

**ADDENDUM - REVISED SERVICE INSTRUCTIONS FOR COVID-19 PRACTICES – FEB 24/21  
APPLIES TO CSS CONGREGATE CARE - COVID 19 VARIANTS OF CONCERN (VOC)**

*As per the Office of the Chief Medical Officer of Health directive – February 24, 2021*  
*Re: COVID-19 Variants of Concern (VOC)*

*Effective immediately, the VOC Outbreak Protocol is now in place and will direct the response to any VOC cases that may arise in your setting. Please review the protocol in detail and make any necessary preparations to implement the Protocol immediately should a COVID-19 VOC be identified at your facility.*

**Purpose**

- The Operational and Outbreak Standards as set out in [CMOH Order 32-2020](#) remain in effect, as well as the Safe Visiting Policy as set out in [CMOH Order 29- 2020](#).
- The COVID-19 VOC Outbreak Protocol comes into effect in the case of a VOC being confirmed in an individual (resident or staff).
- The Protocol is no longer effective once outbreak is declared over.
- The Protocol is applicable to all licensed supportive living (including group homes and lodges), long-term care (LTC) facilities and hospices, unless otherwise indicated. They set expectations for all operators, residents, staff, students, service providers' volunteers, as well as any designated family/support persons (DFSP) and/or visitors.
- The Protocol may change other existing requirements (e.g., in the [Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service Standards](#)), but are required for the duration of this Order. Otherwise, those expectations are unchanged.

**Key Messages**

- Due to the potential increased transmissibility, potential increased severity of illness, and other unknown aspects of COVID-19 VOCs, stricter protocol is necessary in these facilities as soon as a COVID-19 VOC outbreak is confirmed.
- A COVID-19 VOC outbreak is defined when one individual (resident or staff) is laboratory confirmed to have a COVID-19 VOC.
- A Medical Officer of Health (MOH) leading each outbreak response will direct all actions that are required to be put into place within a facility based on any unique circumstances, configuration considerations, specialized populations, etc.
- It is imperative for all persons entering and living in these facilities to remain vigilant in their actions, inside and outside the facility, to protect themselves and others around them.
  - Vigilance is of utmost importance in the areas of hand hygiene and high touch cleaning and disinfection in any shared spaces.
- Vaccinated individuals are still required to follow all public health measures including physical distancing, masking, isolation and quarantine requirements, etc. at this time.

**Definition of a COVID-19 VOC Confirmed Outbreak**

- An outbreak may be declared over after 28 days (two incubation periods) from date of onset of symptoms (or test date if asymptomatic) in the last case, with the following exception:
  - If a staff member is the only confirmed case at the outbreak facility, the outbreak can be declared over after 14 days from their last day they attended the facility.

### Management of Residents who are a Confirmed COVID-19 VOC Case

- If a resident confirmed to have a COVID-19 VOC is not already isolated, they must be immediately isolated using contact and droplet precautions for 14 days from symptom onset or test date if asymptomatic.
- Any resident who is a confirmed COVID-19 VOC case and was isolated in a shared room, must be immediately relocated to a separate room with access to their own bathroom, using contact and droplet precautions for 14 days from symptom onset or test date if asymptomatic.
  - All roommates must be treated as close contacts and quarantined in additional separate rooms that have private bathrooms.
- Residents who are confirmed to have a COVID-19 VOC and who, in the previous 90 days have tested positive for COVID-19, must be isolated in accordance with this Protocol.
- Close contacts of cases who are confirmed to have a COVID-19 VOC and who, in the previous 90 days have tested positive for COVID-19, will be determined in accordance with this Protocol.

### Contact Tracing & Quarantine

- Identification of close contacts and those who are potentially exposed to a COVID-19 VOC case will be done in conjunction with AHS Public Health and AHS Infection Prevention and Control.
- Each resident close contact must immediately be quarantined for 14 days from last date of exposure in a separate room that has a private bathroom, wherever possible.
- DFSP/visitors who are determined to be a close contact, are legally required to quarantine in accordance with [CMOH Order 05-2020](#).
- Staff members (including students and volunteers) are not considered close contacts or exposed if there has not been any breach in personal protective equipment (PPE) use and they have adhered to the 4 moments of hand hygiene. Any breach (e.g. incorrect donning/doffing including hand hygiene practices) must be immediately identified to the operator by the employee. If there has been a breach, the staff is considered exposed and should be considered a close contact and must quarantine in accordance with [CMOH Order 05-2020](#).

### Safety Precautions

- Everyone who enters the facility/residence must wear a **surgical/procedure mask and eye protection** continuously, at all times (except when eating/drinking) and in all areas of the facility and resident rooms.
  - Surgical/procedural mask and eye protection must be put on at entry to the facility.
  - Hand hygiene must be performed before putting on the mask and eye protection and before and after removing the mask and eye protection.
  - Once removed, the mask and eye protection must be disposed of (or disinfected, if reusable) immediately and appropriately (e.g. not left hanging out of garbage containers; placed in appropriate location for sanitization and reuse, etc.).
- Where appropriate and feasible, all residents should be supported to wear a surgical/procedural mask while in any common spaces (for non-isolated/non-quarantined residents) and while receiving essential care, direct care and/or support (isolated, quarantined and non-quarantined/isolated).
  - Residents must be supported or instructed to perform hand hygiene before putting on the mask and before and after removing the mask.
- Attention to PPE compliance and hand hygiene is imperative to prevent further spread. Operators must provide PPE and hand hygiene education for each staff member weekly (this can be a group session, one on one, virtual, live demonstration, etc.).

### **Designated Family/Support Persons (DFSP and/or Visitors)**

- As per [CMOH Order 29- 2020](#), access by DFSP/Visitors **may** be temporarily restricted as directed by the MOH leading the outbreak response to protect safety of residents and staff and to prevent the spread of the COVID-19 VOCs.
  - This must not be a barrier to end of life visits when death is imminent.
  - Residents and families must be given an update on status of DFSP/visitors restrictions at minimum weekly.

### **Staff Work**

- Staff who are working within a unit that has a COVID-19 VOC outbreak, must not work at **any** other workplace for the duration of the outbreak. This includes any workplace within or outside of healthcare settings.
- Staff must be extremely vigilant; especially in places where transmission is more likely (e.g. break rooms).
  - Unless eating and/or drinking, surgical/procedural masks and eye protection must be worn in the break room and strict adherence to appropriate removal and handling of the mask/eye protection is imperative.
  - Physical distancing of a minimum of 2 meters must be observed at all times when mask is removed for eating and/or drinking.
  - No shared items (water coolers, condiments, coffee pots, etc).
  - Disinfectant wipes are to be used to clean/disinfect all high touch areas (e.g. door handles, tables, chair arms, light switches, etc.) before and after use.