



June 15th, 2020

Happy to announce Premier Ford has allowed visitation to occur as of June 18, 20. As we have all missed our families through this pandemic this comes as a relief to most residents and families. We at Niagara Gardens do however need to make sure all our residents and facility stay Covid free. This means we have had to create policies and procedures that reflect our need to keep all safe and organized.

This initial protocol is not permanent and will be reevaluated every week, at that time we will look at family and resident compliance and current Covid numbers in the area. Visits will be prescheduled Monday thru Friday to be booked through Suzie or Eva between 7-3 at 905-687-3388 x2006

**Visiting hours are:**

Monday: 15:30-19:30pm

Tuesday: 10:30-14:30pm

Wednesday: 15:30-19:30pm

Thursday: 10:30-1430pm

Friday: 10:30-1430pm

Visits will be held outdoors at a table with 6 feet apart. This will be sanitized between each visit.

No inside visitation currently due to social distancing concerns. To be reevaluated weekly.

If weather is poor visits will be cancelled. Visits will be limited at present to 1 visitor 1x weekly for 30 minutes time frame to accommodate everyone. Visitors must be screened by staff; wash hands wear a mask properly throughout the visit and have a valid covid negative test. Proof will be required must be within two weeks. A package will be provided with instructions and will need to be read and signed by visitor. Visitors must bring their own mask, they can be cloth. Unfortunately, there can be no hugging, kissing, or contact within 6 feet. No weekends or nights due to screening procedure required and staff availability. Residents in isolation will not be able to participate until isolation period is over for resident and facility safety. If visitors arrive without a scheduled time, enter the building, join their loved ones on an outside common area or not adhere to social distancing guidelines during their scheduled visit, you will not be allowed on property until visitation is back to normal and your love one will be isolated to their room for 14 days as per public health.

If visitation rules are not adhered to, Niagara Gardens will have no choice but to restrict visitation to protect all residents.

I have read the package provided and will adhere to the visitation rules.

Sign \_\_\_\_\_

Date \_\_\_\_\_

**Recommended best practice** is to screen staff and essential visitors in and out of facility

**The COVID-19 Respiratory Infection Screener consists of 4 questions**

<ul style="list-style-type: none"> <li>Have you or anyone in your household had close contact* with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?</li> </ul>	Yes _____ No _____
<ul style="list-style-type: none"> <li>Do you or anyone in your household have a confirmed case of COVID-19 (or test results pending) or had close contact* with a confirmed case of COVID-19 not yet resolved (or test results pending)?</li> </ul>	Yes _____ No _____
<ul style="list-style-type: none"> <li>Do you have any of the following symptoms:                      Fever                      New onset of cough                      Worsening chronic cough                      Shortness of breath                      Difficulty breathing                      Sore throat                      Difficulty swallowing                      Decrease or loss of sense of taste or smell                      Chills                      Headaches                      Unexplained fatigue/malaise/muscle aches (myalgias)                      Nausea/vomiting, Diarrhea, Abdominal pain                      Pink eye (conjunctivitis)                      Runny nose/ nasal congestion without other known cause                      Croup in children                      Multisystem inflammatory vasculitis in children</li> </ul>	Yes _____ No _____  Temp In _____ Out _____  When leaving are you now experiencing any of these symptoms Yes _____ No _____
<ul style="list-style-type: none"> <li>If the patient is 70 years of age and older, are they experiencing any of the following symptoms: delirium (altered state of consciousness), unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?</li> </ul> <hr/> <hr/> <ul style="list-style-type: none"> <li>After a screening test for Covid within the last two weeks come back positive?</li> </ul>	Yes _____ No _____  Yes _____ No _____

**COVID-19 Screening Results**

If response to <b><u>ALL</u></b> of the screening questions is <b><u>NO.</u></b>	<b>COVID Screen Negative</b>
----------------------------------------------------------------------------------	------------------------------

If response to <b><u>ANY</u></b> of the screening questions is <b><u>YES</u></b> .	<b>COVID Screen Positive</b>
Name	Date
	<b>SHIFT</b>

Note: A COVID Screen Positive result is not equivalent to a confirmed diagnosis of COVID-19.

### Positive Screener Result Scenarios

<p><b>Moderate to Severe Symptoms</b></p> <ul style="list-style-type: none"> <li>• <u>Severe difficulty breathing</u> (e.g., struggling for each breath, speaking in single words)</li> <li>• <u>Moderate difficulty breathing</u></li> <li>• Severe chest pain (constant tightness or crushing sensation)</li> <li>• Feeling confused or the patient is unsure of where they are</li> <li>• Losing consciousness</li> </ul>	<p><b>Use PPE Precautions</b> as appropriate</p> <p>Send patient to the <b>Emergency Department</b></p> <p><b>Notify</b> Public Health (according to local processes)</p> <p><b>Notify</b> the LHIN Care Coordinator</p>
<p><b>Mild Symptoms and/or Travel History</b></p> <ul style="list-style-type: none"> <li>• Fever (.37.8 degrees Celsius or more)</li> <li>• New onset cough</li> <li>• Worsening chronic cough</li> <li>• Shortness of breath</li> <li>• Difficulty breathing</li> <li>• Sore throat</li> <li>• Difficulty swallowing</li> <li>• Decrease or loss of sense of taste or smell</li> <li>• Chills</li> <li>• Headaches</li> <li>• Unexplained fatigue /malaise /muscle aches (myalgias)</li> <li>• Nausea/vomiting, diarrhea, abdominal pain</li> <li>• Pink eye (conjunctivitis)</li> <li>• Runny nose/ nasal congestion without other known cause</li> <li>• Croup in children</li> <li>• Multisystem inflammatory vasculitis in children</li> </ul>	<p><b>Use PPE Precautions</b> as appropriate</p> <p><b>Notify</b> Public Health (according to local processes)</p> <p><b>Notify</b> the LHIN Care Coordinator</p> <p><b>Instruct</b> patient to <b>self-isolate for 14 days</b> and use MOH COVID Self-Assessment</p> <p><b>If symptoms worsen, call</b> Primary Care Provider or Telehealth1-866-797-0000</p>

<p><b>Atypical Symptoms (70 years of age and older)</b></p> <ul style="list-style-type: none"> <li>• delirium (altered state of consciousness),</li> <li>• Unexplained or increased number of falls,</li> <li>• Acute functional decline,</li> <li>• Worsening of chronic conditions</li> </ul>	<p><b>Use PPE Precautions as appropriate</b></p> <p><b>Notify</b> Public Health (according to local processes)</p> <p><b>Notify</b> the LHIN Care Coordinator</p> <p><b>Instruct</b> patient to <b>self-isolate for 14 days</b> and use MOH COVID Self-Assessment</p> <p><b>If symptoms worsen, call</b> Primary Care Provider or Telehealth1-866-797-0000</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**\*Close Contact** - Living in the same house and/or within touching distance (within 6 feet, 2 meters), with a person with suspected, probable, or confirmed case of COVID-19. Examples include kissing or hugging, sharing eating or drinking utensils, carpooling, close conversation, sharing a healthcare waiting area, performing a physical examination (relevant to health care providers), and any other direct contact with respiratory secretions of a person with coronavirus.

The following are **not considered close contact exposures**:

- Living in a city or town where there are one or more confirmed cases of COVID-19.
- Walking by a person who has COVID-19



# Respiratory hygiene, cough etiquette, hand hygiene <sup>(2)</sup>

- Measures to contain respiratory secretions. Should be practiced by everyone - staff, residents, visitors/volunteers - upon entry and throughout stay

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Cover mouth and nose with a tissue when coughing or sneezing</b>	<b>Dispose used tissue properly in nearest waste receptacle</b>	<b>Perform hand hygiene after contact with respiratory secretions and contaminated objects/ materials</b>	<b>Appropriate use and proper removal of surgical face mask</b>

## How to Wash Your Hands

**The Importance of Hygiene**

In certain types of business, hygiene is a legal requirement, such as where food is handled. For other workplaces it is still essential.

**Essential reasons:**

- Washing hands prevents the spread of germs which lead to diseases such as flu, stomach bugs and even potentially fatal diseases such as MRSA.
- Contamination on the hands can get onto food, cigarettes etc.
- Contamination can also be passed onto others such as children.

**Employers must provide hand-washing facilities that are well stocked and suitably sited.**

Hand washing facilities must be provided in toilet areas and close to food preparation areas. The facilities must include a basin with hot and cold water, liquid soap and paper towels with a waste bin.



**Hand Wash Procedure**

<p>1. Wet your hands with water.</p> 	<p>2. Apply enough handwash/soap to cover your hands.</p> 	<p>3. Rub hands palm to palm.</p> 	<p>4. Rub right palm over the back of your left hand and vice versa.</p> 
<p>5. Palm to palm with fingers interlaced.</p> 	<p>6. Backs of fingers to opposing palms with fingers interlocked.</p> 	<p>7. Rotational rubbing of left thumb clasped in right palm and vice versa.</p> 	<p>8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p> 
<p>9. Rinse your hands with water.</p> 	<p>10. Dry your hands thoroughly with a single use towel.</p> 	<p>11. Use the towel to turn off the tap.</p> 	<p>12. Your hands are now safe!</p> 

This poster is provided for information purposes only and is not a substitute for training or instruction. © Seton - content supplied by Corner. DAT004642 V1.0 0900 985001 www.seton.co.uk SETON

## HOW TO WEAR A MASK?

Use surgical masks instead of N95 masks.

		
It should <b>COVER YOUR MOUTH, NOSE AND CHIN</b> , with the coloured side facing outwards.	<b>PINCH THE METAL EDGE OF THE MASK</b> so that it presses gently on your nose bridge.	Remove a used mask <b>HOLDING ONLY THE EAR LOOPS.</b>
		
To be effective, <b>CHANGE YOUR MASKS REGULARLY OR IF SOILED OR WET.</b>	<b>WASH YOUR HANDS WITH SOAP AND WATER</b> after disposing the soiled mask properly into a bin.	