

## Operations Manual

MODULE: Outbreak Management	SECTION: Infection Control	
REGULATION: RHA 10	POLICY NAME: COVID-19 Protocols for Resident Absences	
POLICY NO: I 4.15	ORCA STANDARD:	EFFECTIVE DATE: June 2020
REVISED DATE: March 2023	REVIEWED DATE: March 2023	PAGE: 1 OF 1

## I 4.15 COVID-19 Protocols for Resident Absences

The protocols below reflect changes effective March 29, 2023, that must be followed by all residents who leave for absences, as applicable.

There are four types of absences:

1. **Medical absences** – absences to seek medical and/or health care.
  2. **Compassionate/palliative absences** – absences that include, but are not limited to, absences for the purposes of visiting a dying loved one.
  3. **Short term (day) absences** – split into:
    - A. **Essential outings** – absences for reasons of groceries, pharmacies, and outdoor physical activity;
    - B. **Social outings** – absences other than for medical, compassionate/palliative or essential outings.
  4. **Temporary (overnight) absences** refer to absences for two or more days and one or more nights away from the home for non-medical purposes.
- For all types of absences, residents will be provided with a medical mask free of charge if they are unable to source one and reminded to practice public health measures, such as physical distancing (2 metres separation) and hand hygiene, while they are away from the home.
  - Absences for medical or compassionate/palliative reasons are the only absences permitted when the resident is in isolation on Droplet and Contact Precautions (due to symptoms, exposure, and/or diagnosis of COVID-19) or when the home is in outbreak. The home should consult their local PHU for their advice.
  - Any resident returning to the residence following an absence (either short term (day) absence or temporary (overnight) absence) must be actively screened by a staff member within the home upon return.
  - Residents who pass active screening are NO longer required to isolate upon return, but will be requested to participate in surveillance testing.
  - Any resident who fails active screening (e.g., resident is symptomatic) will be permitted entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the Management of Cases and Contacts of COVID-19 in Ontario.

### References:

- Ministry of Health [Management of Cases and Contacts of COVID-19 in Ontario](#) (August 31, 2022)
- Ministry of Health [COVID-19 Guidance: LTC & Retirement Homes/CLS for Public Health Units](#) (October 3, 2022)
- [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) (October 6, 2022)

## Appendix A – Symptoms List

**Source:** Ministry of Health Management of Cases and Contacts of COVID-19 in Ontario (August, 2022)  
[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/managemnt\\_cases\\_contacts.pdf#page=5](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/managemnt_cases_contacts.pdf#page=5)

### 2. COVID-19 Symptoms

The below symptoms, signs, and clinical features have been most commonly associated with COVID-19. The common symptoms of COVID-19 may change as new VOCs emerge.

To prevent community transmission of infectious diseases, all individuals with symptom(s) of **any** infectious illness should stay home when they are sick. Individuals with COVID-19 symptoms should seek assessment from a health care provider if required and/or if they may be eligible for [COVID-19 treatment](#). Individuals with severe symptoms requiring emergency care should go to their nearest emergency department.

When assessing for the symptoms below, the focus should be on evaluating if they are new, worsening, or different from an individual's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions (see examples below).

**One or more of the following most common symptoms of COVID-19 necessitate immediate self-isolation and, if eligible, COVID-19 testing:**

- **Fever and/or chills**
- **Cough**
  - Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)
- **Shortness of breath**
  - Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)
- **Decrease or loss of smell or taste**
  - Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)

*Refer to link above for full list of signs and symptoms.*

## Appendix B - How to Put on/Take off a Mask

# HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

## Do's →

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

## Don'ts →

- Do not use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within the reach of others
- Do not re-use the mask

**Remember that masks alone cannot protect you from COVID-19. Maintain at least 2 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.**

**EPI·win**  World Health Organization