

Lord Dufferin Centre

Subject: COVID 19 Protocols for Resident Absences	Manual: Operations	
	Section: Resident Services – Infection Control	
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COVID 19 Protocols for Resident Absences

Note:

The protocols below reflect changes as of July 16, 2021 and must be followed by all Residents who leave for absences, as applicable.

There are four types of absences:

1. **Medical absences** are absences to seek medical and/or health care.
 2. **Compassionate/palliative absences** are absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.
 3. **Short term (day) absences** split into:
 - A. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity; and
 - B. **Social outings** - absences other than for medical, compassionate/palliative, or essential outings that do not include an overnight stay outside of the home.
 4. **Temporary (overnight) absences** refer to absences that involve two or more days and one or more nights away from the home for non-medical purposes.
- For all types of absences, if a Resident is unable to source a medical mask, one will be provided free of charge by the Residence.
 - Residents will be reminded to practice public health measures, such as physical distancing and hand hygiene, while they are away from the Residence.
 - Service Worker will provide education regarding mask wearing and other public health measures.
 - Resident’s sign Required Protocols for all absences.
 - All Residents on an absence, regardless of the type or duration of the absence, will be actively screened upon their return to the home.
 - The Residence will not restrict or deny any absences for medical or compassionate/ palliative at any time. This includes when a Resident is in isolation on Droplet and Contact Precautions and/or when a home is in an outbreak; in these situations, homes must consult their local public health unit for further advice. Absences for medical or compassionate/palliative reasons are the only absences permitted when the Resident is in isolation on Droplet and Contact Precautions (due to symptoms, exposure, and/or diagnosis of COVID-19) or when the home is in outbreak.
 - Residents who are in isolation on Droplet and Contact Precautions and/or reside in an area of the home that is in an outbreak cannot participate in essential, social or temporary absences.
 - Residents are permitted to go on Essential Outings, including walks either on or off the premises, at all times except when that Resident is self-isolating and on Droplet and Contact Precautions, or as directed by the local PHU.

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- Residents will not be permitted to start Short term (day) absences and Temporary (overnight) absences if the Resident is in an area of the home that is in outbreak, or when advised by public health.
- Based on absence type, the following requirements apply:

	Requirements (All Residents)
<p style="text-align: center;">Short term (day) absence</p> <p style="text-align: center;">Essential outing and Social outing</p>	<ul style="list-style-type: none"> • Permitted unless the Resident is self-isolating • Residents must follow public health measures during the absence • Active screening on return • Testing or self-isolation not required upon return
<p style="text-align: center;">Temporary (overnight) absence</p>	<ul style="list-style-type: none"> • Permitted unless the Resident is self-isolating • Residents must follow public health measures during the absence • Active screening on return • Fully immunized Residents do not require testing or self-isolation upon return. • Partially immunized or unimmunized Residents require a negative lab-based PCR test upon return to the home. The individual must be placed in isolation on Droplet and Contact Precautions if their test result is pending. If their test result is negative, isolation on Droplet and Contact Precautions can be discontinued.

Note: Residents who are self-isolating under Contact and Droplet Precautions may only receive Essential Visitors (e.g., Residents may not receive General Visitors or Personal Care Service Providers).

References:

Directive #3 (July 14, 2021)

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf

Retirement Homes Policy to Implement Directive #3 (July 14, 2021)

<https://www.rhra.ca/wp-content/uploads/2021/07/RH-Policy-to-Implement-Directive-3-Step-3-FINAL.pdf>

RHRA Scenario Matrix: Retirement Home Covid-19 Visiting Policy (June 9, 2021)

<https://www.rhra.ca/wp-content/uploads/2021/06/Visitor-Matrix-Effective-Date-June-9.pdf>

Appendix A – Symptoms List

Appendix B – How to Put on/Take off a Mask

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Appendix A – Symptoms List

Source: Ministry of Health COVID-19 Reference Document for Symptoms (September 21, 2020)

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

Ministry of Health

COVID-19 Reference Document for Symptoms

Version 7.0 – September 21, 2020

When assessing for the symptoms below the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status (usual state)**. Symptoms should not be chronic or related to other known causes or conditions (see examples below).

Common symptoms of COVID-19 include:

- **Fever** (temperature of 37.8°C/100.0°F or greater)
- **Cough** (that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)
 - *Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)*
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
 - *Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)*

Other symptoms of COVID-19 can include:

- **Sore throat** (painful swallowing or difficulty swallowing)
 - *Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)*
- **Rhinorrhea** (runny nose)
 - *Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline)*
- **Nasal congestion** (stuffy nose)
 - *Not related to other known causes or conditions (e.g., seasonal allergies)*

Refer to link above for full list of typical and atypical signs and symptoms.

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Appendix B - How to Put on/Take off a Mask

HOW TO WEAR A MEDICAL MASK SAFELY who.int/epi-win

Do's →

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

Don'ts →

- Do not use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within the reach of others
- Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 2 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WIN  World Health Organization

Source: World Health Organization ([Medical Mask](#)) *Poster modified to 2 metres