LIVING WITH COVID-19:
GENERAL and OUTBREAK GUIDANCE for
EMERGENCY SHELTERS FOR THE HOMELESS
& TRANSITION HOUSES

Department of Health
Public Health New Brunswick
July 4, 2022
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</thead>
</table>
| March 22, 2022  | Staff & Volunteers – Screening and Testing (Page 2)   | **Addition – 1st paragraph**  
Please note - An important screening question to ask employees and volunteers, is if anyone in their family unit has been sick. If the answer is yes and the employee / volunteer is asymptomatic, they can continue to work, but will have to use enhanced work precautions (see Appendix B). A POCT test should be administered, only if the employee / volunteer becomes symptomatic. |
| June 9, 2022    | Table of Contents                                    | Addition with direct links to sections and appendices                                                                                                                                                                      |
|                 | Non-Outbreak Daily Guidance                          | Revision- Formatted into tables. Additional information available in appendices. Revision- Workplace Testing Program no longer requires testing 3 times per week unless identified by the organization.                                           |
|                 | Outbreak Management                                  | Revision- Formatted into tables. Additional information available in Appendices.                                                                                                                                               |
|                 | Appendices                                           | Addition of appendices for reference information.                                                                                                                                                                            |
Guidance for Living with COVID-19 in Emergency Shelters and Transition Houses

This document brings together general control measures for COVID-19, daily guidance to implement these measures, and outbreak management directives for emergency shelters and transitional housing facilities.

Basic control measures remain important to prevent transmission of COVID-19, as well as other communicable illnesses. These include hand hygiene, respiratory hygiene, ventilation, mask wearing, and environmental cleaning and disinfection.

HAND HYGIENE
Organizations should continue to educate about and promote use of frequent hand hygiene.

- **Emergency Shelters for the Homeless** - Non alcohol-based hand rub (i.e. EZ Pur) hand hygiene stations must be available for shelter guests / staff and volunteers. Alcohol-based hand rub hand hygiene stations must be available for all staff and volunteers in designated staff only areas of the shelters.

- **Transition Houses for Victims of Domestic and Intimate Partner Violence** - Alcohol based hand rub hand hygiene stations must be available within houses.

RESPIRATORY HYGIENE
Basic respiratory hygiene can help to stop the spread of germs. Respiratory hygiene should be encouraged for everyone, and particularly for clients who have respiratory symptoms.

- Turn away from others when coughing or sneezing.
- Cover mouth and nose with a tissue. Dispose of tissue in a garbage can.
- If a tissue is not available, cough or sneeze into elbow instead of hands.
- Consider wearing a mask if symptomatic.

MASK USE
Masks remain an important protective measure, particularly for vulnerable individuals and settings. When not in outbreak, encourage mask usage in indoor shared spaces. Foster an environment where clients and guests feel welcome to continue using masks indoors. Follow all public health guidelines with regard to mask use when in outbreak.

VENTILATION
Good ventilation exchanges indoor air for outdoor air. This helps reduce transmission of respiratory illnesses, including COVID-19. Opening windows or doors if possible, even for a few minutes at a time, can improve ventilation.

CLEANING & DISINFECTION
Regular cleaning and disinfecting of all high touch surfaces. i.e. doorknobs, handrails, etc. Enhanced cleaning is advised in outbreak conditions. Further information on Enhanced Cleaning and Disinfection in Outbreak can be found in Appendix F.

Additional information regarding General Control Measures is provided in Appendix A.
# Guidance for Staff and Volunteers of Shelters and Transition Houses When Not In Outbreak

<table>
<thead>
<tr>
<th><strong>VACCINATION</strong></th>
<th>Proof of staff and volunteer vaccination against COVID-19 or proof of medical exemption to vaccination is still required. <em>See Appendix B Workplace Proof of Vaccination.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCREENING</strong></td>
<td>Passive screening of employees and volunteers upon entering the building, or at the start of every shift. Use <a href="#">COVID-19 Symptom Checker</a> if symptoms arise. Workplace health policy directs staff to stay home when ill and get tested. Enhanced precautions apply if employee’s household or other workplace has cases. <em>See Appendix C Screening Protocol.</em></td>
</tr>
<tr>
<td><strong>TESTING &amp; WORK EXCLUSION</strong></td>
<td><strong>If employee/volunteer has positive POCT result,</strong> immediately inform Public Health, confirm with a PCR test, and follow all PH directives. <strong>Exclude staff from work</strong> for 5 days (Test date is day 0) and until symptoms are improving and fever-free for 24 hours. They will use enhanced work precautions (see Appendix B) upon returning to work for an extra 5 days. <strong>If staff refuse to test</strong> (POCT and/or PCR) and their symptoms meet the symptom checker criteria, they must follow same guidance as those who have tested positive.</td>
</tr>
<tr>
<td><strong>PPE</strong></td>
<td><strong>Everyday Mask Use:</strong> Medical grade masks by staff and volunteers in all areas of workplace, especially in guest / client and common areas of the building. <strong>PPE To care for suspect/confirmed COVID-19 guest/client:</strong> Contact droplet precautions apply (gown, gloves, well-fitted medical grade face masks, and eye protection). Use additional PPE according to Point of Care Risk Assessment (See Appendix E) and/or may be directed by Medical Officer of Health in certain situations.</td>
</tr>
<tr>
<td><strong>TRAVEL</strong></td>
<td>International Travellers are subject to federal regulations.</td>
</tr>
</tbody>
</table>
# Guidance for Shelter Guests and Transition House Clients When Not In Outbreak

<table>
<thead>
<tr>
<th>SCRENNING</th>
<th>Passive screening of all guests / clients upon entering and returning to the building after each outing. Re-screen if symptoms arise. See Appendix C Screening Protocol with <a href="#">COVID-19 Symptom Checker</a>.</th>
</tr>
</thead>
</table>
| TESTING & ISOLATION | POCT recommended for guests/clients with symptoms. Follow testing and isolation protocols for your organization (Appendix D).  
If guests / clients have symptoms, but POCT result is negative, re-test with new or worsening symptoms. Contact a clinic or a health care provider to address possible non-COVID related health concern with a negative POCT and persisting symptoms.  
If guest/client’s POCT result is positive, inform Public Health, confirm with a PCR test, and follow all PH directives. NOTE- A positive POCT that is witnessed by one trained staff member may be used to access Paxlovid. Contact guest/client’s health care provider. If not available, call 811, or local clinic. EvisitNB is also free of charge until March 2023 for those with Medicare Card.  
If a guest/client’s PCR test result is positive follow your organization’s isolation plans. See Appendix C Testing and Isolation Protocol. |
| MASKING | Continue to encourage and promote the use of masks indoors and other personal protective strategies such as social distancing. |
| ADMISSION, READMISSION & TRANSFER | Passive screening of all guests / clients upon entering the building. See Appendix C Screening Protocol with [COVID-19 Symptom Checker](#).  
POCT on all new admissions/readmissions/and transfers regardless of guest / client vaccination status. See Appendix D Testing and Isolation Protocol. |
| COMMUNAL ACTIVITIES | Encourage hand hygiene and promote proper respiratory hygiene. Have tissues, hand sanitizer, and masks available, in case needed. See Hand Hygiene and Respiratory Hygiene in Appendix A General Control Measures. |
# Outbreak Management Guidance for Staff and Volunteers

<table>
<thead>
<tr>
<th>Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE</td>
<td>Enhanced PPE: medical grade mask and face shield. See Appendix E Point of Care Risk Assessment (PCRA) for Contact and Droplet Precautions if caring for positive cases.</td>
</tr>
<tr>
<td>Testing</td>
<td>PCR testing if symptomatic. Positive PCR result: exclude from work for 5 days (Test date is day 0) and until symptoms are improving and fever-free for 24 hours. Use enhanced work precautions (see Appendix B) upon returning to work for an extra 5 days.</td>
</tr>
<tr>
<td>Critical Staffing Shortage</td>
<td><strong>If Critical Staffing Shortage:</strong> Exclude individual(s) while symptomatic until fever-free for 24hrs. They can return to work after with enhanced work precautions for the balance of 10 days from symptom onset. If staff person has symptoms that meet symptom checker criteria, but they refuse to test (POCT and / or PCR), they need to be excluded for 5 days and until improved symptoms. They can return to work with enhanced work precautions for an extra 5 days.</td>
</tr>
</tbody>
</table>
### Outbreak Management Guidance for Guests and Clients

| Case | Isolation | Clients or guests will isolate 5 days, preferably offsite when facility is unable to isolate safely onsite. (See Appendix F Triage Protocol for Larger Outbreaks).

For 5 days after their return, clients will wear a medical grade mask, physically distance, and eat meals distanced from other clients or staff. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutics</td>
<td>Determine if client is eligible for Paxlovid Antiviral Therapy. Confirm via POCT witnessed by a trained staff member. Contact client or resident’s health care provider. If not available, call 811, or local clinic. EvisitNB is free of charge for those with Medicare Card. Consult EMP if involved in outbreak.</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>Isolation</td>
<td>No isolation for contacts of a case. Self-monitor for symptoms.</td>
</tr>
<tr>
<td>Testing</td>
<td>POCT testing for contacts x3/week while in active outbreak, or as directed by the Regional Medical Officer of Health (RMOH).</td>
<td></td>
</tr>
<tr>
<td>New Admissions</td>
<td>Continue to accept new admissions. Ensure new clients are well informed of outbreak setting. Testing at intake with POCT.</td>
<td></td>
</tr>
<tr>
<td>Masking</td>
<td>Encourage medical masks and social distancing indoors, and social distancing outdoors.</td>
<td></td>
</tr>
<tr>
<td>Visiting</td>
<td>Visitors permitted if informed facility is in active outbreak. They must be willing to comply with masking and social distancing in common areas.</td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td>Enhanced cleaning of high touch surfaces and common areas, bedding, etc. See Appendix F Cleaning and Disinfection in Outbreak</td>
<td></td>
</tr>
<tr>
<td><strong>Client appointments</strong></td>
<td>Guests and clients may attend appointments if they have not tested positive within the past 5 days. Encourage masking and social distancing, and compliance with screening criteria of setting where appointment being held.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A: General Control Measures to Prevent the Spread of Germs, Including Covid-19

**Vaccination** is an important tool to control the COVID-19 pandemic. Building relationships and providing consistent, transparent information will be important to ensuring persons who are experiencing homelessness feel comfortable receiving the COVID-19 vaccine.

- **Vaccine Recording:** Service workers play a critical role in promoting vaccination to prevent the spread of COVID-19. Wherever possible, having a process to record an individual’s vaccination status is important due to the potential for lost immunization records, to assist with arrangements for any follow up dosing, and for outbreak management.

- **Communicating:** As this is a highly vulnerable population, develop communications that will promote vaccine uptake. This would include connecting with trusted communicators (such as people with lived experience of homelessness) who can provide accurate vaccination education and information. Staff should promote in advance any planned vaccination events. [Get the facts | COVID-19 vaccines (gnb.ca)]

- **Assisting with access:** Individuals who experience housing instability may have difficulty accessing medical services in RHA clinics or pharmacies. Strategies to bring vaccines to people who experience homeless, include service sites like shelters, transitional housing, warming stations and food service locations. Working with the RHAs and community partners, consider approaches to access vaccinations for this vulnerable population such as assisting with appointments and transportation to clinics, working with Community Health Centers, or Community Pharmacies.

- **Workplace Vaccination Programs:** Individuals who have housing instability belong to a vulnerable population. It is an added layer of protection when the workers in their facility have up to date COVID-19 vaccinations. This also reduces the likelihood of staffing shortages due to severe illness within these facilities.

**Mask Use:** When not in outbreak, encourage mask usage in indoor shared spaces. Foster an environment where clients and guests feel welcome to continue using masks indoors. Follow public health guidelines with regard to indoor mask use when in outbreak.

**Social Distancing:** Consider physical distancing by keeping 2 metres (6 feet) between sleeping mats with “head to foot” placement. If possible, in your space, increase the distance between mats even further.

**Screening clients on arrival:** Using active screening on admission and passive screening upon each subsequent re-entry helps clients and guests to identify when they are symptomatic, or at greater risk for illness due to exposure in previous contacts. Passive screening for staff prior to each shift helps to reduce workplace transmission. The [COVID-19 Symptom Checker](https://www.gov.on.ca/health-en.html) is a helpful tool to identify when testing is indicated.

**Monitoring for COVID-19 symptoms:** Be diligent in monitoring for signs of illness amongst clients, volunteers and employees. Encourage clients, volunteers and employees to report any symptoms of illness right away.
Practicing respiratory hygiene: Tiny droplets from a cough or sneeze can make other people sick. The following basic respiratory hygiene can help to stop the spread of germs. Respiratory hygiene should be encouraged for everyone, and particularly for clients who have respiratory symptoms.

<table>
<thead>
<tr>
<th>Basics of Respiratory Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you cough or sneeze, turn your head and step away,</td>
</tr>
<tr>
<td>to give others space</td>
</tr>
<tr>
<td>Cover your mouth and nose with a tissue. Dispose of tissue</td>
</tr>
<tr>
<td>in a garbage can. If a tissue is not available, cough or sneeze</td>
</tr>
<tr>
<td>into your elbow instead of your hands.</td>
</tr>
<tr>
<td>Wear a well-fitted mask if you have symptoms and must leave your</td>
</tr>
<tr>
<td>home, or if you have recently recovered from illness.</td>
</tr>
<tr>
<td>Stay home or isolate away from others when you are sick.</td>
</tr>
<tr>
<td>Wash your hands with soap and water or hand sanitizer frequently.</td>
</tr>
</tbody>
</table>

Practicing hand hygiene: Hand washing is an effective way to reduce the spread of germs on hands and should be part of the daily routine of clients, staff and visitors. Soap and water should always be used if hands are visibly soiled and after personal toileting. Ensure non-alcohol-based hand sanitizer is available as an option for clients. Some clients may be inclined to ingest alcohol-based ones or may have sensitivities to them. EZ Pur hand sanitizer has been procured for all homeless shelters in the province. When using an alcohol-based hand sanitizer that contains at least 60% alcohol (note: in healthcare settings, hand sanitizer must be at least 70% alcohol).

The following steps help to normalize the use of hand hygiene practices within a facility:

- Ensure access to handwashing facilities following toileting and before meals or food preparation.
- Educate clients, volunteers and employees on how and when to wash their hands.
- Ensure hand sanitizer is located and maintained at entrances to the facility. Emergency shelters for the homeless should have non-alcohol-based sanitizers located and maintained at the entrances of their facilities.
- Make sure tissues are available and any sink is well-stocked with soap and paper towel for hand washing.
- Post signage directing all persons entering the building to wash their hands. Post signs about proper handwashing technique in public areas and bathrooms. See Guidance and Support (gnb.ca) for printable resources.
• If using disposable gloves for any tasks, handwashing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled or ripped.

**How to Wash Hands with Soap and Water:**

- If hands are visibly dirty, hands should be washed with soap and water.
- Wet hands with warm water.
- Apply soap for 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re-contaminating hands; for example, use towel to turn off taps.
- Hand washing poster: [https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/WASH_LAVEZ.pdf](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/WASH_LAVEZ.pdf)

**How to Use Hand Sanitizers:**

- Apply enough of the sanitizer product to cover all surfaces of the hand.
- Rub into hands. Cover all surfaces, including front and back of hands, between fingers, around nails (especially cuticles), thumbs, and wrists.
- Rub until dry.
- If using an alcohol-based hand rub, remember alcohol is very flammable.
- Hand sanitizing poster:

**When to clean your hands:**

- **before entering the facility**
  - before meals
  - before feeding children, including breastfeeding
  - before and after preparing food
  - before and after visiting with people who are sick
  - after using the toilet
  - after changing diapers or helping someone toileting
  - after blowing your nose, coughing, or sneezing
  - after playing with shared games or electronics
  - after smoking or vaping

**Ventilation**

Improve natural ventilation in a space by opening windows and doors regularly, when possible. Opening multiple windows can help by creating a crossflow of fresh air. In cold or wet weather, or if safety or air quality are a concern, open doors or windows a small amount, or for a few minutes at a time.

If there is cause for concern about the ventilation in a room or you can't open windows or doors: avoid gathering in the space, maintain the greatest physical distance possible from others, wear a mask, and/or consider mechanical ventilation. Further information regarding [ventilation is available at WorkSafeNB](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/WASH_LAVEZ.pdf).
Gloves
Disposable single-use gloves should be worn when in direct contact with an ill person, cleaning contaminated surfaces and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; staff/volunteers must perform hand hygiene before and after putting on and taking off gloves.

- Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.
- To remove gloves safely, use one of your gloved hands pull off your glove for the opposite hand from the fingertips; as you are pulling, form your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed, and hand hygiene performed when gloves are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double gloving is not necessary.
- Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach solution using 20 ml (4 tsps) of 5.25% bleach in 1 liter (4 cups water).

Communal or social activities

- Activities should be defined in advance considering the full spectrum of client care needs (physical, mental, psychological).
- If communal or social activities are held, encourage participants to clean hands before and after the event. In addition, promote proper respiratory hygiene practices, while also providing a respiratory hygiene station to support this practice. A station typically contains tissues, masks, a covered garbage can, and hand cleaner.

Food preparation

- Consider limiting the number of people preparing and eating meals together at one time.
- Do not allow anyone who is ill to prepare a meal or do dishes/clean.
- Avoid offering buffet or self-serve style meals.
- Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers)
- Dispense snacks directly to clients/residents and use pre-packaged snacks only.
- Ensure that food handling staff are in good health and practice good hand hygiene.
- Ensure that table surfaces are cleaned and disinfected after each meal.
- Staff assigned to housekeeping duties should not be involved in food preparation or food service, if possible.
- Clean/sanitize kitchen counters and commonly used surfaces (e.g. toaster, kettle) regularly/after each meal and let them air dry.
Environmental cleaning

Regular cleaning and disinfecting of all high touch surfaces. i.e. doorknobs, handrails, etc. with a Health Canada approved cleaning product is recommended. It should contain a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide are sufficient for use.

Isolation Measures for COVID Positive Individuals

Each facility is encouraged to have an isolation area which can be used to house positive cases.

- Ideally, everyone in isolation would have private washroom facilities, and not share living/common spaces with individuals who have not tested positive.
- Meals, laundry, and waste management should be provided by a third-party service (i.e. Canadian Red Cross).
- If organizations are unable to meet these criteria, off-site or alternate isolation arrangements should be made with the support and guidance of the Department of Social Development,
  - Homeless Shelters- contact the Social Development zones Housing Program Delivery Managers.
  - Transition Houses- contact Social Development Housing Program Consultant at Central Office.
Appendix B: Workplace Proof of Vaccination

Workplace proof of vaccination is still required. Staff and volunteers who do not provide proof of vaccination will:

- Always wear a mask in the workplace except when they are alone in a personal workspace, such as an office; and
- Confirm daily completion of passive screening questionnaire for COVID-19.

Keeping a record of COVID-19 vaccination and booster dose dates for the staff and volunteers is useful should an outbreak happen in the facility. The information may be easily retrieved for the Medical Officer of Health’s outbreak risk assessment, helps to determine who would be eligible for anti-viral treatment (Paxlovid), and protects the wellbeing of staff, volunteers, and clients or guests.

POCT testing three times per week is no longer required for staff or volunteers who have not provided proof of vaccination, unless it is an organizational requirement.

Note: Further information about Paxlovid is available on the GNB website: [COVID-19 treatments (gnb.ca)](https://www.gnb.ca/en/healthandwellness/aboutus/covid-19)
Appendix C: Screening Protocol

Passive screening of employees and volunteers upon entering the building, or at the start of every shift is encouraged. The workplace health policy directs staff to stay home when ill and get tested.

Active screening is used when admitting clients/guests to a facility, or on a daily basis when in outbreak.

ASK:

1. Please indicate if you have any symptoms listed below on the COVID-19 Symptom Checker (that are not related to a known chronic condition):

<table>
<thead>
<tr>
<th>When to test</th>
<th>Symptoms</th>
<th>La liste des symptômes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONE</strong></td>
<td>Fever</td>
<td>Fièvre</td>
</tr>
<tr>
<td>of the following symptoms</td>
<td>Loss of taste</td>
<td>Perte du goût</td>
</tr>
<tr>
<td>Un des symptômes suivantes</td>
<td>Loss of smell</td>
<td>Perte de l’odorat</td>
</tr>
<tr>
<td><strong>TWO</strong></td>
<td>New cough or worsening chronic cough</td>
<td>Une nouvelle toux ou une toux chronique qui s’aggrave</td>
</tr>
<tr>
<td>of the following symptoms</td>
<td>Difficulty breathing</td>
<td>Des difficultés respiratoires</td>
</tr>
<tr>
<td>DEUX des symptômes suivants</td>
<td>Sore throat</td>
<td>Un mal de gorge</td>
</tr>
<tr>
<td></td>
<td>Runny nose</td>
<td>Un écoulement nasale</td>
</tr>
<tr>
<td></td>
<td>Headache</td>
<td>Un mal de tête</td>
</tr>
<tr>
<td></td>
<td>Diarrhea</td>
<td>Diarrhée</td>
</tr>
<tr>
<td></td>
<td>New onset of fatigue</td>
<td>Un fatigue nouvellement apparue</td>
</tr>
<tr>
<td></td>
<td>In children, purple markings on the fingers and toes</td>
<td>Chez les enfants, les taches mauves sur les doigts et sur les orteils</td>
</tr>
</tbody>
</table>

- Symptomatic individuals are required to remain at home and get tested for COVID-19.

2. Has anyone in your household or family unit has been sick in the past 10 days?
3. Do you work or volunteer in other locations that have had an outbreak of COVID in the past 10 days?

- If the answer is **YES** to questions 2 or 3, and the employee / volunteer is symptom-free, they can continue to work, but will use enhanced work precautions (see Appendix B). A POCT test should be administered, only if the employee / volunteer becomes symptomatic.
# Appendix D: Testing and Isolation Protocol

<table>
<thead>
<tr>
<th>When to test with rapid POCT</th>
<th>NON-OUTBREAK CONDITIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Admission to the facility</td>
</tr>
<tr>
<td></td>
<td>• POCT if symptoms align with <a href="#">COVID-19 Symptom Checker</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTBREAK CONDITIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If symptoms align with <a href="#">COVID-19 Symptom Checker</a></td>
</tr>
<tr>
<td>• Once Medical Officer of Health declares an outbreak, anyone else who develops symptoms can use POCT. No need to confirm with PCR.</td>
</tr>
<tr>
<td>• Clients/residents who are eligible for Paxlovid can be referred for assessment if POCT was witnessed by 2 staff or health care provider</td>
</tr>
<tr>
<td>• Contacts of a case will POCT 3 times per week, or as directed by Public Health.</td>
</tr>
</tbody>
</table>

| When to test with PCR | Client or resident tests positive on POCT. Call 811 or register online for PCR test. If positive PCR, notify Regional Public Health. Public Health will contact the EMP Care Coordination Center at 1-844-982-7367 if mass PCR testing is required by Medical Officer of Health. Use [re-testing protocol](#) if previously tested positive for COVID-19 within past 90 days. |

<table>
<thead>
<tr>
<th>Interpreting Test results</th>
<th>Negative PCR or POCT result:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Continue to self monitor, retest with new or worsening symptoms</td>
</tr>
<tr>
<td></td>
<td>• Contact clinic or health care provider to address non-COVID health concern</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive POCT or PCR result, follow:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workplace exclusion for staff</td>
</tr>
<tr>
<td>o Isolation protocol for guests/clients. Discuss <a href="#">Paxlovid</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhanced Work Precautions</th>
<th>Enhanced work precautions are used by staff or volunteers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For 5 days if they are asymptomatic but have a household member has been ill with COVID-like symptoms or has tested positive.</td>
</tr>
<tr>
<td></td>
<td>• For 5 days upon returning to work after their exclusion for testing positive for COVID-19</td>
</tr>
</tbody>
</table>

1. Always wear a well fitted medical grade mask and face shield.  
2. Perform hand hygiene frequently.  
3. Maintain physical distancing and limit non-essential contact with other staff, and residents (as able).  
4. Avoid meeting spaces and lunchrooms.  
5. Eating/drinking must be performed in a private area. If you cannot find a place to eat or drink alone, ensure there is two metre distancing from others while your mask is off or consider staggering lunch hour for staff who are positive and negative etc.  
6. Use washrooms within the organization which are the most frequently cleaned if is not possible to have a washroom that is designated for positive employees. Employees should also clean high touch areas after use.
Appendix E: Point of Care Risk Assessments

See attached document

28 - Point of Care Risk Assessment - Eva
Appendix F Enhanced Cleaning and Disinfection for Outbreaks

Enhanced Environmental cleaning

Environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide are sufficient for use. All surfaces, especially those that are horizontal and frequently touched, should be cleaned and disinfected at least twice daily and when soiled. Cleaning and Disinfection for COVID-19 (PDF)/ Nettoyage et désinfection liés à la COVID-19 (PDF)

- Attempt to have additional cleaning supplies on hand.
- Conduct frequent cleaning and disinfection of the facility, especially high-touch surfaces like door knobs, light switches, railings, tables, chairs, etc.
- Consider all surfaces in the client environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- Ensure manufacturer recommended wet-contact time is achieved. Wet-contact time is the minimum time required for items to be in contact with the disinfectant to ensure germs are killed.
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device.
- Store all disinfectants out of the reach of children and confused individuals.
- Clean and disinfect sleeping mats after every use.
- Wash client bedding frequently.
- The labels of the cleaning and disinfecting products you are using will likely identify what protective equipment staff or volunteers should use. Increased frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.

Laundry

Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.

- Gloves and a medical grade mask should be worn when in direct contact with contaminated laundry.
- Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C).
- Laundry should be thoroughly dried.
- Hand hygiene should be performed after handling contaminated laundry and after removing gloves.
- If the laundry container comes in contact with contaminated laundry, it should be disinfected.

Supplies to have on hand

- Medical grade masks for cases/staff
- Disposable gloves
- Eye protection
- Thermometer
- Running water
- Hand soap
- Non-alcohol-based hand sanitizer (EZ-Pur hand-sanitizer) for Emergency shelters for the homeless
- Alcohol-based hand sanitizer that
- Fever-reducing medications
- Tissues
- Waste container with plastic liner
- Test strips (to verify concentration of diluted bleach solution)
- Regular household cleaning products
- Bleach (5% sodium hypochlorite) and a separate container for dilution
- Alcohol (70%) prep wipes
- Regular laundry soap
| contains at least 60% alcohol | ✓ dish soap  
|                             | ✓ disposable paper towels |