

# COVID-19 OPERATIONAL REQUIREMENTS: REOPENING



\*This document provides operational details and requirements to support the gradual restart of all programs and services provided by the Near North Palliative Care Network.

## CONTEXT

On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic (ref 1). On March 19, 2020, the Chief Medical Officer of Health issued a directive that all non-essential and elective healthcare services be ceased or reduced to minimal levels until further notice (ref 2). In response to this direction, the Near North Palliative Care Network ceased all face-to-face visits between volunteers, staff and bereavement and palliative clients. Service delivery was changed exclusively to phone or video support. On May 26th, 2020, the directive was amended to support the gradual restart of health care services (Ref. 3). This document outlines the measures NNPCN is taking in accordance with this most recent directive, as well as in conjunction with the June 30, 2020 guidance document by Ontario Health to gradually and safely restart community support services (ref 4).

## 1. RISK ASSESSMENTS

### Organizational Risk Assessment (ORA)

An organizational risk assessment (ORA) is a systemic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of infection in a healthcare setting. An organizational risk assessment was completed to reduce the spread of COVID-19 in the workplace and as a requirement of reopening. (Appendix A)

### Point of Care Risk Assessment (PCRA)

A PCRA assesses the task, the client and the environment. The PCRA is the first step in routine infection prevention and control practices, which will be used with all client interactions. *Staff/volunteers education on PCRA was completed using the Public Health Ontario's "Performing a Risk Assessment Related to Routine Practices and Additional Precautions" tool* (Appendix B).

## 2. HIERARCHY OF HAZARD CONTROLS

The hierarchy of hazard controls is a an approach used to reduce workplace hazards. When applied to infection control, the hierarchy of controls can be used for the containment of infectious disease and is fundamental to protecting clients, staff and volunteers.

### Elimination and Substitution

Elimination and substitution are the controls that have the biggest impact in reducing the hazard, but can be the most difficult to implement. They work to remove or prevent a pathogen from entering a workplace.

To mitigate risk of transmission, we are eliminating indoor visits, where possible, and substituting them with an outdoor visit (see Garden/Laneway visit policy - Appendix C); or phone/video visits. *Face-to-face visits will be limited to only those identified as "essential" as defined by established criteria.* See "Face to Face Visits flow chart Appendix D".

## **Engineering and Systems Control Measures**

Engineering and systems control measures work to reduce the hazard at the source, before it comes into contact with the client, employee or volunteer. Controls we have implemented include a 2m/6ft physical distance between all staff in the office, and between volunteers and clients. When the 2m distance is not possible, staff will wear a non-medical face mask. We have moved face-to-face visits to open air, unless the weather is too hot or too cold. Windows are opened to increase air circulation.

## **Administrative Control Measures**

Administrative controls include policies and procedures, education and training and use of PPE to reduce risk of transmission. At NNPCN we are actively screening clients and volunteers before each visit; and staff working in the office wear a mask when entering and leaving the building, as well as complete self assessment upon arriving to work, with temperature checks twice daily. Visits between volunteers and clients who screen positive are cancelled and the screen positive person is referred to the local COVID-19 Assessment Centre. Staff who screen positive are denied entry to the building and their manager is notified.

If a client/volunteer fails the COVID screening tool, the Volunteer Coordinator or designate will discuss how to proceed with the Executive Director.

- If a client fails the screener but symptoms are related to their disease process, risks of visiting will be discussed with the client's physician

- If a client is unable to tolerate wearing a mask or if physical distancing cannot be maintained, the volunteer will wear a mask and eye protection

## **Personal Protective Equipment (PPE)**

Although less effective as a control measure, PPE use is still an important component of infection control. At NNPCN, staff and volunteers have access to appropriate PPE and education and training to ensure competency of appropriate selection, use, maintenance and disposal of PPE.

Staff or volunteers entering the office are to wear a cloth/medical mask when entering the building. Masks are to be worn at all times when away from workstation or in the presence of another person.

Clients are to provide their own masks.

The Volunteer Coordinator or designate will monitor the PPE quantities, which are to be reported to the Ministry daily once face-to-face visits resume, as well as order when necessary. (See NNPCN PPE Inventory Appendix E)

A stock of 14 days worth of PPE in house is to be maintained, including gloves, medical masks, gowns, face shields and alcohol based hand rub.

## EDUCATION AND TRAINING

All education and training to be completed and documented in staff and volunteer files. Staff and Volunteers to sign Volunteer Declaration indicating they have received and understood the following training related to COVID-19, as well as review new COVID-19 policies.

- o COVID Know the Facts factsheet  
<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/covid-19-know-the-facts/04-03-02-COVID-know-the-facts-eng.pdf>
- o Non-medical masks and face voerings facsheet -  
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/2020/05/factsheet-covid-19-non-medical-masks.pdf?la=en>
- o When and how to wear a mask fact sheet  
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-how-to-wear-mask.pdf?la=en>
- o Point of Care Risk Assessment online training by Public Health Ontario  
<https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-courses>
- o How to Protect Yourself from COVID-19 - Older Adults and People with Chronic Medical Conditions or Weakened Immune Systems  
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/2020/05/factsheet-covid-19-immunocompromised.pdf?la=en>
- o Physical Distancing Fact Sheet  
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-guide-physical-distancing.pdf?la=en>
- o Hand hygiene:  
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en>  
How to wash your hands - video  
<https://www.youtube.com/watch?v=o9hjmges72I&list=PLUVHo7YRHEGDvc9JtqYA16UQ>  
<https://www.youtube.com/watch?v=sDUJ4CAYhpA>
- o How to Self Monitor - fact sheet  
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-self-monitor.pdf?la=en>
- o Proper use, donning, doffing and disposing of PPE  
<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>  
<https://www.youtube.com/watch?v=s2z1uM1fXN8>  
[https://www.youtube.com/watch?v=crGIUX3\\_4DA](https://www.youtube.com/watch?v=crGIUX3_4DA)  
<https://www.youtube.com/watch?v=1YiLpLXvg4>  
<https://www.youtube.com/watch?v=pFJaU9nxmTA>
- o Universal Mask Use in Health Care factsheet

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-universal-mask-use-health-care-settings.pdf?la=en>

- o Chain of Disease Transmission Fact Sheet  
<https://www.youtube.com/watch?v=F5gXdHMoGGY>
- o Cough Etiquette Fact Sheet  
<https://www.publichealthontario.ca/-/media/documents/C/2013/clincial-office-cough-signage.pdf>
- o COVID-19 Screening Tool  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_patient\\_screening\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf)

**See Volunteer Declaration Appendix F**

### **3. PHYSICAL CAPACITY AND ENVIRONMENT**

Currently staff all work in their own offices and only come together for brief meetings where masks are worn and physical distancing is practiced. The two staff that share an office have their desks spaced at 2m/6ft apart. Any visitors to the office are screened at the main entrance of the building, temperature is checked and they are required to wear a mask and practice hand hygiene upon entering and leaving the building. Upon arriving at the office, a distance of 2 m/6ft is maintained with staff. There is signage on the main door of the building about not to come if ill, hand hygiene, mask use and physical distancing. All high touch areas are disinfected twice daily using a regular quaternary ammonia product.

(Disinfect surfaces between clients)?

6 month supply of toilet paper, paper towel, kleenex, virox, chlorox wipes and cleaning supplies will be maintain.

### **4. HEALTH HUMAN RESOURCES**

All staff/volunteers will sign the "COVID-19 Declaration" and complete necessary training. Office staff will perform "other duties as assigned/needed to ensure the safety and wellbeing of all residents, clients, visitors, volunteers and staff. ie. disinfect high touch surfaces, etc.

The gradual phased approach to reintroducing volunteers will be limited to roles where physical distancing can be maintain, ie. bereavement, administration, community visiting, etc.

All staff and volunteer illness consistent with COVID-19 symptoms will be reported to the Executive Director.

Should a volunteer or staff member test positive for COVID-19, a negative test result will be required to return to work or volunteering.

Should a COVID-19 vaccine become available and easily accessible, volunteers who get the vaccine are encouraged to provide vaccination status to the Office. Should a COVID-19 antibody test become available and easily accessible, staff and volunteers are encouraged to provide immunity status to the Office.

## 5. COLLABORATIONS

The Executive Director or designate will attend applicable pandemic meetings with:

- o HPCO - Hospice Palliative Care Ontario
- o Community Support Sector/NELHIN
- o
- o
- o

## 6. FUND DEVELOPMENT/FINANCES

- o reduced expenses - staff training, food, meeting expenses, travel, etc.
- o increased expenses on PPE
- o decrease in all donations/fundraising revenue by %
- o All fundraising will be virtual or by telephone, mail
- o we will increase our community awareness and engagement through social media and other marketing strategies

## 7. REFERENCES/RESOURCES

1. WHO declares pandemic.  
<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

2. Directive #2 March 19, 2020  
<https://www.crho.ca/wp-content/uploads/2020/03/CMOH-Directive-2-RHPA-professionals-2020-03-19.pdf>

3. Directive #2 May 26, 2020.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/RHPA\\_professionals.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/RHPA_professionals.pdf)

4. Ontario Health, regional approach to Community Support Services Delivery and Recovery during the COVID-19 Pandemic. (June 30, 2020)  
[file:///C:/Users/NNPCN/Downloads/OH%20Regional%20CSS%20Service%20Delivery%20During%20COVID\\_FINAL.PDF](file:///C:/Users/NNPCN/Downloads/OH%20Regional%20CSS%20Service%20Delivery%20During%20COVID_FINAL.PDF)

**This is incomplete, I will work on this next!**

As per the *Regional Approach to CSS Delivery and Recovery during the COVID-19 Pandemic*, distributed to Community Support Services providers on *June 30, 2020*, Guidance to Re-opening document, the Near North Palliative Care Network (NNPCN) is committed to gradually reopening safely following the ethical principles of minimizing risk, providing equitable access, leveraging existing and promoting new innovative approaches to care, accelerating system transformation, using a multi-sector, population health approach, and sustainability.

Minimize Risk	
Equitable Access	
Leveraging Existing and Promoting New Innovative Approaches to Care	
Accelerate System Transformation	
Multi-sector, population health approach	
Sustainability	

## References.

1. WHO declares pandemic.  
<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
2. Directive #2 March 19, 2020  
<https://www.crpo.ca/wp-content/uploads/2020/03/CMOH-Directive-2-RHPA-professionals-2020-03-19.pdf>
3. Directive #2 May 26, 2020.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/RHPA\\_professionals.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/RHPA_professionals.pdf)
4. Ontario Health, regional approach to Community Support Services Delivery and Recovery during the COVID-19 Pandemic. (June 30, 2020)  
[file:///C:/Users/NNPCN/Downloads/OH%20Regional%20CSS%20Service%20Delivery%20During%20COVID\\_FINAL.PDF](file:///C:/Users/NNPCN/Downloads/OH%20Regional%20CSS%20Service%20Delivery%20During%20COVID_FINAL.PDF)



## APPENDICES

### Appendix A

#### Organizational Risk Assessment

1. Complete risk assessment by reviewing the organization's physical space, policies and procedures
2. The person completing the inspection is to sign off as the inspector and send it to the board for review.

Interaction with other employees?	YES	NO	Corrective Actions
Do employees need to work in close proximity with one another? (ie. closer than 2 metres)		X	
Do employees have to cooperate with others to complete their duties and responsibilities	?		
Would employees have regular contact with others in common spaces (break rooms, etc.)		X	
Do any employees work or volunteer at another workspace that might be considered as high risk?		X	
Are any employees identified as in the high-risk category for COVID-19 (elderly, chronic conditions or pregnant)?	X		Screening, universal masking, PPE, precautions, 2x daily cleaning, declaration, training
Interaction with visitors	YES	NO	Corrective Actions
Is the employee required to work in proximity with visitor (that is, closer than 2 metres) to complete their duties?		X	
Is the employee required to physically touch items or spaces that visitor have touched?		X	Screening, universal masking, PPE, precautions, 2x daily cleaning
Workspace	YES	NO	Corrective Actions
Does the workspace layout allow for physical distancing guidelines (at least two metres between employees)	x		
Are there any common areas where employees would be expected to move near one another, such as		X	

<p>dressing rooms, redication rooms, break rooms, and so on?</p>			
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Are there areas where bottlenecks are likely such as security check points, entrances and elevators?	X		Screening, universal masking, PPE, precautions, 2x daily cleaning
Are there any high-touch areas such as door handles and so on?	X		Screening, universal masknig, PPE, precautions, 2x daily cleaning
Are there any areas that will be accessed by visitors?	x		Plexiglas on reception
Is the area access controlled?	x		Front door locked, only entrance post screening
Are there appropriate physical barriers between the employee and visitor?	x		
<b>Sanitation</b>	<b>YES</b>	<b>NO</b>	<b>Corrective Actions</b>
Are there enough handwashing stations available?	X		Hand sanitizer on every desk.
Are there sanitizing stations installed in areas where frequent physical contact is likely?	x		
Is there regular cleaning and sanitation schedule for identified high-risk areas?		X	
<b>PPE</b>	<b>YES</b>	<b>NO</b>	<b>Corrective Actions</b>
Is there enough equipment available to help protect employees?	X		
Face masks?			
Gloves?			
Isolation gowns?			
Is there enough stock of PPE for all employees?			

<b>Policies and Procedures</b>	<b>YES</b>	<b>NO</b>	<b>Corrective Actions</b>
Is there a policy regulating prevention of COVID-19 in the workplace?	X		
Is there a process in place to deal with a suspected or confirmed case of COVID-19 in the workplace?	X		Outbreak management guidelines from Ministry
Is there a policy in place for cleaning of the workplace in the event of a confirmed case of COVID-19?			Regular cleaning guidelines
Have employees been made aware of policy and process changes?	X		Training

Training	YES	NO	Corrective Actions
Have all employees been trained on new policies and processes?	<b>X</b>		<b>yes</b>
Has management received sufficient training regarding new policies and processes?	<b>x</b>		<b>yes</b>

Additional comments or note related to policies and procedures:

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Inspector's signature

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Committee signature

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix B**

***Performing a RiskAssessment Related to Routine Practices and Addtional Precautions.***  
**Public Health Ontario.**

<https://www.publichealthontario.ca/-/media/documents/R/2012/rpap-risk-assessment.pdf?la=en>

## **Appendix C - Garden/Laneway Visits**

### **Garden / Home Support Laneway Visits**

#### **Garden Visits:**

As of June 18, 2020, the Ontario Government has given the go ahead for "garden visits" to commence at Ontario's long-term care homes. Garden visits are to occur outside at a prearranged time and date. Garden visits are not be permitted at homes where there is a COVID-19 outbreak.

Volunteers who are 65 years of age or older, have a weakened immune system or underlying condition should not visit clients in-person except in extraordinary conditions, to be assessed and decided upon by the NNPCN office. Volunteers 65+ are encouraged to help with phone and web conference visits.

Volunteer and client are to be informed of the risk of the COVID-19 infection and asked if they feel safe to accept visits. If client, caregiver and volunteers accept the risk, then all parties must be informed of the protective measures they must observe against the infection for the duration of the visit.

All parties will sign a waiver indicating they understand they are responsible for their own health and protection during COVID-19, that they will take all necessary precautions to protect themselves and the people around them during the visit.

Before each visit, the Volunteer Coordinator will phone the client or charge nurse, and volunteer to screen them and their household members using the screening questions in the Ministry of Health's COVID-19 Patient Screening Guidance Document (Vol. 4, June 11, 2020). If the response to ANY of the screening questions is YES, the person is considered to be COVID-19 screen positive and the visit is cancelled. Status is documented in client's or volunteer's file and visits are placed on hold. If the client is screen positive, the Charge Nurse at the long-term care home is notified. If the volunteer is screen positive, they are referred to the COVID-19 Assessment Centre at the North Bay Regional Health Centre where appointments must be booked by calling 705-474-8600 ext. 4110.

If both the resident and volunteer and members of their respective households are COVID-19 screen negative, the visit can proceed. Screening status of both the client and volunteer and their respective households is documented in the client file. Volunteer must wear mask - covering the mouth and nose for duration of the visit. Mask to be provided by the Near North Palliative Care Network (NNPCN). Client and resident must maintain 2m/6ft physical distance for duration of visit. Volunteer must bring their own water, hand sanitizer (provided by NNPCN) and snack. Volunteer should carry cell phone and call the long-term care home should any unforeseen circumstances arise that the client requires assistance. An NNPCN staff member must be available to receive a call during the prearranged time for a visit. Volunteer to call 911 if client is having a medical emergency. Visits should not take place in extreme heat or cold weather. Client must be physically independent to come and go without volunteer's assistance (able to stand and sit independently). No food/items are to be exchanged during a visit. Volunteers and clients do not shake hands or touch. Volunteers are never to enter the long-term care home.

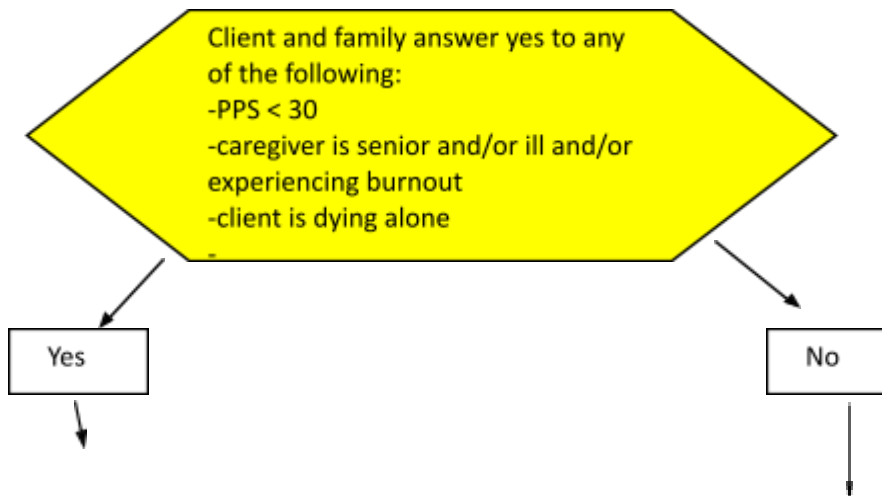
Before first garden visit, volunteer must review and sign policy, as well as receive training on proper hand hygiene, mask use and physical distancing.

### **Home Support Laneway Visits:**

The policy and procedure for home support laneway visits is the same as for garden visits, except that in the event the client is COVID-19 screen positive, they will be referred to the COVID-19 Assessment Centre at the North Bay Regional Health Centre. The Care Coordinator for the client is to be notified by the Volunteer Coordinator or designate.

Volunteer must bring their own water, hand sanitizer, snack and chair to the home. Volunteer must never enter the client's home.

## Appendix D: FACE TO FACE DECISION TREE



Enjoy your visit and remember:

- leave personal belongings in car
- ensure client can hear you with mask on
- always wear mask and maintain physical distance
- limit movement to avoid contact with surfaces
- perform hand hygiene as required\*
- 

All of the following conditions MUST be met:

Volunteer and client are agreeable to:

Yes	in hand hygiene mask	No
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- maintain physical distance of 2m/6ft
- visit outdoors where possible

There are no high risk respiratory procedures present

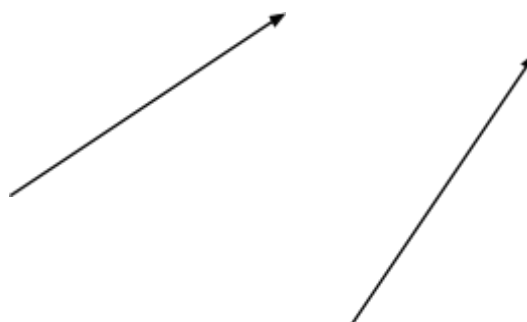
There are no other visitors at the home while visit takes place.

All involved, including household members, MUST be screen-negative on Screening Tool within 12 hour of visit

- Volunteer screen negative
- Client screen negative
- Household members of both client and volunteer

No face-to-face visit. Client and family offered phone visit. ☐ No on hold for face-to-face visits until they can answer yes to previous box or pandemic is over.

Yes
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## Appendix E: PPE Inventory List

Item	Amount	Total
Reusable Face Masks	28	28
Nitrile Gloves (100 per box)	7 Boxes	700
Single Use Isolation Mask (50/box)	1 Box	50
Hand Sanitizer	13	13
Isolation Gowns	0	0
Disinfectant Wipes	2	2
Booties	100 Pairs	



## **Appendix F - Volunteer Declaration**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NNPCN values all clients, visitors, volunteers and employees. Our priority is to ensure the safety of all individuals involved with our programs and services. Volunteers must acknowledge risks, and complete the required training and screening associated with the COVID-19 pandemic. Community support and bereavement programs will continue to be delivered via virtual means whenever possible, unless client meets certain criteria and volunteer is willing and able to visit client. Garden/laneway visits are the first step to reopening, where physical distancing in the open air is possible. Please complete this form and return to Volunteer Coordinator prior to resuming a volunteer role.

### **Vulnerable populations**

**I understand people of any age or health status can develop COVID-19, but three groups are at higher risk for hospitalization or death:**

- Adults in their 60's and over, account for most of the reported COVID-19 hospitalizations, intensive care unit (ICU) stays, ventilator use and deaths in Canada.
- People of any age with chronic medical conditions, including: Lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, cerebrovascular disease.
- People of any age who are immunocompromised, including those:
  - With an underlying medical condition (e.g., cancer)
  - Taking immune weakening medications (e.g., chemotherapy)

- **I declare that I understand my risks and wish to return to a volunteer role.**

#### **Training and Education**

**I recognise that infection prevention and control practices are fundamental to preventing the spread of COVID-19 virus.**

- I will complete necessary COVID-19 training.
- I understand that if the current pandemic situation changes Near North Palliative Care Network may direct all in-person visits to stop and for the safety of all involved and the reputation of Near North Palliative Care I will adhere to the direction.
- **I declare that I will complete the necessary training, adhere to established policies, procedures, protocols and direction and wish to return to a volunteer role.**

#### **Screening, Self-Monitoring and Reporting**

**I understand that screening, self-monitoring and reporting illness is an integral step to preventing the spread of COVID-19 virus.**

- I will not to visit a client who “fails” a COVID-19 screening tool.
- I will complete the “COVID-19 Screening Tool” with the Volunteer Coordinator or designate, within 12 hours prior to visiting a client, and not visit a client if feeling ill.
- I will actively report if I have COVID-19 symptoms or have had a confirmed unexpected exposure to a person with COVID-19.
- I agree no to travel outside of Ontario, however, if they do, I will inform the office.
- **I declare that I understand the self-monitoring and reporting expectations.**

**Signature:**\_\_\_\_\_