



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 2.8a

DEPARTMENT: *Infection Control*

SUBJECT: *Surveillance and Screening – Staff*

APPROVAL DATE: April 2004

REVISION DATE: Dec. 2019; Nov. 2022

REVISION DATE: March 2017; Dec. 2020

REVIEW DATE: Nov 2018,

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PURPOSE:

Employee illnesses will be monitored and a line listing initiated in order to exclude sick employees from work and assist in the recognition and decrease the spread of illness during non-outbreak conditions and outbreak conditions.

PROCEDURE:

The Administrator, IPAC Program Manager or designate will:

1. Ensure signage is posted at every entrance to the Home reminding team members, visitors, volunteers, and contractors not to enter if they have respiratory symptoms, fever, or other symptoms of disease or infection.
2. Ensure alcohol-based hand rubs are available at every entrance, resident care and public areas, and nursing stations. Signage of how to use also posted.
3. Implement any surveillance protocols, standard, or directives issued by the province.

The Infection Prevention & Control Program Manager will:

1. Ensure the orientation/education program for employees and team members include information on the screening process and reporting obligations.

While visitor attendant role is required per MLTC, the Visitor Attendants will:

1. Ensure all visitors, volunteers, caregivers, contractors, and staff actively screen upon entering the Home and complete a rapid antigen test.
2. Report all positive Rapid tests immediately to the IPAC Program Manager/Administrator and MRC.
3. Collect total rapid antigen data as requested by IPAC Program Manager and per Ministry guidelines weekly.



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4. Keep an electronic record of all active screening and rapid test collection results. See below for Active screening questions
 5. Staff sign in sheet will be posted and utilized when Visitor Attendants are not available. (ie. Night shift)

The Visitor Attendants will keep a visitor log and the Home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,

- (a) the name and contact information of the visitor;
- (b) the time and date of the visit; and
- (c) the name of the resident visited.

Visitor Attendants will ensure education and training from Public Health Ontario is provided to all visitors entering the home; these are to include: physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.

All Team Members will:

1. Monitor all visitors, volunteers, and contract workers for respiratory symptoms. Those presenting with symptoms will not be permitted entry to the home and will be directed to seek further testing/medical attention to rule out infection.
2. Use the higher level of precautions regarding the appropriate level of infection control practices if there is disagreement between healthcare professionals until the Infection Prevention & Control Program Manager makes an informed decision.
 1. The case definition as established by the Public Health Unit and Infection Control Team will be applied to staff illnesses. Those staff whose symptoms meet the case definition will be excluded from work on this basis.
 2. Criteria for return-to-work will be established by the IPAC Program Manager/Outbreak Management Team in consultation with the Public Health Unit (PHU).
 3. Staff illness records will be kept and will include at a minimum date of onset, department, and signs and symptoms. (Refer to Ministry of Labour Reporting Form 5.4.1).
 4. The need for laboratory specimens from staff members will be determined by Southwestern Public Health.
 5. Affected staff are responsible for ensuring updates are provided to the Home Administrative Assistant /Manager of Resident Care/IPAC Program Manager.



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6. COVID-19 staff surveillance:

As per ministry directives, anyone who enters the home (e.g., Health Care Workers, other staff, essential visitors, and general visitors) with the exception of emergency first responders, are actively screened by a screener for signs and symptoms (including temperatures) as they enter and exit the building.

The COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes is used by the screeners.

Those who fail the screening are not to enter the facility and are to contact their immediate manager/supervisor for direction.

IPAC Program Manager will call to gather the following when staff illness is identified by office administrator or staff call in list; in order to gather trends and provide direction:

- Name of Staff:
- Last shift worked:
- Symptom onset:
- Acquisition:
- Transmission (2 days prior to symptom onset):
- Email/SMS consent:
- Consent to speak to SWPH if needed:
- Understands to call with results and confirm RTW

Initial call: DATE

Follow-up call (1 day before end of their isolation to ensure they will return to work): DATE

Staff are reminded to ensure they follow the call-in process when calling in at all times.

References:

Minister's Directive: COVID-19 response measures for long-term care homes; August 30, 2022

Fixing Long-Term Care Act, 2021

O. Reg. 246/22