

# **LCDS – COVID-19 Guidance**

## **1. What to do if you feel ill**

- a) Do **not** come in to work.
- b) Follow LCDS policy for calling in sick
- c) If your symptoms are like COVID-19, see #2
- d) Stay home and take care of yourself!

## **2. What to do if you feel you might have COVID-19**

- a) Do **not** come in to work.
- b) Follow LCDS policy for calling in sick
- c) As of mid-March in our area, COVID-19 exposure is very unlikely unless you have travelled or been exposed to someone who has.

### Ask yourself:

Do you have the symptoms of COVID-19 > feverish, difficulty breathing/shortness of breath, and a new cough?

### **AND**

In the last 14 days before the onset of these symptoms have you

- Travelled out of the country
- Been in close contact with a confirmed or probable case of COVID-19

### **OR**

- Been in close contact with a person with a respiratory illness who has been to a COVID-19 impacted area?

### If the answer is **YES**:

- i. Contact your health care provider or TeleHealth at 1-866-797-0000. Follow their instructions.
- ii. Isolate yourself for 14 days - Stay home and take care of yourself!
- iii. Contact HR concerning sick time benefits, EI, return to work timing, etc.

### If the answer is **NO**:

- i. See #1

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## **3. What to do if you think someone receiving service has COVID-19**

- a) As of mid-March in our area, COVID-19 exposure is very unlikely unless you have travelled or been exposed to someone who has.

Consider:

Do they have the symptoms of COVID-19 > feverish, difficulty breathing/shortness of breath, and a new cough?

**AND**

In the last 14 days before the onset of these symptoms have they

- Travelled out of the country
- Been in close contact with a confirmed or probable case of COVID-19

**OR**

- Been in close contact with a person with a respiratory illness who has been to a COVID-19 impacted area?

If the answer is **YES**:

- i. Assist them to contact their health care provider or TeleHealth at 1-866-797-0000. Follow their instructions.
- ii. Isolate them for 14 days – Ensure they stay in their bedroom and the nearest bathroom. Try to have them wear a surgical mask if at all possible.
- iii. Assign one worker per shift to work with them in order to minimize exposure to others and to minimize PPE use. Ensure geographic separation of 'quarantined' and 'clean' areas. Workers to follow additional precautions for droplet/contact using an N95 respirator that they are certified for (HS 6.100 APPENDIX B - Additional Precautions for Infection Control chart for influenza-pandemic precautions).
- iv. Assign a worker to notify the managers.
- v. The manager will notify the Emergency Management Team.

If the answer is **NO**:

Support them the way you would through any other illness ensuring proper routine precautions are used (See HS6.100 APPENDIX A - Routine Practises for Infection Control).

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## **4. Visitor Procedure**

The STOP poster will be hung on the entrance doors so visitors can read it. Please ensure entrance doors are locked. Only “essential” visitors will be permitted into the building following a documented screening. Family members are considered visitors (see the Visitor Screening Checklist for which family visitors are permitted).

- a) Before letting essential visitors into the building, screen them.  
Complete the Visitor Screening Form with them and have them sign it.  
Ensure all completed screening forms are kept on file on site.
- b) If they answer **YES** to any screening questions they shall **not** enter. Prompt them to contact their health care provider or TeleHealth at 1-866-797-0000
  - Ask if they have had any contact with anyone receiving services from LCDS in the 14 days before symptoms showed. See #5.
  - Consider helping with another way of visiting (phone, Facetime, etc.) until after the isolations period is over and they are not a risk.

If the answer is **NO**, welcome the visitor. Encourage them to use hand sanitizer.

## **5. What to do if a family member reveals that they may have been exposed to COVID-19**

Ask:

- a) If they have the COVID-19 symptoms - fever and/or a new onset of cough or difficulty breathing.

If **YES**, prompt them to contact their health care provider or TeleHealth at 1-866-797-0000

If **NO**, ensure they are aware of the symptoms and encourage them to call their health care provider or TeleHealth if symptoms occur.

- b) If they have had any exposure to the family member receiving LCDS services within 14 days of their possible exposure. If they are having COVID-19 symptoms, ask about 14 days from when they first started feeling the symptoms.
  - If the person receiving LCDS services has been exposed while the family member was asymptomatic, workers will need to view the person as a probable case (researchers are still learning about how COVID-19 spreads and the timelines involved – we need to err on the side of caution).

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- If the person receiving service is a day program attendee, workers are to gather a list of possible contacts of exposure. Contact the Health and Safety Coordinator.
- If the person is a resident, encourage social isolation, monitor their symptoms, encourage proper hygiene methods for infection control. Workers are to use contact precautions if no cough is present and droplet and contact precautions if a cough is present. See HS 6.100 APPENDIX B - Additional Precautions for Infection Control.

## **6. How often do I change personal protective equipment?**

At the present time obtaining PPE supplies is very difficult and many items are back ordered. We need to work in order to both ensure infected PPE doesn't contaminate 'clean' areas and to maximize our current equipment supply.

If at all possible, one worker should be working with anyone suspected or confirmed of having COVID-19 in a social isolation arrangement.

Eye protection must be changed/cleaned and sanitized if soiled.

N95s must be changed when soiled, removed, wet, damaged, or difficult to breathe through. Once removed, they must be discarded immediately.

Gloves and gowns must be removed and discarded immediately after the activity for which they were used or if they become torn.

For more information see HS 6.100 Infection Prevention and Control, Appendix A - Routine Practises for Infection Control.

## **7. Sanitizing reminders**

➤ There are two steps:

**Cleaning** first – removes visible soil

**Sanitizing** second – kills infectious material left on the cleaned surface

- Use an appropriate sanitizer (bleach or an item with a Drug Identification Number (DIN#). Do **not** use vinegar.
- If diluting, follow the label instructions to achieve a proper dilution ratio. For bleach

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1:50 (1 part bleach + 49 parts water) = 1000ppm for 10 minutes is sufficient.

- Ensure the wet sanitizer is left on the surface for the proper contact time (sanitizing wipes are usually too dry for this).
- Do **not** spray directly on electrical equipment such as light switches. Spray it on a paper towel and then wipe the surface, letting it air dry.
- During pandemics, increased sanitizing (twice daily) is to be completed on high touch surfaces of the residence. Examples: doorknobs, light switches, toilet handles, counters, hand rails, touch screen surfaces, keypads and keyboards.



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**If you have any questions or concerns, please contact the Health and Safety Coordinator or any member of the Emergency Response Team.**

*Thank you for your cooperation and flexibility!*