GOVERNMENT OF BERMUDA
Ministry of Health

April 2023

v.6

COVID-19 Guidance: Care Homes v.6

MINISTRY OF HEALTH, GOVERNMENT OF BERMUDA

Contents

Application

Care homes regulated under the Residential Care Homes and Nursing Homes Act 1998, are to follow this guidance in accordance with The Public Health Act 1949, Residential Care Homes and Nursing Homes Act 1999, Residential Care Homes and Nursing Homes Regulations 2001, Code of Practice for Care Homes 2018 and Occupational Safety and Health Act 1982.

Each care home is responsible to implement the guidance in accordance to their specific care home needs and circumstances. **Epidemiology and Surveillance Unit (ESU)** can be contacted for advice on implementing the guidance.

The guidance will be updated continuously based on clinical and national developments regarding COVID-19. Care homes will be informed directly of updates to the guidance.

Contact Information

Epidemiology and Surveillance Unit (ESU), Ministry of Health
278-6503
jdwilson@gov.bm

For more information, updates and Covid-19 resources go to:
https://www.gov.bm/coronavirus

COVID-19 Guidance for Care Homes V.6
Ministry of Health, Government of Bermuda
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Glossary

Contact- is a person who has been exposed to someone who has tested positive for COVID-19 any time from 2 days before the person who tested positive developed their symptoms, and up to 14 days after.

Close Contact- means having direct contact with an infected person (hugged or kissed them), spending more than 15 minutes of face to face contact within 6 feet of an infected person in any setting, living in the same house or shared accommodation as an infected person or sitting in a car with an infected person.

Droplet and Contact Precautions- include:

- Surgical/procedure mask (add N95 for aerosol generating procedures)
- Isolation gown
- Gloves
- Eye protection (goggles/face shield)

Essential visitors or providers include a person:

- Performing essential resident support services e.g. health care services required to maintain good health (e.g. GP, Rehabilitation Services, etc.) ; family required to provide care, general mental health/well-being support or emergency repairs
- Visiting a very ill or palliative resident
- Inspectors for regulatory purposes.

Visitor- a person who is not an essential visitor but visits:

- To provide non-essential services
- For social reasons
- As a prospective new resident

Provider - a person who provides non- essential maintenance, personal or health care services to the resident, for example hair or beauty care.

High Risk for severe COVID-19 disease older adults and people of any age who have serious **Underlying Medical Conditions** such as:

- Asthma
- Chronic kidney disease
- Chronic lung disease
- Diabetes
- Immunocompromised
- Liver disease
- People aged 65 years and older
- People in nursing homes or long- term care facilities
- Serious heart conditions
- Severe obesity

Immunized- A person who has received the complete dose of an approved COVID- 19 vaccine with required time period for full immunization (e.g. Pfizer- 2 doses plus 3 Weeks (21 days) post 2ND dose).

Outbreak in a care home is defined as two or more cases linked by person, place or time. Public Health action should start with the identification of a single confirmed case of COVID-19 in a care home resident or staff member.

Outbreak area- Designated space(s) within the care home where COVID-19 positive or exposed residents are cared for and engaged in activities. Based on the size, layout or number of Covid positive/exposed residents in the home, the entire facility may be designated as an outbreak area or a single room.

Isolation separates persons who have a confirmed diagnosis of COVID-19 to prevent the transmission from an infected resident/staff/visitor to other non-infected residents, health care workers, and visitors.

Quarantine separates and restricts the movement of persons who may have been exposed to COVID-19 but do not have a confirmed medical diagnosis.

Personal Protective Equipment (PPE) is equipment worn to minimize exposure to a variety of hazards. Examples of PPE include such items as gloves, eye protection, masks, N95s, gowns, aprons

Self-monitoring means the person should monitor themselves for fever by taking their temperature daily and remain alert for symptoms of COVID-19 (e.g. cough, shortness of breath, sore throat, sore muscles, tiredness, and gastrointestinal symptoms, loss of taste or smell)

Staff includes anyone working in the care home including but not limited to, health care workers.

Symptoms consistent with COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting or diarrhea
- Headache
- Fatigue/Lethargy
- Confusion
- Changes in a patients usually status such as:
    - Worsening of **Underlying Medical Condition** (List above)
    - Sleeping more than usual

1. Residents at High Risk for Severe Disease

1.1 Respiratory infections such as COVID-19 can be easily transmitted in settings such as care homes.

1.2 The resident community in care homes is likely to be older, frailer and have complex chronic conditions, which put them at high risk for severe COVID-19 disease.

1.3 Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID- 19 exposure and to prevent the spread of COVID-19 within nursing homes.

1.4 Update advanced directives with all residents.

2. Preparedness and Response Measures

2.1 Core Principles of COVID-19 Infection Prevention

2.1.1. Hand hygiene (use of soap and water is preferred, when not practical alcohol-based hand rub can be used)

2.1.2. Modify internal activities to promote adherence to recommended physical distancing measures (>2 meters/6 feet) for residents and staff. These recommended measures can include but not localized to: communal resident dining, staff common areas, and residents' medication administration schedules.

2.1.3. Environmental cleaning should occur between shifts and, as appropriate, after/between dining shifts.

2.1.4. Face covering or mask (which has to cover mouth and nose). Care workers and visitors to care homes do not routinely need to wear a face mask at all times in care settings, however there remain a number of circumstances where it is recommended that care workers and visitors to care settings wear masks to minimize the risk of transmission of COVID-19.

- If the person being cared for is known or suspected to have COVID-19
- If the member of staff or visitor is aware that they are a personal contact of someone who has had a positive test result for COVID-19
- If the care setting is in an outbreak – see section on outbreak management for further information
- Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.
- If the care recipient would prefer care workers or visitors to wear a mask while providing them with care then this should be supported.
- Care home managers should also recommend that care workers and visitors to wear a mask in scenarios over and above those recommended in this guidance.

2.1.5. Appropriate use of Personal Protective Equipment (PPE). Ensure sufficient PPE is available and review staff PPE training. Ensure appropriate PPE conservation is followed. (See **Appendix 1)**

2.1.6. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, hand hygiene)

2.1.7. Review environmental cleaning protocols and ensure frequent cleaning and disinfecting of highly touch surfaces, and designated visitation areas after each visit.

2.1.8. Effective staff cohorting of residents (e.g. separate areas dedicated to COVID-19 care)

2.1.9. Review staffing schedules, staff who work in other locations, availability of alternate staff, and emergency contact numbers for staff

2.1.10. Review communications protocols. Develop plans to communicate with staff, residents and families on COVID-19 updates, and impact on the care home. It should include providing information on how staff can get tested if they become symptomatic or are exposed to COVID-19.

2.1.11. Identify if and how outbreak areas can be established in the home.

2.1.12. Resident and staff testing conducted as required.

2.1.13. Identify and ensure the appropriate staff are trained as required by the Ministry, for COVID19 PCR test booking and collection of Nasopharyngeal (NP), Saliva (Spit and Buccal), and antigen test sampling and training, guidance and competence.

2.1.14. For information on IPC and PPE training and guidance for care homes go to https://openwho.org/courses/LTCF-COVID-19

2.2 Mandatory Reporting

2.2.1 COVID-19 is a notifiable disease as per the Public Health (Communicable Disease) Order 2020 [1] and the Public Health Act 1949[2]

2.2.2 The care home must fill out form https://forms.gov.bm/LTCF-Outbreak-Form/ to report a staff member or resident suspected/confirmed to have COVID-19.

2.2.3 ESU will provide advice on what control measures should be implemented to prevent further spread and how to monitor for other possible infected residents and staff members.

2.3 Limiting Staff Work Locations

2.3.1 Care home employers and employees must comply with staffing restrictions issued under the Residential Care Home and Nursing Homes Amendment Regulations 2020. All care homes will be notified on staffing restrictions, or changes to restrictions. This information is also found at: https://bhec.bm/licensed-long-term-care-facilities/

2.3.2 Staff are allowed to work at **ONE** other location pending the approval of their care home manager and the on-call care home manager. The form can be found at: https://bhec.bm/wp-content/uploads/2022/04/Staffing-Restriction-Exemption-Application-March-2022-002.pdf

2.3.3 When staffing restrictions are in place, care homes must:

2.3.2.1 Work with staff, contractors, and volunteers to limit their work location to the care home to minimize risk to residents and other staff of exposure to COVID-19.

2.3.2.2 Staff, contractors and volunteers must discuss with their employer if they have other work locations and the COVID-19 status of those locations.

2.3.2.3 Care homes and staff must keep a record of secondary employment location, date and times.

2.4 Staff Return to Work from Travel

2.4.1 Care home staff must adhere to the following return to work requirements based on the high risk nature of the care home setting:

2.4.1.1 Care home staff regardless of immunization status may return to work upon Antigen testing at the Care Home to be certified negative.

2.4.1.2 Care home staff will commence with daily Symptom Screenings Checklist until day 4.

2.4.1.3 Staff on return to work must wear mask for 4 days.

2.4.1.4 Staff who develop symptoms must antigen test immediately. If antigen test is positive, must go home immediately to self-isolate and contact their health care provider for assessment. See **Appendix 9** for work restrictions.

2.5 Routine Symptom Screening

2.5.1 The Nurse-in-Charge/Administrator ensures all people entering the home complete a symptom check list (See **Appendix 3 &4)**.This includes all staff, providers, all types of visitors and any person providing delivery or maintenance services that must enter the facility.

2.5.2 Staff and Residents receive daily symptom screening see **Appendix 3&4.** Resident screening forms are kept in their medical records.

2.5.3 Residents with symptoms, including mild respiratory symptoms or atypical symptoms i.e. an unexplained change patients usual status and worsening of **Underlying Medical Condition,** must be isolated and tested for COVID-19, see Symptomatic Resident/Staff Testing.

2.5.4 COVID-19 symptomatic staff must go home immediately to self-isolate and contact their health care provider for assessment and testing. See **Appendix 9** for Symptomatic work restrictions.

2.6 New Staff, Resident Admissions, Re-admissions and Transfers

2.6.1 New staff are recommended to have a negative COVID-19 Antigen Test prior to starting at the care home. A COVID-19 Antigen Test can be performed at the care home to be verified by care home management.

2.6.2 Requirements for new admissions including respite are outlined below.

2.6.2.1 Residents transferred from a hospital or new admissions to a care home must be Certified Antigen tested for COVID-19 within 24hrs prior to admission to the homes, and results received, prior to transfer/admission.

2.6.2.2 A care home in active outbreak must liaise with ESU to conduct a Risk Assessment to ascertain admission of new resident or respite clients.

2.6.2.3 Readmissions are allowed to return to Care Home that is in outbreak.

2.6.3 Upon admission/readmission the following is required for all clients regardless of immunization status:

2.6.3.1 Receive an antigen test upon admission/re-admission and be placed in quarantine for 4 days;

2.6.3.2 Receive daily symptom monitoring for the new admission/re-admission and any roommate;

2.6.3.3 All new admissions/re-admission test out of quarantine on day-4 by a negative Antigen COVID-19 test, including roommates of new admission where necessary;

2.6.3.4 Essential visitors (one named person) can visit the resident while in quarantine with all required precautions in place.

2.6.4 The following are exceptions to the admission criteria:

2.6.4.1 Persons who receive a positive test result prior to, upon, or at any time during the new admission testing regime. These persons must be isolated in accordance with the Covid-19 Care Home Guidance. See **Appendix 7** for a summary of the testing requirements under this section

[1] Bermuda Laws online. http://www.bermudalaws.bm/laws/Annual%20Laws/2020/Statutory%20Instruments/Public%20Health%20(Communicable%20Disease)%20Order%202020.pdf [2] Bermuda Laws Online. Available at http://www.bermudalaws.bm/laws/Consolidated%20Laws/Public%20Health%20Act%201949.pdf

2.7 Visitors

2.7.1 Visitor restrictions and requirements are determined by the Covid-19 status of the care home.

2.7.2 General restrictions are in place for visitations (see **Appendix 2)** :

2.7.2.1 It is recommended that Visitors perform a **rapid antigen test the same day as their visit** and provide evidence of a negative test to the care home prior to visiting with the resident

2.7.2.2 Physical Distancing guidelines are recommended between the resident and a visitor/provider, unless direct care is being provided

2.7.2.3 All visits are prescheduled with the home to ensure adequate staff and physical distancing, as determined by the care home and according to the general or outbreak restrictions **(see Appendix 2).**

2.7.2.4 All visitors and providers are screened prior to and upon arrival with the *COVID - 19 Screening Tool for LTC Homes* (see **Appendix 3&4***).*

2.7.2.5 All visitors and providers are signed in on arrival and departure.

2.7.2.6 All visitors and providers only visit the approved resident and no other residents. This includes consideration for the roommates of a resident if the visit must occur in their room.

2.7.2.7 A dedicated indoor visiting space may be useful if space permits

2.7.2.8 Use of the resident/visitor bathroom facilities is discouraged.

2.7.2.9 The resident's right to decline a visitor is respected.

2.7.2.10 Staff must support the visitor or provider in appropriate use of PPE based on the COVID-19 status of the care home and level of contact and engagement with the resident (see **Appendix 1**).

- All visitors and providers are guided in performing hand hygiene when they arrive.
- Visitors and providers wear a mask while visiting a resident.
- All visitors and providers (essential and non-essential) in contact with a resident who has COVID-19 or suspected COVID-19, must use PPE as required for droplet and contact precautions (see **Appendix 5**)

2.7.3 On advice from ESU homes should conduct a risk assessment to determine if additional restrictions are required based on their staffing numbers and facility layout.

2.7.4 Essential visitors/providers, are determined by the care home and must be people needed to perform essential care/quality of life support for:

- End of life care needs
- Dementia care needs
- Mental health needs
- Physical care needs

2.7.5 Essential visitors or essential providers may be arranged with the care home during outbreak.

2.7.6 Care homes are responsible for advising residents' family and friends of visiting restrictions and requirements.

2.8 Resident Activities & Engagement

2.8.1 General restrictions are in place on resident activities and day care services, see **Appendix 2**.

2.8.2 It is recommended that Residents in homes not in outbreak and who leave the home during the day adhere to the following precautions:

2.8.2.1 Persons the resident is leaving the home with, have a COVID-19 negative Antigen Test completed that day and be educated by staff on proper Covid-19 precautions when outside the home. This includes screening to help ensure residents are not visiting people with symptoms, in self-isolation or quarantine.

2.8.2.2 Residents wear a mask at all times when not in the home, practice good hand hygiene and avoid the 3 C's - close contact, crowded places, and closed spaces.

2.8.2.3 Residents are screened upon re-entry to the home and antigen tested 72 hours later.

2.8.3 It is recommended that Residents in quarantine remain on the property at all times.

2.8.4 Residents whose leave includes an overnight stay follow the Admission Protocol which includes:

- Quarantine until day 4
- Daily symptom monitoring for the new admission and any roommate;
- Regardless of immunization status, test out of quarantine on day-4 by a negative Antigen COVID-19 test, including roommates where necessary
- Essential visitors (1 named person) can visit the resident while in quarantine with all required precautions in place.

2.8.5 Ensure any quarantining takes into consideration any detrimental physical, emotional and social impacts on the residents.

2.8.5.1 Alternative options for support should be considered, e.g. exercise programs for the room, one-on-one programs, use of technology to allow visual and auditory contact with family and friends, distracting activities that meet the needs of individual residents.

2.8.5.2 Consider cultural and religious practices and determine acceptable alternatives.

2.8.5.3 Consider alternative measures to be taken for residents with cognitive disabilities (e.g. increase one-on-one programs, use of preventative wandering barriers, dedicate resident time for sensory stimulation activities)

2.9 Day Care Programming

2.9.1 Care homes are responsible to assess the risk and requirements for re-opening their day care program and must adapt their services and total number of clients they can serve accordingly.

2.9.2 The Covid-19 Guidance for Care homes applies to day care services within a care home. In addition, the following is required to be in place for day care:

2.9.2.1 The space used for day care services is maintained in accordance with IPC guidance to decrease risk of transmission.

2.9.2.2 Recommended that Physical distancing requirements, unless personal care or support is being provided, are maintained and total number of clients reflect this criteria.

2.9.2.3 PPE requirements in the Covid-19 Guidance for Care Homes, are upheld for day care clients and staff.

2.9.2.4 Daily client COVID-19 symptom screening and monitoring.

2.9.2.5 Recommend that daily COVID-19 Antigen testing conducted for clients prior to arrival at the care home. Test kits are to be provided by the family and evidence of a negative result when the client is being dropped off at the care home.

2.9.2.6 A person who fails the symptom screening or has tested COVID-19 positive, cannot enter the care home or return to the program until they have a negative certified antigen test as per National COVID-19 Testing Policy and no more symptoms and staff are to provide a doctor's note stating that they are no longer infectious.

2.9.2.7 Any suspected case of COVID-19 in the care home/day care client may result in the closure of the day care service.

2.9.2.8 All clients (and their carers, as appropriate) are informed of the risks of attending day care services, the policies in place regarding screening and attendance, and if the service must cease.

2.9.2.9 Transportation services associated with the daycare program are included in the risk assessment and risk reduction.

2.9.2.10 Care home day care policies, procedures and practices are updated to uphold these criteria.

2.9.3 Day care programs for non-residents are not authorized when a home is in outbreak, **see Appendix 2**.

3. Testing for COVID-19

As care homes are no longer conducting Asymptomatic Testing (twice monthly buccal PCR for residents, and twice weekly antigen for staff), Care homes are to implement a very low threshold for COVID-19 testing. See **Appendix 7** for summary of testing requirements.

3.1 Symptomatic Residents/Staff Testing

3.1.1 Antigen testing is conducted on every symptomatic resident and staff member in the care home. With the very low threshold any resident who has a change of status or a worsening to their **Underlying Medical Conditions** such as:

- Asthma
- Chronic kidney disease
- Chronic lung disease
- Diabetes
- Immunocompromised
- Liver disease
- Serious heart conditions
- Severe obesity

In addition any person in the care home who displays the following symptoms below **Are to test immediately!**

- Cough
- Shortness of breath or difficulty breathing
- Fever chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting or diarrhea
- Headache
- Fatigue/Lethargy
- Confusion
- Changes in a patients usually status such as:
    - Worsening of **Underlying Medical Condition** (List above)
    - Sleeping more than usual

3.2 Optional Resident/Staff Testing/Screening

3.2.1 **Occupational Safety and Health Act 1982**, allows Care homes the **OPTION** to

perform Antigen Test Screening of all asymptomatic residents and staff for outbreak prevention, and safety.

- For residents: Twice per month (every 14days) buccal swab PCR tests **OR** Twice per month (every 14days) with twice a week antigen testing.
- For staff: Twice per week antigen testing.

3.2.1.1 Positive antigen tests DO NOT require a confirmation by PCR testing.

3.2.1.2 Symptomatic residents with Negative antigen test results will receive a follow up antigen test on Day 4, and symptom monitor until Day 4 from onset of symptoms

3.2.1.3 Risk assessment will be performed on any positive residents to determine if Outbreak protocol is to be initiated.

3.2.2 Testing for symptomatic residents is done by trained care home staff immediately.

3.2.3 If staff member is symptomatic at home, the staff member will:

3.2.3.1 Antigen test at home and relay result to care home management.

3.2.3.2 Acquire a Certified Antigen Test or doctor's note to verify at home antigen test is positive.

3.2.3.3 If staff member is positive, isolate at home for 5 days as per national policy

3.2.3.4 If staff member is negative, may be allowed to return to work after risk assessment by the management of the Care Home and ESU.

a. Care home staff engage in daily Symptom Screenings Checklist.

b. Staff **MUST** wear a mask for 4 days

3.2.4 If a staff member develops symptoms while onsite, the staff member will:

3.2.4.1 Perform Antigen test immediately to determine Covid Status.

3.2.4.2 If staff member is positive, isolate at home for 5 days as per national policy.

3.2.4.3 If staff member is negative, may be allowed to continue work after risk assessment by management of the Care Home and ESU. If work is continued, staff member will antigen test for 5 days with droplet level PPE See **Appendix 9.**

3.3 General

3.3.1 Care homes are responsible for booking symptomatic staff and resident for NP-PCR outbreak testing.

3.3.1.1 Care home must have designated staff trained in using the BMDL Sample Request process to book tests for their home.

3.3.2 Care homes will coordinate acquiring testing supplies such as NP and Saliva PCR tests kits and PPE from ESU.

3.3.3 Care homes are to have only trained staff obtaining samples, delivering PCR samples and initiating required actions as a result of test results. For details on each step see the testing process diagram in **Appendix 6.**

3.3.4 All Care Homes are to agree on a specified time to drop off samples to the Lab.

3.3.5 Resident test results are sent from the Lab to the care home, ESU and the ordering physician.

3.3.6 Staff receive their own test results and it is also sent to their physician.

3.3.7 Consent is obtained and refusals are documented from all residents (or designated representative as required) and staff for testing.

3.3.7.1 For residents that refuse testing, it is recommended they wear appropriate mask, if possible, while in the public areas of the care home.

3.3.7.2 For Staff who refuse to test must wear droplet and contact precaution level PPE at all times.

3.3.7.3 It is on the discretion of the management of the Care Home to allow Staff to continue to work who refuse to test during an outbreak.

4. Outbreak Guidance

4.1 Outbreak Declaration and Assessment

4.1.1 Outbreaks are declared in collaboration between the Care Home and ESU.

4.1.2 A single, confirmed case of COVID-19 in a resident or staff member will trigger an outbreak assessment by ESU.

4.1.3 If a new admission or re-admission tests positive, it may not be necessary to declare an outbreak if they have been in isolation under contact and droplet precautions since entering the care home.

4.1.4 Once the ESU has triggered an outbreak assessment in the care home:

4.1.4.1 Potentially exposed providers and visitors are notified and follow public health guidance.

4.1.4.2 The outbreak area(whole home or section) is to commence droplet and contact level precaution PPE and ensure active symptom screening.

4.1.4.3 Whole home or section testing of staff and residents, by NP- PCR in accordance with the table below:

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<table>
<tr><th></th><th>NP PCR tests</th><th>Antigen Tests</th></tr>
<tr><td>Residents</td><td rowspan="2">1) Test on day 1 of the declared outbreak
2) Repeat testing on day 7,
a. If no <u>new</u> cases identified:
• End Outbreak Protocol
• Commence droplet precautions for further 7 days and antigen test symptomatic during 7 days,
• If symptomatic positive cases restart Outbreak Protocol
b. If <u>new</u> cases identified:
• Continue Outbreak Protocol
• Repeat testing every 7 days until no new cases identified.
• When no new case, end outbreak protocol.</td><td>Only used if develop symptoms during times when PCR is not available.</td></tr>
<tr><td>Staff</td><td>Test twice weekly</td></tr>
<tr><td colspan="3">Any RECURRING positive cases on day 7 follow below regime:</td></tr>
</table>

Residents	NO Nasopharyngeal PCR Test on individual recurring positive	The next day (Day 8) will start the Antigen Testing regime for any RECURRING Positive cases Antigen test on Day 8 , Day 14 Day 17 and Day 21 until negative. Resident will be placed on quarantine until negative result.
All Staff	Continue to follow Symptomatic Residents/ Staff Testing guidelines.	Resume twice weekly testing
***PLEASE NOTE*: In homes with ongoing transmission and/or evidence of increased severity of illness, ESU may require an additional 7 days (another testing cycle) to elapse in addition to the standing Outbreak protocol before the outbreak protocol is declared over.**		
***PLEASE NOTE*: Antigen tests can replace PCR scheduled tests when PCR is not available. Please keep in mind that PCR is the Standard of testing.**		

4.1.1 Once an outbreak is declared, any additional compatible illness in residents is managed as a probable case of COVID-19, while waiting for test results.

4.1.5.1 For testing symptomatic residents see: Symptomatic Resident/Staff testing

4.1.5.2 Symptomatic resident are placed under contact and droplet precautions in a single room, if feasible.

4.1.5.3 Roommates of the symptomatic resident are Antigen tested at the same time.

4.1.2 Staff who develop symptoms must follow the testing guidance under: Symptomatic staff or COVID-19 positive staff.

4.1.3 Work restrictions for symptomatic or COVID-19 positive staff see section on: Symptomatic Resident/Staff testing

4.2 Outbreak Control Measures

4.2.1 Consider all residents in the outbreak area to be either infected or exposed and potentially incubating.

4.2.2 Continue monitoring all residents and staff for symptoms daily.

4.2.3 Take vital signs including oxygen saturation of residents with COVID-19 positive results at least daily.

4.2.4 Report timely, regular updates on ill residents or staff to ESU via https://forms.gov.bm/LTCF-Outbreak-Form/ .

4.2.5 Assess need for expansion of outbreak areas based on results from outbreak testing and symptom monitoring.

4.2.6 Review infection prevention and control practices including proper PPE use, and hand hygiene with all staff including kitchen and housekeeping staff.

4.2.7 **New resident/respite admissions criteria** into a care home which is in outbreak are as below:

4.2.7.1 Exceptions may be authorized in critical circumstances such as bed shortages at the hospital.

4.2.7.2 Liaise with ESU to conduct a Risk Assessment prior to admission

4.2.7.3 Readmissions are allowed to return

4.2.8 When there are active COVID-19 cases in a care home, the care home initiates Outbreak Visiting and Activities (see **Appendix 2**).

4.2.8.1 All essential visitors and providers must be informed of the outbreak status and risk of transmission.

4.2.8.2 Any non-essential delivery or maintenance person should not enter the home.

4.2.9 When a home is designated as in outbreak, visiting is restricted in accordance with the following:

4.2.9.1 Only essential visitors or providers are allowed to enter the home

4.2.9.2 Visiting residents through closed windows and doors is permitted.

4.2.9.3 Where possible, visitors are encouraged to use technology to keep in touch with loved (e.g. phone or video chat).

4.2.9.4 Care packages from families/friends are encouraged and should be left in a designated spot outside the care home.

4.2.10 For residents that leave the home for an essential out-patient visit (e.g. dialysis) the home must provide a surgical mask for the resident. If tolerated, the mask must be worn while out of the home and the resident should be screened upon their return.

4.2.11 Ensure EMS and hospitals are informed when COVID-19 positive or exposed residents are to be transferred from the home to the ER.

4.2.12 Maintain ongoing assessment of contingency plans for procurement of essential supplies (e.g., stock rotation, ordering, alternatives, etc.).

4.3 Cohorting

4.3.1 Cohort or "group together" all residents and staff in the outbreak area as much as possible.

4.3.2 Resident cohorting includes one or more of the following:

- COVID-19 positive residents with COVID-19 positive residents;
- COVID-19 negative residents with COVID-19 negative residents;
- Exposed residents with other exposed residents and vice versa.

4.3.3 Use respite and palliative beds/rooms and other rooms as appropriate to help maintain isolation of affected residents/cohorts.

4.3.4 Staff cohorting can include:

4.3.4.1 Designating staff to **either** ill **or** well residents, exposed **or** unexposed residents.

4.3.4.2 Assigning staff who test positive and are asymptomatic (Appendix 9) to positive or exposed residents.

4.3.4.3 Assigning staff who test negative to negative residents.

4.3.4.4 Assigning unexposed staff to unexposed residents.

4.3.5 Resident activities (including dining) are geared to each cohort and group.

4.3.6 Cleaning must take place after each group activity/dining shift.

4.3.7 Intermingling of the groups must be avoided when and where possible.

4.3.8 Residents in isolation or quarantine must remain on the property of the care home, unless necessary for essential health care.

4.3.9 If cohorting and consistent staff assignment is not possible, the alternative is to discontinue all communal activities/gatherings for the duration of the outbreak; where possible provide in-room food service.

4.3.10 In smaller care homes or in homes where it is not possible to maintain physical distancing of staff or residents cohort, all residents or staff should be managed as if they are potentially infected, and staff should use droplet and contact precautions.

4.3.11 Ensure any quarantine/ isolation of residents takes into consideration the detrimental physical, emotional and social impacts on the residents as outlined for quarantined residents under Resident Activities & Engagement.

4.4 Staff Work Restrictions including Work Quarantine / Isolation

4.4.1 Work restrictions are implemented when staff receives a positive COVID-19 test result or are a close contact due to exposure offsite or onsite.

4.4.1.1 For offsite exposure see Staff Exposure/Staff Illness and **Appendix 9.** Conventional restrictions and testing apply unless, informed otherwise by the care home management.

4.4.2.1 Onsite exposure is determined through outbreak assessment.

4.4.2 When a care home is experiencing an outbreak and staffing challenges, care home management consult ESU to determine required restrictions:

4.1.4.1 ESU, in conjunction with care home management, assess the care home's setting and staffing levels to consider authorization for contingency and crisis staff strategies. These strategies augment conventional strategies and are considered and implemented sequentially.

4.4.3 Work isolation is a crisis staff strategy to maintain required staffing levels in care homes. Work isolation pertains specifically to COVID-19 asymptomatic positive staff being required to work with COVID- 19 positive patients. This is used in extreme crisis circumstances and based on the level of outbreak and access to critical support staff to maintain primary care home services to residents. See **Appendix 9**

4.4.4 Work Isolation requires staff to:

- Only move between work and home – no stops anywhere else and avoid use of public transportation.
- Wear droplet and contact precaution level PPE in the care home at all times
- Perform consistent frequent hand hygiene
- Eat at work with ample physical distancing between you and anyone else due to mask removal.
- Ensure consistent and ongoing monitoring of self for symptoms (at least 2x per day).

4.4.5 If a staff member on work isolation develops symptoms they must leave work and isolate at home.

4.4.5.1 Care home management with ESU may approve a staff member to remain or continue to work in accordance with the **Appendix 9**

4.4.6 See **Appendix 8** for how to utilize staff doing work self-isolation with asymptomatic and symptomatic residents

4.4.7 Staff under work isolation must be known to the head nurse / administrator

4.5 Communications

4.5.1 Care homes have a duty to keep staff, families and residents informed about the COVID-19 status in their home.

4.5.2 Signage in the care home must be clear about COVID-19, including benefits of COVID-19 and Influenza vaccination, signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident and if the home is currently in outbreak.

4.5.3 Communicate with ESU throughout the outbreak, including Positive Antigen tests, newly symptomatic residents or staff, residents transferred to hospital and resident deaths.

4.6 Declaring the Outbreak Over

4.6.1 All staff are tested with NP PCR 7 days after the last resident or staff had a positive test result or showed COVID-19-like symptoms.

4.6.2 A home is declared outbreak free when there are no new COVID-19 positive cases for 14 days after the last positive test was received.

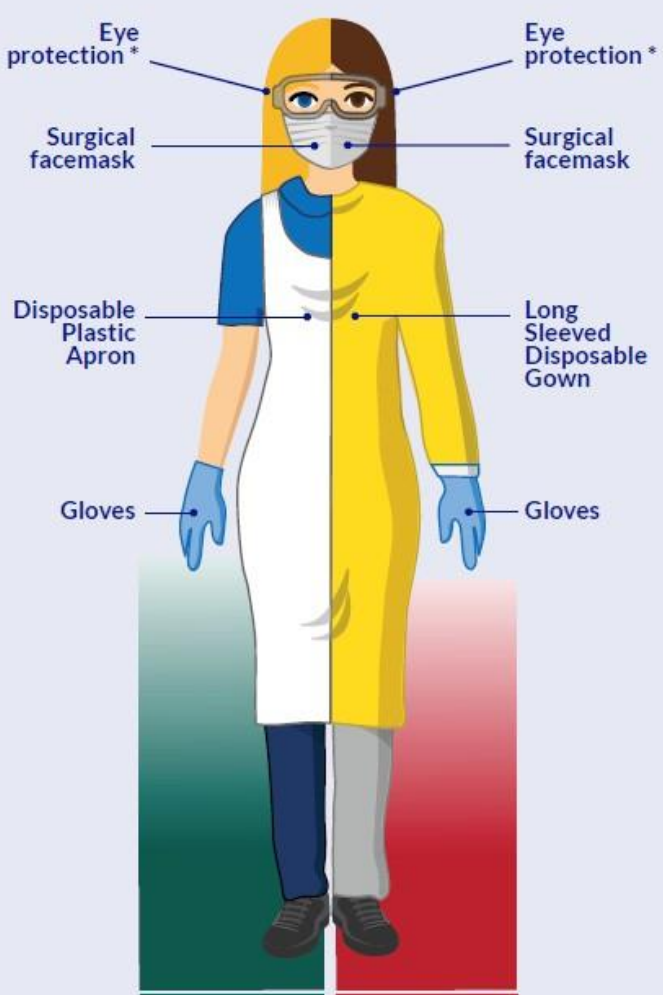
4.6.3 If a new case or cases are detected after this 14-day recovery period has been achieved, then this is a new outbreak and the care home manager notifies ESU and implements outbreak measures

Appendix 1: Safe PPE& Required Precautions

COVID-19
Safe PPE

Care of patients with respiratory symptoms/suspected/confirmed COVID-19

Hand Hygiene First in **All** Cases



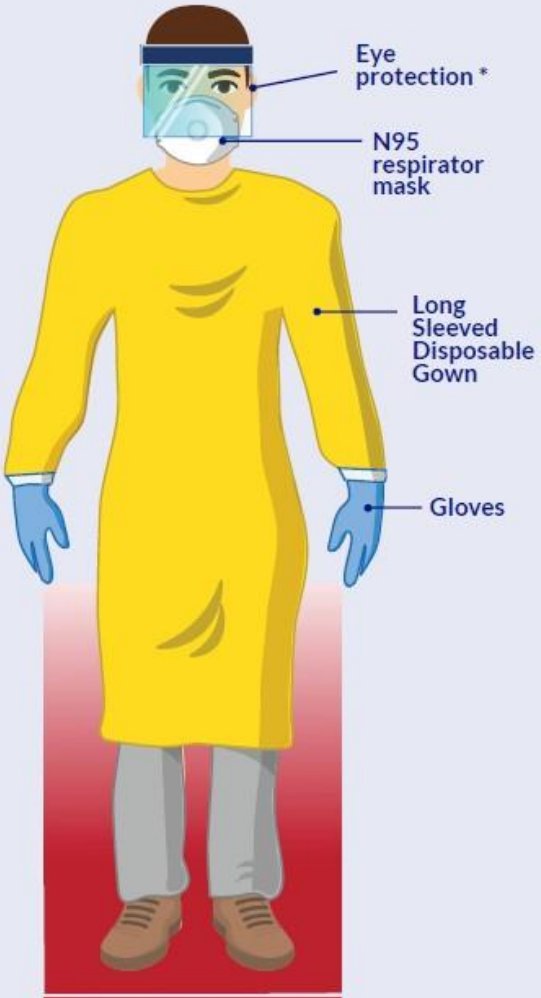
LOW CONTACT

Unlikely to provide opportunities for the transfer of virus/other pathogens to the hands and clothing

HIGH CONTACT

Increased risk for transfer of virus and other pathogens to the hands and clothing

**Eye protection to be worn on risk assessment*



AEROSOL GENERATING PROCEDURES

Also if there is a risk of an unplanned aerosol generating procedure.

Stay informed on the latest developments about COVID-19 by visiting the Government of Bermuda's website coronavirus.gov.bm

GOVERNMENT OF BERMUDA
Ministry of Health

Version 1: 7th May 2020

Appendix 1: Safe PPE& Required Precautions (continued)

Required Precautions- Summary

Activity	Precautions
Preventing spread from staff or essential visitors who may be asymptomatic/pre-symptomatic while working in or visiting the care home.	Care workers and visitors to care homes do not routinely need to wear a face mask at all times in care settings, however there remain a number of circumstances where it is recommended that care workers and visitors to care settings wear masks to minimize the risk of transmission of COVID-19. See 2.1 Core Principles of COVID-19 Infection Prevention
Before providing care to a resident	Staff must determine the precautions and PPE required.
Providing care to residents with suspect or confirmed COVID-19, including collection of nasopharyngeal/buccal swabs	High Contact (increases risk of transfer of virus/other pathogens to the hands and clothing) Droplet and Contact Precautions, including: • Surgical/procedure mask • **Isolation gown** • Gloves • Eye protection (goggles/face shield)
	Low Contact (unlikely to provide opportunity for transfer of virus/other pathogens to the hands and clothing) • Surgical/procedure mask • **Plastic Apron** • Gloves • Eye protection (goggles/face shield)
Providing suctioning (or other aerosolizing procedure) to resident with suspect or confirmed COVID-19	Droplet and Contact precautions **plus** use of N95 respirator. Manage in single room with door closed. Keep the number of people in the room during the procedure to a minimum.

Appendix 2: Care home Visiting and Activity Restrictions

The high vulnerability setting of care homes requires **recommendations** on outside visitors and non-essential staff during Covid-19. However these are residents' homes and quality of life and care are essential.

The introduction of rapid antigen testing and infection prevention and control knowledge for COVID-19 established, all homes are to maximize available opportunities for visiting and engagement.

Outbreak restrictions may only be removed by authorization of ESU which will ensure in accordance with the COVID-19 guidance for Care Homes.

	General Restrictions	Outbreak Restrictions
Type or visitor/provider	• All visitors and providers allowed into care home, however it is recommended that visitors and providers perform a rapid antigen test with a negative result. • Children under 5 are only allowed for outdoor visiting and indoor visiting if contact with other residents can be avoided.	• Essential visitors and providers only with negative rapid antigen test result
Number of visitors in total allowed per resident	No restrictions	2 named persons
Number of visitors at one time per day	Determined by home based on space and oversight.	1 essential visitor/provider per resident at a time per day
Location of visits	• On and off site, including overnight. • Indoor & outdoor based on home and room layout. • Recommended Social Distance measures maintained	• On site • Essential visitors indoor and outdoor (Recommended Social Distance measures) • Other visitors allowed through closed doors, windows
Length of visits	Determined by home based on available space and visiting scheduling	Max 30min
Activities	Permitted with standard precautions: • External activity providers • External activities • Day care programs	• In house activity providers and activities (on care home property) only. • No day care services

Care Homes who are NOT in outbreak, care home management can only increase restrictions above the general restrictions. Examples of additional restrictions may include, if approved:

- Only essential visitors allowed indoors but maintain general visitors outdoors
- Limiting the total number of visitors allowed per person per day (1 essential/ 2 outdoor)
- Restriction on external activity providers if serving multiple care locations.

TABLE 2: Visiting and activity criteria considerations

Criteria	
National status – to lag behind national re-opening.	• Date & stage of most recent national re-opening • National COVID19 status/prevalence
Testing- frequency based on national and home specific COVID-19 status	• Recommended use of rapid antigen testing for visitors, providers and residents • Outbreak NP-PCR testing
Care Home COVID19 status	• 14 days free of COVID19
Staffing levels and ratios- Care needs met while oversight and support provided to manage visitors and protect residents as required.	• Staff to resident ratios and care needs • Administrative and management oversight. • Staffing exemptions (type & #) and impact on oversight. • Ability to cohort in small groups with dedicated staff
IPC –Knowledge and implementation of existing guidelines	• All staff (including appropriate management) are trained in PPE use for themselves and visitors • Demonstrated ability to implement and monitor adherence to IPC guidance.
PPE supplies-Demonstrated ability to maintain and manage PPE supplies.	• Adequate supplies for staff and visitors • Evidence of ability to manage supplies
Communication with families- Established and able to enforce restrictions on visiting.	• Management maintains clear and effective communication with families on COVID-19 related procedures to ensure compliance.
Physical environment- Suitable space and design to ensure required IPC requirements for visiting	• Separate entrance and exit if available • Outdoor space with Social Distance measures maintained • Indoor space with Social Distance measures maintained • Management able to assess and manage visitors in accordance with requirements based on setting (indoor/outdoor).

Appendix 3: Care Home Symptom Screening Checklists

COVID -19 Daily Resident Symptom Check Recording Sheet

Instructions:

a) **Charge person thoroughly completes check sheet by 12 noon daily.**
b) **Report symptoms to Physician**
c) **At the end of the week, submit completed sheet to Nurse.**

RESIDENT'S NAME: _____

		Comments/reported to Doctor?	
1. Cough or respiratory symptoms? If yes, inform Dr. Ross.	**Y** or N		
2. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness.	**Y** or N		
3. Fever - feel hot (back or chest) or with a thermometer (99.9 degrees Fahrenheit/38 degrees Celsius or higher?	**Record temp**	**AM**	**PM**
4. Unexplained sweating?	**Y** or N		
5. Skin is flushed or feels hot?	**Y** or N		
6. Chills or shivering or skin feels cold/clammy?	**Y** or N		
7. **Shortness of breath/difficulty breathing? (Inform Dr. Ross)	**Y** or N		
8. Drop or in blood pressure or low BP?	**Y** or N		
9. Any decrease or change in appetite or food preferences?	**Y** or N		
10. Sudden loss of smell and taste?	**Y** or N		
11. Sore or scratchy throat?	**Y** or N		
12. Diarrhea and vomiting	**Y** or N		

Charge Staff signature:_____ **Date:** _____ **Time:**_____

		Comments/reported to Doctor?	
1. Cough or respiratory symptoms? If yes, inform Dr. Ross.	**Y** or N		
2. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness.	**Y** or N		
3. Fever - feel hot (back or chest) or with a thermometer (99.9 degrees Fahrenheit/38 degrees Celsius or higher?	**Record temp**	**AM**	**PM**
4. Unexplained sweating?	**Y** or N		
5. Skin is flushed or feels hot?	**Y** or N		
6. Chills or shivering or skin feels cold/clammy?	**Y** or N		
7. **Shortness of breath/difficulty breathing? (inform Dr. Ross)	**Y** or N		
8. Drop or in blood pressure or low BP?	**Y** or N		
9. Any decrease or change in appetite or food preferences?	**Y** or N		
10. Sudden loss of smell and taste?	**Y** or N		
11. Sore or scratchy throat?	**Y** or N		
12. Diarrhea and vomiting	**Y** or N		

Charge Staff signature:_____ **Date:** _____ **Time:**_____

		Comments/reported to Doctor?	
1. Cough or respiratory symptoms? If yes, inform Dr. Ross.	**Y** or N		
2. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness.	**Y** or N		
3. Fever - feel hot (back or chest) or with a thermometer (99.9 degrees Fahrenheit/38 degrees Celsius or higher?	**Record temp**	**AM**	**PM**
4. Unexplained sweating?	**Y** or N		
5. Skin is flushed or feels hot?	**Y** or N		
6. Chills or shivering or skin feels cold/clammy?	**Y** or N		
7. **Shortness of breath/difficulty breathing? (Inform Dr. Ross)	**Y** or N		
8. Drop or in blood pressure or low BP?	**Y** or N		
9. Any decrease or change in appetite or food preferences?	**Y** or N		
10. Sudden loss of smell and taste?	**Y** or N		
11. Sore or scratchy throat?	**Y** or N		
12. Diarrhea and vomiting	**Y** or N		

Charge Staff signature:_____ **Date:** _____ **Time:**_____

COVID -19 Symptoms Care Home Staff
Self-Check Recording Sheet

INSTRUCTIONS: ALL STAFF MUST

a) Thoroughly complete this check sheet daily, at the commencement of duty.
b) Answer carefully, disclose any positive symptoms immediately to the Nurse or your supervisor.
For the protection of all, staff will be asked to go home or stay off duty if unexplained, unusual, acute symptom(s) are present.
c) Sanitize hand, wear a mask, physically distance 6 feet or more at all times.
d) Wear the appropriate PPE.
e) New sheet commences on a Monday and ends on a Sunday.
f) Place complete sheet in the envelope provided in each area.

NAME: _____week commencing Monday_____

Unexplained/unusual Symptoms		Comments
1. Cough	**Y** or N	
2. Shortness of breath/difficulty breathing or other respiratory symptoms?	**Y** or N	
3. Fever - feel hot (back or chest) or with a thermometer 99.9 degrees Fahrenheit/38 degrees Celsius or higher?	**Record your temp →**	**Fever? Y or N**
4. Unexplained sweating or skin is flushed or hot	**Y** or N	
5. Chills or shivering or skin feels cold/clammy?	**Y** or N	
6. Muscle or body aches	**Y** or N	
7. Any change in energy, activity level or alertness i.e. 8. Fatigue, lethargy, unusual drowsiness.	**Y** or N	
9. Dizziness	**Y** or N	16. Any household members quarantined? **Y** or N
10. Any decrease or change in appetite or food preferences?	**Y** or N	
11. Sudden loss of smell and taste?	**Y** or N	
12. Sore or scratchy throat?	**Y** or N	
13. Diarrhea, nausea or vomiting?	**Y** or N	
14. Current or recently exposed to COVID 19 positive case?	**Y or N**	
15. Travelled abroad within the past 14 days?	**Y or N**	

STAFF initials: _____floor or dept._____date: _____

Unexplained/unusual Symptoms		Comments
1. Cough	**Y** or N	
2. Shortness of breath/difficulty breathing or other respiratory symptoms?	**Y** or N	
3. Fever - feel hot (back or chest) or with a thermometer 99.9 degrees Fahrenheit/38 degrees Celsius or higher?	**Record your temp →**	**Fever? Y or N**
4. Unexplained sweating or skin is flushed or hot	**Y** or N	
5. Chills or shivering or skin feels cold/clammy?	**Y** or N	
6. Muscle or body aches	**Y** or N	
7. Any change in energy, activity level or alertness i.e. 8. Fatigue, lethargy, unusual drowsiness.	**Y** or N	
9. Dizziness	**Y** or N	16. Any household members quarantined? **Y** or N
10. Any decrease or change in appetite or food preferences?	**Y** or N	
11. Sudden loss of smell and taste?	**Y** or N	
12. Sore or scratchy throat?	**Y** or N	
13. Diarrhea, nausea or vomiting?	**Y** or N	
14. Current or recently exposed to COVID 19 positive case?	**Y or N**	
15. Travelled abroad within the past 14 days?	**Y or N**	

STAFF initials: _____floor or dept._____date: _____

COVID -19 Visitor Symptoms Check
Care Home Recording Sheet
CONFIDENTIAL

1) **Any visitor (any person other than care home staff) entering the care home must complete the check sheet at the point of entry.**
2) **At entry point, conduct a temperature check and record on the sheet.**
3) **Ensure visitors are wearing masks and use sanitizer at point of entry.**
4) **Facilitate the completion of the sheet by the visitor.**
5) **Review and sign the completed record sheet to determine if visitor is permitted to visit.**
6) **Remind that this process will be conducted each time they visit.**
7) **Remind the visitor to adhere to safety protocols of item (d) during their visit.**
8) **Treat completed sheet with confidence and give to a Manager.**
9) **Sanitize any equipment used that may be touched by multiple users, i.e. pen, clipboard etc.**

VISITORS NAME: _____contact #_____

Purpose of visit or resident's name_____date: _____time:_____

Symptoms		Comments
13. Cough or respiratory symptoms?	**Y** or N	
14. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness.	**Y** or N	
15. Fever - feel hot (back or chest) or with a thermometer 99.9 degrees Fahrenheit/38 degrees Celsius or higher?	**Record temp of inside visitors**	**Fever? Y or N**
16. Unexplained sweating?	**Y** or N	
17. Skin is flushed or feels hot?	**Y** or N	
18. Chills or shivering or skin feels cold/clammy?	**Y** or N	
19. Shortness of breath/difficulty breathing?	**Y** or N	
20. Dizziness, drop or in blood pressure or low BP?	**Y** or N	
21. Any decrease or change in appetite or food preferences?	**Y** or N	
22. Sudden loss of smell and taste?	**Y** or N	
23. Sore or scratchy throat?	**Y** or N	
24. Diarrhea and vomiting?	**Y** or N	
25. Current or recently been diagnosed with COVID 19?	**Y or N**	
26. Travelled abroad within the past 14 days?	**Y or N**	
27. Any household members quarantined?	**Y** or N	

Name of Staff member receiving visitor and checking form: _____

Appendix 4: Summary for Active Screening for Care homes

	Staff, Essential Visitors*, and Anyone Entering the Home	Current Residents of the Home	Resident Admissions and Re-Admissions to the Home
Who does this include?	Staff working at the care home, a person performing essential services and a person visiting a very ill or palliative resident.	Residents currently living in the home.	Residents newly admitted and residents who are being re-admitted.
What are the screening practices?	Conduct staff active screening daily to identify any symptoms including temperature checks. All visitors and providers entering the care home are screened prior to entry. All visitors taking a resident offsite are screened.	Conduct active screening of all residents, daily to identify any symptoms, including temperature checks and atypical symptoms.	Screen all new admissions and re-admissions for potential exposure to COVID-19 and identify any symptoms, including temperature checks and atypical symptoms, Place all new residents in quarantine for 4 days on arrival at the LTCF regardless of a negative COVID-19 test result.
What if someone screens positive?	Any person who screens positive is not to enter the care home, unless authorized through other Ministry and care home policy (e.g. work isolation)	Residents with symptoms of COVID-19 must be isolated under droplet and contact precautions and tested (see Appendix 7 for testing requirements).	

*Essential visitors- see Glossary; includes persons performing essential services e.g. regulatory services, family providing care services, and other health care services. Requirements for active screening of visitors excludes emergency first responders who should, in emergency situations, be permitted entry without screening.

Appendix 5: Droplet/Contact Precautions Poster

Appendix 6: COVID-19 Testing Process

TESTING STEPS		ACTIONS BY CARE HOME
BOOKING TESTS	• Care home designated person are to liaise with ESU to ascertain an outbreak scenario in which to need NP-PCR test kits. • Symptomatic Nasopharyngeal (NP) testing book immediately	• Ensure sufficient PPE for testing/screening • Prepare workflow and testing station • Arrange for cooler, ice and transport of specimens on testing day.
GETTING KITS	• NP and Buccal test kits have been delivered by Sonette Gilbert. If more kits are needed please contact S. Gilbert segilbert@gov.bm; Homes will receive notification that kits are ready to collect	• Order kits: total number and type needed for NP PCR testing for Staff and residents. Note* PCR buccal can be used for clients who cannot tolerate NP. • Collect kits from designated location. • Communicate testing plan to all staff and residents. • Have a plan for staff and residents who refuse testing.
VERIFYING KITS	• Kits include: Specimen bag, specimen tube, swab, label, reservation Form, chain of custody form	• Check correct demographics and number of kits were provided. • Check kits are complete with no leakage from specimen tubes • Prepare record template and work stations for easy registration and workflow • Prepare residents and explain testing process as many times as needed before testing day
TESTING DAY	• Testing conducted and completed in time for specimens to be delivered to laboratory **by 4pm** on the same day, Mon-Fri.	• Prepare staff and residents. • For: Antigen Compliance Tool to be completed • For Staff and Residents: – Follow instructions, collect and package the sample from each person tested/screened. – Label specimen tube – Place form in exterior pocket of specimen bag. – Ensure specimen bottle tops are secure and samples placed on ice, upright in a cooler. (Home to provide cooler and ice).
DELIVERY OF SPECIMENS	• Specimens delivered MDRL on Middle Rd. Warwick **before 3pm** • Lab Contact: mdl@gov.bm • Lab open Mon- Fri.	• Specimens are transported in the cooler with ice, ensure they remain upright. • Complete the chain of custody form and deliver with specimens.
RECEIVING RESULTS	• Results emailed within 72 hours of the delivery of specimens.	• Take appropriate action if the result is positive or inconclusive. Results are emailed to the care home for residents. Staff to email indicated in the BMDL booking.

Appendix 7: Testing Guidance

Testing Guidance		
WHO	**TESTING INSTRUCTIONS**	**TYPE OF TESTING**
ROUTINE		
New resident admissions	Test within 24 hours prior to admission AND Antigen test upon arrival by the care home.	NP-PCR or Antigen
Day Care clients (non-residents)		Antigen (Daily Testing is recommended)
Residents who leave the facility overnight	Quarantine until day 4 Daily symptom monitoring for the new admission and any roommate Test out of quarantine on day-4 by a negative Antigen COVID-19 test, including roommates where necessary	Antigen test Buccal swab-PCR (at discretion of care home)
Residents who leave for day outing	Residents are screened upon re-entry to the home Antigen COVID-19 test 72 hours after outing.	Antigen
OUTBREAK and EXPOSURES		
New positive staff or resident – 2 or more persons trigger a care home Outbreak assessment	100% testing of whole care home or affected sections' residents and staff. Staff and residents tested on Day 1 of outbreak, • Repeat every 7 days until no new cases identified for a period of 14days. **AND** Staff: Also test twice a week	NP-PCR Antigen Tests
Symptomatic staff or resident	Regardless of vaccination status, must be antigen tested immediately. -Residents with Negative antigen test results will follow up on Day 4 and Day 7 from onset of symptoms. -Risk assessment will be performed on any positive residents to determine if Outbreak protocol is to be initiated.	Antigen test.
Staff or Residents who are Close contacts	In Care Home: Immediately test directly exposed staff or residents **AND** Staff Close contact outside of Care Home: Risk assessment by Care home Management, ESU	NP-PCR test as pertaining to outbreak protocol Antigen (Staff for 5 days)

Appendix 8: Work Self Isolation PPE

Resident/ Cohort	Symptomatic Resident: Confirmed or Suspect Case	Asymptomatic Resident: Contacts of a Case (e.g., roommate, tablemate, friend)	Asymptomatic Resident: Not Exposed to a Case	Comments
Who Should Provide Care?	Preferred option Exposed but asymptomatic staff exposed to ill residents in affected area.	Exposed but asymptomatic staff exposed to ill residents in affected area.	Asymptomatic staff not exposed to ill residents in affected area. Alternate option: Exposed but asymptomatic staff.	
Precautions When Providing Direct Care	Routine Practices plus Droplet/Contact Precautions.	Routine Practices plus Droplet/ Contact Precautions.	Routine Practices, unless whole area/facility under outbreak precautions use Routine Practices plus Droplet/Contact precautions.	
What PPE is Required?	Procedure Mask at all times. Add eye protection, gloves, and gowns for direct care.	Procedure Mask at all times. Add eye protection, gloves, and gowns for direct care.	Ideally, exposed staff are not providing care to asymptomatic residents outside of the affected area. If required, must wear Procedure Mask at all times* and as per Routine Practices.	Gloves are to be changed between residents; between soiled and aseptic tasks on same resident. Hand hygiene performed between glove uses.

Appendix 9: Staff Work Restrictions

<table>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Work Restrictions for Staff who are Asymptomatic with Positive COVID-19 results</td></tr>
<tr><td>Conventional</td><td>Contingency
ESU Authorization</td><td>Crisis
ESU Authorization</td></tr>
<tr><td>• Isolate for 5 days
• Exclude from Work
• NP-PCR Covid-19 test-at Day 5 +
• If test negative at Day 5 and 6, or At Day 7+ end quarantine.</td><td colspan="2">• Work self-quarantine (assigned to positive residents).
• Daily symptom monitoring for 5 days Contact & droplet level PPE
• Test with care home NP- PCR testing regime</td></tr>
<tr><td colspan="3">Work Restrictions for Staff who are Symptomatic with Positive COVID-19 result AND
Staff who are Symptomatic with Negative COVID-19 result</td></tr>
<tr><td>Conventional</td><td colspan="2">Crisis
ESU Authorization</td></tr>
<tr><td>• Isolate for 5 days
• Exclude from Work
• NP-PCR Covid-19 test-at Day 5 +
• If test negative at Day 5 and 6, or At Day 7+ end quarantine.</td><td colspan="2">• In an Extreme Crisis circumstance, with ESU and care home management agreement, care homes can allow these persons to return to work after they have exhausted the use of Covid Negative and/or Asymptomatic Positive staff.
• Work self-quarantine (assigned to positive residents)
• Daily symptom monitoring for 5 days Contact & droplet level PPE</td></tr>
<tr><td colspan="3">Work Restrictions for staff with OFFSITE close contact exposure
(Asymptomatic with negative COVID-19 test result)</td></tr>
<tr><td colspan="3">Conventional, Contingency & Crisis ESU Authorization
Recommendation</td></tr>
<tr><td colspan="3">• Work self-quarantine
• Daily COVID-19 negative antigen tests for 5 days
• Daily symptom monitoring for 5 days Contact & droplet level PPE</td></tr>
<tr><td colspan="3">For “Staff Close Contacts” to return to work, a Certified Negative Antigen Test has to be provided and Risk Assessment has to be conducted by the Care Home Management in conjunction with ESU.</td></tr>
<tr><td colspan="3">Work Restrictions for staff with ONSITE close contact exposure (negative COVID-19 test result)</td></tr>
<tr><td colspan="3">There are no standing work restrictions for onsite close contact exposure with negative results due to the level of PPE and IPC in care homes. Staff are to follow the testing regime outlined in Appendix 7 and will be engaged in work quarantine- as approved by ESU.</td></tr>
</table>