**Universal Rehabilitation Service Agency**



**URSA’s COVID-19**

**Care Package**

**April 2020**

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**Protocol for an Individual showing COVID-19 Symptoms**

If an Individual shows any new onset/ worsening/atypical symptoms below:

**>Fever (>37.8° C) >Runny Nose >Difficulty Swallowing**

**>Cough >Diarrhea >Chills**

**>Shortness of Breath >Vomiting/Nausea >Muscle Aches**

**>Sore Throat >Hoarse Voice >Feeling Unwell/Fatigued**

**>Headache**

**IMMEDIATE PRECAUTIONS**

1. Perform Hand Hygiene.
2. Prepare PPE Kit as available (Mask, Eye Wear and Gloves).
3. Assign a designated staff (Staff A) & Isolate individual in their room.
4. Wear Gloves.
5. Place procedure mask on symptomatic individual if tolerated and change at least daily.
6. Perform Hand Hygiene & place mask on self. (Staff A)

**Health Link Consultation:**

1. Complete **AHS Online Assessment Tool and call Community Paramedics at 1-855-491-5868**  for further directions.
2. Indicate that the symptomatic individual is living in a congregated living area and that contact/droplet precautions and isolation has been initiated.
3. If staff cannot get through after several attempts, call 811 and follow directions.
4. Other staff may help in all other tasks (Staff B).

**STAFF B**

**STAFF A**

**Infection Prevention and Control:**

1. Immediately place contact/droplet precaution signage on individual’s door.
2. If possible, designate one bathroom for use by symptomatic individual ONLY & place signage.
3. With other support staff, ensure all surfaces that symptomatic individual may have been in contact with are sanitized thoroughly.

**Contact/ Droplet Precautions:**

1. Perform Hand Hygiene frequently.
2. Keep a distance of at least 2 meters when possible.
3. Improve airflow by opening windows and door.
4. Minimize movement in and out of the room.

**Care for the individual:**

1. Monitor symptoms and report if it worsens.
2. Provide supportive comfort care and **call for help and 911 if in immediate distress.**
3. Remain calm.
4. Provide individual with reassurance and support through feelings of fear/anxiety.
5. Dispose any material contaminated with respiratory secretions (tissues) immediately after use and perform hand hygiene.

**Incident Reporting:**

1. Complete AI report.
2. Inform Manager or On Call to report incident immediately.
3. Inform Guardian.
4. Scan and email AI report to Manager and Coordinator.
5. Coordinator informs Pandemic team at **medical@ursa-rehab.com.**

**BEFORE leaving the room:**

1. Remove and discard gloves.
2. Perform Hand Hygiene with sanitizer if available.
3. Remove eye wear.
4. Remove mask. (You may place it in an open paper bag for reuse and label it)
5. Perform Handwashing with soap and water after leaving the isolation room/area.

**INDIVIDUAL SCREENING RECORD**

**(Please record temperature twice daily (AM/PM Shift) and Write YES or NO for assessment of symptoms)**

**Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual screening for any new onset/ worsening /atypical symptoms below:**

|  |
| --- |
| **-Fever (>37.8° C) -Hoarse Voice****-Cough -Difficulty Swallowing****-Shortness of Breath/Difficulty Breathing -Chills****-Runny Nose or Sneezing -Muscle Aches****-Nasal Congestion -Nausea/Vomiting****-Diarrhea -Headache****-Feeling Unwell/Fatigued/Malaise -Sore Throat** |

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| --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME****AM PM** | **RECORDED****TEMPERATURE** **AM PM** | **Does the individual display any of the listed symptoms?** **Y/N****AM: PM:** | **Comments** | **Initial****AM PM** |
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**INDIVIDUAL SCREENING RECORD**

**(Please record temperature twice daily (AM/PM Shift) and Write YES or NO for assessment of symptoms)**

**Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual screening for any new onset/ worsening /atypical symptoms below:**

|  |
| --- |
| **-Fever (>37.8° C) -Hoarse Voice****-Cough -Difficulty Swallowing****-Shortness of Breath/Difficulty Breathing -Chills****-Runny Nose or Sneezing -Muscle Aches****-Nasal Congestion -Nausea/Vomiting****-Diarrhea -Headache****-Feeling Unwell/Fatigued/Malaise -Sore Throat** |

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| --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME****AM PM** | **RECORDED****TEMPERATURE** **AM PM** | **Does the Individual display any of the listed symptoms?** **Y/N****AM: PM:** | **Comments** | **Initial****AM PM** |
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**Screening Tool for Staff / Designated Essential Visitors**

**NO VISITORS ARE PERMITTED**

* + Home Care and other Healthcare professionals will be permitted as required and MUST go through screening.
	+ Contractors will be permitted on a case by case basis and will be scheduled by the Facility Coordinator/Director. All contractors MUST go through screening.
	+ Any emergency request needs to go through the Coordinator and Director. If an essential visitor is permitted for an individual, they must wear a mask continuously and must be attending only to that individual in their room.

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**COVID-19 Questionnaire:**

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| 1. | **Temperature screening**: Anyone with a measured temperature of 38.0C or higher **MUST NOT** be admitted. Staff will be required to document their temperature in a way that works for them (i.e., phone, paper, etc)**\*Staff must do self-assessment of temperature and questions twice per day.** |
| 2. | Do you have any of the below symptoms: |  |
|  | * Fever (38.0 C or high)
 | **YES** | **NO** |
|  | * Cough
 | **YES** | **NO** |
|  | * Shortness of Breath / Difficulty Breathing
 | **YES** | **NO** |
|  | * Sore Throat
 | **YES** | **NO** |
|  | * Runny Nose
 | **YES** | **NO** |
|  | * Feeling unwell / Fatigued
 | **YES** | **NO** |
|  | * Nausea/Vomiting/Diarrhea
 | **YES** | **NO** |
| 3. | Have you, or anyone in your household travelled outside of Canada in the last 14 days? | **YES** | **NO** |
| 4. | Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever? | **YES** | **NO** |
| 5. | Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?  | **YES** | **NO** |

If the person answers **YES** to any of the questions, they **MUST NOT** be admitted to the home and should be advised to leave the building.

If the person answers **NO** to **ALL** questions, they **MUST** leave all their belongings in a designated area**.**

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Person **MUST** proceed immediately to hand washing station and perform proper **Hand Washing Protocol.**

The staff checker **MUST** sanitize anything the other person may have touched.

Staff must document the arrival and exit times of staff and the designated visitor in the **Legal Log.** Note that Temperature and Symptom Screening were completed for external people.

**STAFF SCREENING RECORD**

**(Please record your temperature and write YES or NO when answering the questions twice daily. Complete before starting your shift and the middle of your shift.)**

**Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DATE** | **TIME** | **RECORDED****TEMPERATURE** | **Do you have any of the symptoms?*** **Fever (T > 38 C)**
* **New onset/worsening cough**
* **Shortness of Breath**
* **Difficulty Breathing**
* **Sore Throat**
* **Runny Nose**
* **Feeling Unwell/Fatigued**
* **Nausea/Vomiting/Diarrhea**
 | **Have you or anyone in your household travelled outside Canada in the last 14 days?** | **Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?** | **Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?** | **Initial** |
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|  **If you answer “NO” to all of the above, you can proceed with your scheduled shift.**  **If you answer “YES” to any of the above, you’ve been deemed unfit for work (Please leave, complete AHS Healthcare Worker Self-Assessment Tool, follow directions and inform your Manager)** |

**STAFF SCREENING RECORD**

**(Please record your temperature and write YES or NO when answering the questions twice daily. Complete before starting your shift and the middle of your shift.)**

**Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME** | **RECORDED****TEMPERATURE** | **Do you have any of the symptoms?*** **Fever (T > 38 C)**
* **New onset/worsening cough**
* **Shortness of Breath**
* **Difficulty Breathing**
* **Sore Throat**
* **Runny Nose**
* **Feeling Unwell/Fatigued**
* **Nausea/Vomiting/Diarrhea**
 | **Have you or anyone in your household travelled outside Canada in the last 14 days?** | **Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?** | **Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?** | **Initial** |
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|  **If you answer “NO” to all of the above, you can proceed with your scheduled shift.**  **If you answer “YES” to any of the above, you’ve been deemed unfit for work (Please leave, complete AHS Healthcare Worker Self-Assessment Tool, follow directions and inform your Manager)** |

**Protocol for Staff Phoning in Sick**

* Direct staff to complete the **AHS Online Assessment Tool for Healthcare Workers** using the link below and verbally provide you with the results. (they should take a picture of the results so they can provide this to their Supervisor if requested)
	+ Are they instructed to be tested for COVID-19?
	+ Are they instructed to self-isolate for 10 or 14 days?
	+ Online Assessment Tool for HealthCare Workers: <https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>
* Inform staff that URSA requires them to follow the instructions from their AHS assessment even if they are feeling better in a few days.
* Ask the staff phoning in sick the below questions:
	+ Complete Name
	+ Date of Isolation
	+ Last day of Work
	+ Expected date of return (determined from the result of online assessment)
	+ Email Address
	+ Do they want to use their available vacation / sick time to cover their days off?
	+ Do they want a ROE (Record of Employment) sent to them so they can try to apply for Employment Insurance benefits?

**NOTE:** an ROE will be issued to ALL employees after all their available sick time / vacation time has been utilized so they can try to apply for Employment Insurance benefits for the remainder of their time off.

* The Supervisor should complete the following documentation:
	+ Update Staff Tracking COVID-19 form on Sharepoint
	+ Update the schedule on Sharepoint
	+ The ROE tracker with the above information must be sent in an email during these times: **when first informed** and **if there are changes** to the dates (please change the dates as appropriate).
	+ Send the information with the subject title:  **ROE Tracker for (NAME)**
	+ Email the staff information to the following people: Amanda Pickett, Selena Power, Adyson Kool, Jennie MacDonald, Dawn Leonard and your Coordinator.
* If no Supervisor on shift, staff to phone **On-Call at 403-542-7764** and provide them with all the information above.
* When an employee returns to work, please send this ROE Return to Work Tracker to the same people noted above.  In the subject line of your email, please use:  **ROE Return to Work for (NAME)**
* **Complete Name:**  First and Last
* **Date of Isolation:**
* **Date Returned to Work:**

**Process for covering shifts:**

* If a staff phones in sick for a shift please review schedule to determine if that shift needs to be filled to be in ratio or if the shift is not required to be filled.
* If shift needs to be filled, **FIRST** – please phone permanent staff working in your home (we want to reduce the number of staff working in various homes).
* **SECOND** – email Managers to see if they have extra permanent staff working in their home that can cover the shift.
* **LAST** – If the shift has not been filled you may utilize the Relief list to fill the shift.
* If you are unsuccessful with filling this shift you can access On-Call for staffing support.



**PLEASE OBSERVE**

**CONTACT/ DROPLET PRECAUTIONS**

* Always observe Universal Precautions.
* Perform Hand Hygiene when entering and exiting the room.
* Prepare PPE Kit as available.
* Clean your hands before and after wearing gloves.
* Dedicate equipment to the isolated individual or clean and disinfect shared equipment after use.
* Maintain a distance of at least 6 ft. or 2 meters.
* Door may remain open.
* Individual to leave room for ESSENTIAL purposes ONLY.
* If individual is leaving the room, he/ she should wear a mask as tolerated, be supervised, have clean hands and clothing and any drainage and/or body fluids.

**PROTOCOL FOR SAFETY GLASSES DISINFECTION**

**WITH A LIMITED NUMBER OF MEDICAL SUPPLIES DURING THIS PANDEMIC, WE WILL BE USING SAFETY GLASSES AS PART OF OUR PERSONAL PROTECTIVE EQUIPMENT WHEN AN INDIVIDUAL HAS A PRESUMPTIVE/ CONFIRMED CASE OF COVID-19.**

**DISINFECTING:**

* Household bleach can be diluted with a **ratio of 1-part per thousand water** or **100 ppm** to disinfect glasses.
* Completely immerse and soak the glasses in the disinfecting solution for at least **2 minutes** and then rinse off with **warm water**.
* Be sure to rinse your glasses in warm water to remove any soap, cleaner or disinfectant solution.  Failure to remove the cleaners or disinfectants could cause film, haze, discoloration and could even affect the integrity of some forms of plastic.
* Be sure they are rinsed off completely and dried with a lint free cloth.
* Be sure to **disinfect after every use.**
* **Regularly inspect safety glasses before each use**. Look for scratches or any other type of damage that may interfere with the safety performance and discard and replace as necessary.

**GUIDANCE FOR CONTINUOUS MASKING IN HEALTH CARE SETTINGS**

**The Public Health Agency of Canada (PHAC) has issued updated recommendations that healthcare and personal care workers should wear a mask when providing direct care to prevent transmission to individuals and to their co-workers.**

**Here is the recommended approach as per AHS Guidelines:**

**DO’s:**

* Wear a surgical/ procedure mask at all times and in all areas of the workplace if you are involved in direct contact with an individual and cannot maintain adequate social/physical distancing from other individuals and co-workers.
* Use surgical/procedure masks in a cautious manner to help conserve supplies and ensure availability throughout this COVID-19 pandemic.
* The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the staff feels it may have become contaminated and after care for any individual on Droplet +/- Contact precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).
* Perform Hand Hygiene frequently. It is never safe to care from one individual to another without changing gloves and performing hand hygiene. Masks are ONLY effective when used in combination with frequent handwashing with soap and water or alcohol-based hand rub.
* When removing the mask, avoid touching the front of the mask, discard immediately, then perform hand hygiene.
* Remove your mask when you leave the area and/or at the end of your shift.

**DON’Ts:**

* Touch or adjust your mask if you are wearing it continuously. The risks contaminating your own face and hands, increases the risk of transmission to yourself and others.
* Use N95 mask, unless performing an Aerosol-Generating Medical Procedure (ex: Suctioning and Tracheostomy Care) on a known, suspected, or at risk (Screening Criteria positive) individual.

**AHS RESOURCES**

**(See attached PDF Files)**

**For Healthcare Workers: How to Wear a Mask**

**PPE Checklist**

**Contact and Droplet Precautions (with maximum equipment available)**