

Novel Coronavirus (COVID-19) Facts & Guidance for Origin Communities

Background

On 30 January 2020, WHO declared the outbreak of a novel coronavirus (COVID-19) a Public Health Emergency of International Concern. Responding to COVID-19 requires preparedness and response appropriate to the risk and the setting. Seniors' communities, such as those managed by Origin, are of particular importance because of the vulnerability of elderly persons and care workers.

Respiratory infections occur throughout the year, however, are more common during the winter months. The novel coronavirus, COVID-19, may be introduced to a community through individuals (such as visitors and staff) with an epidemiological link to Hubei province (including Wuhan), China, or other areas of the world that are deemed by WHO to be of high risk.

The population Origin serves tend to be older, frailer, and have chronic conditions which weaken their immune systems. Furthermore, residents may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways. They are also at risk because respiratory pathogens may be more easily transmitted in a group setting.

The guidance in this document has been developed specifically for Origin Active Lifestyle Communities. Resources from the publications of the World Health Organization, Health Canada, provincial health service authorities (Alberta, British Columbia and Ontario).

What is known about COVID-19

The 2019 novel coronavirus associated with Hubei province (Wuhan), China (COVID19) is a newly identified virus. Of the cases reported to date, some have developed severe illness and deaths have been reported. However, many people have had only mild symptoms and did not require hospital care.

Because COVID-19 is a newly identified virus, the exact way it spreads is not well understood. There is evidence that COVID-19 can be spread from people who are sick to others with whom they have close contact. Close contact involves situations such as caring for or living with someone. It is important to take steps to protect yourself and so that the virus is not spread to others.

Origin's Action Plan

Screening

1. Passive Screening for staff, volunteers and visitors
 - a) Signage to be posted at the entrances to the building and at reception areas for anyone entering the Community (e.g., visitors, staff, volunteers) to self-identify if they have relevant symptoms and travel history/exposure

- b) Instruct all staff to self-screen at home. Staff with symptoms of an acute respiratory infection must not come to work and must report their symptoms as per policy.

2. Active Screening for residents

- a) All new and returning residents (i.e. overnight stay away from the Community) should be actively screened by a staff member. Done by telephone, the resident should be asked if the resident is experiencing any fever, and/or new onset of cough, or difficulty breathing AND any of the following:
 - Travel to mainland China in the 14 days before the onset of illness
Or
 - Close contact with a confirmed or probable case of COVID-19
or
 - Close contact with a person with acute respiratory illness who has been to mainland China in the 14 days before their symptom onset.

If the screening is negative, the on-boarding process can proceed as normal. If the screening is positive, the person should be directed to self-quarantine. The Community should then contact their local public health unit to report the suspect case and discuss the most appropriate next steps in terms of communication.

Infection Prevention and Control

1) Routine Practices

- a) Review of operations to ensure routine practices are in place:
 - i) **Risk assessment** of the client/patient/resident and the health care provider's interaction with the client/patient/resident; and
 - ii) **Hand hygiene** to be performed with an alcohol-based hand rub or with soap and water before and after contact with a client/patient/resident or their environment, before invasive/aseptic procedures and after body fluid exposure risk.
- b) Provide hand cleaning stations with signage at all public entrances
 - i) Signage to be posted at the point of entry for visitors to:
 - Delay their visit if they are feeling unwell
 - Clean their hands before entering and exiting
 - Cover their cough/sneeze with elbow or tissue
- c) Review to ensure access to alcohol-based hand rub for staff during their daily work

2) Additional Precautions – Contact and Droplet

- a) Ensure policies and procedures regarding resident illness are up to date, communicated to staff and the appropriate measures and supplies are available.

Occupational Health and Safety

1. Occupational Illness
 - a. Ensure policies and procedures regarding the reporting of occupationally-acquired infection to ensure they are up to date, communicated to staff and followed as required.

Communications

1. Initial Communique to be shared with key stakeholders, namely staff, residents and the “public” (i.e, resident families, investors, community partners, etc.) on Origin’s assessment and response given the situation.
2. Create a communications plan to provide updates as required to stakeholder groups.

Appendices

Poster/Signage – Passive Screening (attached)

Poster/Signage – Visitor messages re: delay visit/clean hands/cover cough (attached)

References:

<https://iris.wpro.who.int/bitstream/handle/10665.1/14482/COVID-19-022020.pdf>

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_long_term_care_guidance.pdf

<https://www.healthlinkbc.ca/health-feature/coronavirus-covid-19>

<https://albertahealthservices.ca/topics/Page16944.aspx>

<https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf?la=en>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>