintain social distancing). Eat a well-balanced meal based on Canada’s food guide.

There is a lot of information and misinformation in the media, and on the internet, please do not share unproven treatment in the home amongst yourselves and certainly not with residents/families.

I would like to wear a mask, but I am being told there is not enough PPE.

-Currently Health Canada does NOT recommend that healthy individuals wear a mask to prevent the spread of COVID-19.

-Wearing a mask when you are not ill may give a false sense of security. There is a potential risk of infection with improper mask use and disposal. They also need to be changed frequently.
-However, your health care provider may recommend you wear a mask if you are experiencing symptoms of COVID-19 while you are seeking or waiting for care. IF THIS IS THE CASE, YOU SHOULD NOT BE AT WORK.

-We understand that many people are scared, at this time HCH will be providing cloth masks for ALL staff to wear to prevent the rare spread of asymptomatic carriers. **The purpose of the masks is to protect our residents from staff.** The cloth mask will NOT protect you from COVID-19.

-IF a resident is symptomatic or positive for COVID-19, STAFF MUST WEAR APPROPRIATE PPE (mask, gloves, gown, eye protection). You will be provided with PPE to protect yourself. A cloth mask must NEVER be worn in this case.

**If we have a positive case of COVID-19 in the home, how will we get all of our work done, there is so much documentation to be completed?**

The Ministry of Health and Long-Term Care (MOHLTC) recently made changes to the Long-Term Care Homes Act (LTCHA). Due to the pandemic, the MOHLTC Inspectors will allow us to go out of compliance in certain areas of the LTCHA **if we were to get a COVID-19 Positive case (OUTBREAK) in our home** (temporarily and only while in outbreak). **This order will allow more time to support caring for our residents and less on documentation.**

Management has prepared a separate document on what minimal documentation will be required to be completed at that time.

**Why are most of our new admissions from hospital, won’t this put our staff and residents at an increased risk for COVID-19?**

Ontario’s hospitals are on high alert right now because of COVID-19. **Hospitals need to free up as many beds as possible to be ready to care for new cases of COVID-19.** To help free up beds in hospitals, the provincial government is moving some existing hospital patients into long-term care homes (Please note these are not people diagnosed with COVID-19). It is our practice to monitor all new residents coming from the hospital for illness, and all will be in isolation for 14 days after they arrive. As an added precaution, if a resident from hospital is admitted to a basic/shared accommodation, their roommate will also be isolated for 14 days.

A Letter regarding admission of new residents and/or readmission of existing residents from hospital and our requirement to isolate these residents for 14 days has been posted on our website ([www.hch.ca](http://www.hch.ca)) and has been sent to all Residents/Families. We encourage staff to go to our website and read this letter.

So many residents are dying in long term care homes. How are we preparing for this and communicating with families about what actions we will take in the event a resident does test positive for COVID-19 in our home?
We are fortunate that in 2019 we implemented POeT with all 100% of our residents/families, as the goals of care discussions have already taken place and we have a good understanding of their goals, values and wishes when it comes to end of life care.

A very thoughtful Letter was written by our MDs and NP to explain the situation we are in and what it might look like if a resident is diagnosed with COVID-19. This letter has been posted on our website (www.hch.ca) and has also been sent to all Residents/Families. We encourage staff to go to our website and read this letter.

**Why are we seeing extra staff on the floors / units? How do we know they don’t have COVID-19?**

Due to the fact that families and volunteers are no longer coming to the home, and the fact that we recently implemented that staff must work in only one work location, there may be gaps in care and services. These extra staff have been hired on a temporary basis, to support the organization to do extra cleaning, help to assist in feeding etc. In some cases, these staff will be extras on the units, above existing staff complement levels so if a staff calls in sick, staff do not need to work short. Many of these new hires are RNs and RPNs who have agreed to work as a PSW to help meet the needs of our residents. These new hires are not working at other homes/employers and have all been screened for COVID-19.

Many of our existing staff will also be cross-trained to assist in tasks that are out of their normal scope of duties, so that they may be called upon to assist should there be a staffing shortage in a particular area.

Please be kind and support these staff, as we need all the support we can get.

**Extra Measures being taken to ensure leadership is available at all times to support the homes in the event of an outbreak.**

As part of our Pandemic Plan, and in order to ensure there is always nursing leadership available to support staff in the event we get a positive case of COVID-19, we will be rotating nursing leadership staff working from home for 14 days while the other nursing leadership staff will remain on-site, and then they will switch after the 14 days. The staff working from home will be available by email and are expected to respond, so please email to reach out to staff as required.

The Administrators of both homes will be available and, in their offices, however will be minimizing their entry into the home areas to an “as needed basis only”.

Dr. Varughese and Dr. Thind have split responsibility for medical care between the two Manors. Dr. Varughese is seeing all Grace Manor residents, while Dr. Thind is seeing all Faith Manor residents, as well as being on-call for their respective homes. There will be no other doctor utilized from Queen Square to decrease the risk of contamination. Kaitlan, Nurse Practitioner will be available for telephone consultation and will visit residents only as required (absolute last resort).