

LTC/AL Provider Town Hall Q&A Thursday, April 06, 2023

1. Are the staff required to do active screening at the point of entry? Are we required to do temperature for the residents daily?

A: No, the staff should not come to work if they're sick, they will continue self-screening. Temperatures are not required unless indicated in terms of symptoms, functional decline or change in condition.

2. The MoH Q and A strongly implies that screeners will be needed in the fall. Can we get confirmation that funding continues for this throughout the summer and to the end of the calendar and/or fiscal year? Important for planning and position (temp/permanent) posting.

A: It's our understanding that funding will continue until we're informed otherwise. The Ministry did reference that when it comes to the fall/winter season, screeners may be needed again. We will keep you informed as we learn more.

3. Will the Ministry require us to continue our daily COVID reporting (via link)?

A: That is in discussion with the Ministry.

4. Please clarify re: staff off sick. How long are they off, when can they return to work, are they required to wear a mask for a length of time when returning to work?

A: The current recommendation is that if a staff member tests positive for COVID-19, staff should remain off work at least 5 days from symptom onset or until symptoms improve AND they are afebrile for 24 hours without the use of fever reducing medications, whichever is longer. They would not have to mask when they are back at work unless specifically required by a resident Point of Care Risk Assessment. If a staff member has respiratory symptoms but does not test positive for COVID-19, they should be excluded from work until symptom resolution and they feel well enough to work.

5. Are there any restrictions on what the visitation funding can be used for during the times a screener is not needed?

A: The type of work these positions could be utilized for is available on the FH townhall slide deck. There is optimal opportunity as operators to utilize the Screener's in a different way to support your local care community. We have offered suggestions around what that could be and what that could look like, knowing that we may need to bring the Screener role back in the next respiratory illness season.

6. Will FHA provide 'passive screening' posters and 'stay home if you are sick' posters?

A: All of the resources are being looked at and will be revised as required.

7. When we are on enhanced monitoring, you state that the mask is NOT required for all staff? Why? Also, may homes make their own decisions on this? Or are we forced to allow staff to go without a mask if they wish during times with restrictions due to positive COVID residents?

A: We are now in a different place. The respiratory illness season is over. Although COVID-19 is still with us, given the population immunity conferred by immunization and infection and availability of effective treatment, numbers of severe disease outcomes such as hospitalizations and deaths are much smaller than before and the situation has been relatively stable for some time. So it is time for us to move forward and remove some of the restrictions and measures that were in place. We are not requiring all staff to put on a mask as a universal requirement when a site goes on enhanced monitoring. If staff are taking care of a resident that is on droplet precautions, they are required to mask. But if they are taking care of a resident that is not on droplet precautions, it is based up on their point of care risk assessment. Universal masking will be recommended or even required when appropriate. When it's a recommendation, it's optional and a choice if staff want to wear that mask.

8. How does this affect policies on shared food – Potlucks?

A: Please have potlucks and enjoy joyful celebrations with the residents and families if there are no COVID-19 cases on a unit. When sites are on enhanced monitoring, we recommend not to share food and there will be restrictions on communal dining and group activities. Please refer to the RI toolkit which is being updated.

9. Taking down signs, does this include the 4-points of HH and how to use AFHS that were posted throughout the halls?

A: Signage related to hand hygiene is still standard quality practice. Anything related to pre-pandemic infection prevention control practices remains the same. The signage specifically related to COVID and some of the visitor posters can be removed. All signage is under review.

10. Along with the screeners, will the COVID funding continue for other roles such as extra touch housekeepers and resident surveillance positions? (i.e. extended housekeeping hours)

A: Eligible positions related to visitation funding will continue to be funded until further notice. If COVID/OT funding was used to fund other roles, FY23/24 COVID/OT funding is not yet confirmed.

11. Do staff need to come into one entry point in the home still?

A: Staff and visitors are now able to enter through other entry points as they wish.

12. Where on Pulse could we locate the Point of Care Risk Assessment tool?

A: [Appendix A.pdf](#) Point of care risk assessment algorithm

13. Will hand hygiene, PPE and environmental audits continue to be a requirement? Or will these be restricted to respiratory season?

A: Yes, these audits will continue to be required as preventive measures throughout the year. For audit frequency, see Tool 20: Infection Prevention and Control Audits.

14. Does daily screening for AL or LTC continue to be a mandatory requirement?

A: No mandatory screening, removed as a requirement as per PHO order.

15. Given that respiratory season is over, does this mean that staff who did not get a flu vaccine do not need to wear a mask?

A: That is correct. Given that respiratory season is over, staff do not need to wear a mask just because they did not get the flu vaccine this season. Their mask-wearing decision will be based on the Point of Care Risk Assessment.

16. When we are in restrictions for COVID, do we have to put up all the signage again or will just a sign at the front door suffice?

A: All signage is currently under review and what will be required going forward will be communicated. Signage applicable to additional precautions will remain the same as per Point of Care Risk Assessment.

17. The slide said nothing was changing with enhanced monitoring so do all residents still eat in their rooms but no staff masking during enhanced monitoring?

A: The slide said the follow-up process for COVID-19 cases in LTC/AL was not changed. The escalation from enhanced monitoring – self management to enhanced monitoring with Public Health Support, then with additional measure and lastly outbreak declaration stay the same. What has changed is some of the measures especially when masking is concerned. The measure regarding communal dining is being updated.

Enhanced Monitoring – Self Management : Communal dining on the affected unit(s) can continue with well, unaffected residents ensuring appropriate infection control measures are being followed (e.g. physical distancing, staggered meal times, hand hygiene, pre-set tables and cutlery, remove shared items, dispense food by staff onto plates for residents and enhanced cleaning. Symptomatic residents or confirmed cases have tray service.

Enhanced Monitoring with Public Health Support, additional measures or outbreak: stop communal dining and tray service for all residents on the affected unit(s).

18. Screening will continue for now but when it does end, how much notice will operators get to be able to inform affected staff?

A: Screening is no longer required and we will keep you informed as we learn.

19. Who will be responsible to train screeners or ambassadors to do HH audits? Would we get support from the IPC team?

A: A working group is in the process of determining (reviewing) 'screener's or ambassador's' duties.

20. The suggestions for additional roles for the screeners does not seem to fully align with previous input from HR (at O & O sites) e.g. putting away laundry, escorting residents, and making beds. Has there been a change in the JD or a new interpretation?

A: Questions around roles and responsibilities of the screeners or ambassadors should be redirected to your care community's human resource team.

21. Will the funding remain for PPE if staff is choosing to use masks daily and will FHA continue to supply PPE during enhance monitoring or outbreak?
- A:** If you are ordering PPE through PHSA, this will continue. If it is outside PHSA orders, COVID/OT funding for FY23/34 (which covered supplies previously) has not yet ben confirmed.
22. Regarding activities, do we also remove restrictions or screening with entertainers and children visits?
- A:** Yes
23. Can staff from multiple neighbourhoods use the same staff room if they are not on outbreak?
- A:** Yes, if they are not on enhanced monitoring or outbreak.
24. What is happening with the visitor screening forms and vaccination records? Are we supposed to keep them or shred?
- A:** Keep the records until we hear further instructions from the Ministry of Health.
25. Do we still need to use report tools 28/27 on a daily basis?
- A:** Yes, if you have COVID and/or influenza positive residents/staff.
26. If we are not on enhanced monitoring, can we bring residents together for recreation?
- A:** yes, coming together for recreational activities has been encouraged prior to the announcement on April 6.