GOVERNMENT OF BERMUDA
Ministry of Health

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**v.5**

# COVID-19 Guidance: Care Homes v.5

MINISTRY OF HEALTH, GOVERNMENT OF BERMUDA

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# Application

Care homes regulated under the Residential Care Homes and Nursing Homes Act 1998, are to follow this guidance in accordance with The Public Health Act 1949, the Public Health (COVID-19) Regulations 2020, Public Health (COVID-19 Emergency Powers) Regulations 2020, Residential Care Homes and Nursing Homes Act 1999, Residential Care Homes and Nursing Homes Regulations 2001 and Code of Practice for Care Homes 2018.

Each care home is responsible to implement the guidance in accordance to their specific care home needs and circumstances. The COVID-19 Care Home Team can be contacted for advice on implementing the guidance.

The guidance will be updated continuously based on clinical and national developments regarding COVID-19. Care homes will be informed directly of updates to the guidance.

## Contact Information

**Covid-19 Care Home Team,** Ministry of Health
**441-444-2299 or 441-332-8897**
kmvanputten@gov.bm
CovidLTCH@gov.bm

**Epidemiology and Surveillance Unit (ESU)**, Ministry of Health
**278-6503**
jdwilson@gov.bm

**For more information, updates and Covid-19 resources go to:**
https://www.gov.bm/coronavirus

COVID-19 Guidance for Care Homes v.5.0
Ministry of Health, Government of Bermuda
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# Glossary

### Droplet and Contact Precautions

include:

- Surgical/procedure mask (add N95 for aerosol generating procedures)
- Isolation gown
- Gloves
- Eye protection (goggles/face shield)

**Essential visitors or providers** include a person:

- Performing essential resident support services e.g. health care services required to maintain good health (e.g. GP, Rehabilitation Services, etc.) ; family required to provide care, general mental health/well-being support or emergency repairs
- Visiting a very ill or palliative resident
- Inspectors for regulatory purposes.

**Visitor**- a person who is not an essential visitor but visits:

- To provide non-essential services
- For social reasons
- As a prospective new resident

**Provider** - a person who provides non-essential maintenance, personal or health care services to the resident, for example hair or beauty care.

### High Risk for severe COVID-19 disease

Older adults and people of any age who have serious underlying medical conditions such as:

- Asthma
- Chronic kidney disease
- Chronic lung disease
- Diabetes
- Immunocompromised
- Liver disease
- People aged 65 years and older
- People in nursing homes or long-term care facilities
- Serious heart conditions
- Severe obesity

**Immunized-** A person who has received the complete dose of an approved COVID-19 vaccine with required time period for full immunization (e.g. Pfizer- 2 doses plus 2 weeks post 2nd dose).0.

**Outbreak in a care home** is defined as two or more cases linked by person, place or time. Public Health action should start with the identification of a single confirmed case of COVID-19 in a care home resident or staff member.

**Outbreak area**- Designated space(s) within the care home where COVID-19 positive or exposed residents are cared for and engaged in activities. Based on the size, layout or number of Covid positive/exposed residents in the home, the entire facility may be designated as an outbreak area or a single room.

**Isolation** separates persons who have a confirmed diagnosis of COVID-19 to prevent the transmission from an infected resident/staff/visitor to other non-infected residents, health care workers, and visitors.

**Quarantine** separates and restricts the movement of persons who may have been exposed to COVID-19 but do not have a confirmed medical diagnosis.

**Personal Protective Equipment (PPE)** is equipment worn to minimize exposure to a variety of hazards. Examples of PPE include such items as gloves, eye protection, masks, N95s, gowns, aprons

**Self-monitoring** means the person should monitor themselves for fever by taking their temperature twice a day and remain alert for symptoms of COVID-19 (e.g., cough, shortness of breath, sore throat, sore muscles, tiredness, gastrointestinal symptoms, loss of taste or smell)

**Staff** includes anyone working in the care home including but not limited to, health care workers.

### Symptoms consistent with COVID-19

- Cough
- Shortness of breath or difficulty breathing
- Fever

- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting, or diarrhea
- Unexplained change in baseline condition

# 1. Residents at High Risk for Severe Disease

1.1 Respiratory infections such as COVID-19 can be easily transmitted in settings such as care homes.

1.2 The resident community in care homes is likely to be older, frailer and have complex chronic conditions, which put them at high risk for severe COVID-19 disease.

1.3 Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

# 2. Preparedness Measures

## Core Principles of COVID-19 Infection Prevention

2.1. Hand hygiene (use of soap and water is preferred, when not practical alcohol-based hand rub can be used)

2.2. Face covering or mask (covering mouth and nose) and *physical* distancing at least six feet between people,

2.3. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)

2.4. Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit

2.5. Appropriate use of Personal Protective Equipment (PPE)

2.6. Effective staff cohorting of residents (e.g., separate areas dedicated to COVID-19 care)

2.7. Resident and staff testing conducted as required

### *Review and Activate Infection Control Measures*

2.8. Ensure sufficient PPE is available and review staff PPE training. Ensure appropriate PPE conservation is followed. (See **Appendix 1).**

2.9. Update advanced directives with all residents.

2.10. Review staffing schedules, staff who work in other locations, availability of alternate staff, and emergency contact numbers for staff.

2.11. Review environmental cleaning protocols and ensure frequent cleaning of high touch surfaces.

2.12. Review communications protocols.

2.13. Develop plans to communicate with staff, residents and families on COVID-19 updates, and impact on the care home. It should include providing information on where staff can get tested if they become symptomatic or are exposed to COVID-19.

2.14. Identify if and how outbreak areas can be established in the home.

2.15. Identify and ensure the appropriate staff are trained, as required by the Ministry, for ResQwest COVID-19 PCR test booking and Nasopharyngeal (NP), Saliva (Spit and Buccal) test sampling and training, guidance and competence in screening via Antigen testing.

2.16. For information on IPC and PPE training and guidance for care homes go to https://openwho.org/courses/LTCF-COVID-19

## Mandatory Reporting

2.17. COVID-19 is a notifiable disease as per the *Public Health (Communicable Disease) Order 2020* [1] *and the Public Health Act 1949*[2]

2.18. The care home must contact the COVID-19 Care Home Team at 444-2299 or CovidLTCH@gov.bm to report a staff member or resident suspected/confirmed to have COVID-19.

2.19. The COVID-19 Care home team in conjunction with ESU will provide advice on what control measures should be implemented to prevent further spread and how to monitor for other possible infected residents and staff members.

## Limiting Staff Work Locations

2.20. Care home employers and employees must comply with staffing restrictions issued under the Residential Care Home and Nursing Homes Amendment Regulations 2020. All care homes will be notified on staffing restrictions, or changes to restrictions. This information is also found at: https://bhec.bm/licensed-long-term-care-facilities/

2.21. When staffing restrictions are in place, care homes must:

a. Work with staff, contractors, and volunteers to limit their work location to the care home to minimize risk to residents and other staff of exposure to COVID-19.

b. Staff, contractors and volunteers must discuss with their employer if they have other work locations and the COVID-19 status of those locations.

c. Care homes and staff must keep a record of secondary employment location, date and times.

## Staff Return to Work from Travel

2.22. Care home staff must adhere to the following return to work requirements based on the high risk nature of the care home setting:

a. Care home staff regardless of immunization status may return to work upon presentation of COVID-19 negative arrival certified antigen test, or a certified antigen test at any testing site to return to work.

b. Unvaccinated Care home staff are responsible for providing day 4 NP-PCR test results to care home Manager.

c. Staff on return to work will perform daily Antigen test for 7 days and must wear mask during these 7 days.

d. Staff who develop symptoms or antigen test positive must go home immediately to self-isolate and contact their health care provider for assessment. See **Appendix 9** for work restrictions based on vaccination status.

## Physical Distancing

2.23. Modify internal activities to promote adherence to physical distancing measures (>2 meters/6 feet) for residents and among staff.

a. Communal dining can continue with physical distancing to reduce potential exposures. Dining in shifts may be required to ensure physical distancing. Environmental cleaning should occur

[1] Bermuda Laws online. Retrieved from http://www.bermudalaws.bm/laws/Annual%20Laws/2020/Statutory%20Instruments/Public%20Health%20(Communicable%20Disease)%20Order%202020.pdf

[2] Bermuda Laws Online. Available at http://www.bermudalaws.bm/laws/Consolidated%20Laws/Public%20Health%20Act%201949.pdf

between shifts and, as appropriate, during dining shifts.

2.24. Review use of staff common areas and staff break schedules to reduce the number of staff in break facilities at a time and to facilitate physical distancing.

2.25. Review all residents' medication administration schedules to consolidate and minimize the number of times staff need to enter a resident's room.

## Routine Symptom Screening

2.26. The Nurse-in-Charge/Administrator ensures all people entering the home complete a symptom check list (See **Appendix 3 &4)**.

a. This includes all staff, providers, all types of visitors and any person providing delivery or maintenance services that must enter the facility.

b. These procedures are required 7 days a week and 24 hours a day.

2.27. Staff and Residents receive twice daily symptom screening see **Appendix 3&4**.

2.28. Residents with symptoms, including mild respiratory symptoms or atypical symptoms i.e. unexplained change in baseline condition, must be isolated and tested for COVID-19, see Symptomatic Resident/Staff Testing.

2.29. COVID-19 symptomatic staff must go home immediately to self-isolate and contact their health care provider for assessment and testing. See **Appendix 9** for work restrictions based on vaccination status.

## Routine testing

2.30. Routine testing of all staff and residents is done while COVID-19 is present in the community as a prevention measure. See **Appendix 7** for routine testing requirements.

2.31. Any staff with a positive test result via routine screening must go home immediately to self-isolate and contact their health care provider for assessment and testing.

a. See **Appendix 7** for staff isolation requirements based on vaccination status.

2.32. The Care Home Administrator will communicate positive staff antigen test results to the COVID-19 Care Home Team, obtained via routine staff screening. This information will be relayed to national case management for monitoring and registration for exit NP-PCR COVID-19 test.

2.33. The home's charge nurse / administrator must follow up on all staff who have been advised to self-isolate prior to allowing staff to return to work to ensure compliance with safe return to work measures.

## New Staff, Resident Admissions, Re-admissions and Transfers

2.34. New staff are required to have a negative NP-PCR COVID-19 test 72hours prior to starting at the care home and then join the staff screening regime of the care home

2.35. Requirements for new admissions including respite are outlined below. Care homes in outbreak are not able to admit new residents or respite clients.

a. Residents transferred from a hospital or new admissions to a care home must be NP-PCR tested for COVID-19 72 hours prior to admission to the homes, and results received, prior to transfer/admission.

2.36. Upon admission/readmission all new residents or respite clients regardless of immunization status must:

a. Get an antigen test upon admission and be placed in quarantine; and

b. Daily symptom monitoring for the new admission and any roommate; and

c. All new admissions, regardless of immunization status, test out of quarantine on day-4 by a negative Antigen COVID-19 test, including roommates of new admission where necessary;

d. Essential visitors (1 named person) can visit the resident while in quarantine with all required precautions in place.

2.37. The following are exceptions to the admission criteria:

a. Persons who receive a positive test result prior to, upon, or at any time during the new admission testing regime. These persons must be isolated in accordance with the Covid-19 Care Home Guidance.

2.38. See **Appendix 7** for a summary of the testing requirements under this section.

2.39. When there is COVID-19 present and a resident is to be transferred to KEMHE the COVID-19 Care home to KEMH ED Resident Transfer Management Policy is followed (policy found at: https://bhec.bm/licensed-long-term-care-facilities/)

## Visitors

2.40. Visitor restrictions and requirements are determined by the Covid-19 status of the care home and in the community.

2.41. When Covid-19 is present in the community, the following general restrictions are in place for visitations (see **Appendix 2)** :

a. Visitors must complete a **rapid antigen test the same day as their visit** and provide evidence of a negative test to the care home prior to visiting with the resident.

b. 6 feet is maintained at all times between the resident and a visitor/provider, unless direct care is being provided.

c. All visits are prescheduled with the home to ensure adequate staff and physical distancing, as determined by the care home and according to the general or outbreak restrictions **(see Appendix 2).**

d. All visitors and providers are screened prior to and upon arrival with the *COVID -19 Screening Tool for LTC Homes* (see **Appendix 3&4**).

e. All visitors and providers are signed in on arrival and departure. They should use their own pen or be signed in/out.

f. All visitors and providers only visit the approved resident and no other residents. This includes consideration for the roommates of a resident if the visit must occur in their room.

g. A dedicated indoor visiting space may be useful if space permits

h. Use of the resident/visitor bathroom facilities is discouraged.

i. The resident's right to decline a visitor is respected.

j. Staff must support the visitor or provider in appropriate use of PPE based on the COVID-19 status of the care home and level of contact and engagement with the resident (see **Appendix 1**).

- All visitors and providers are guided in performing hand hygiene when they arrive.
- Visitors and providers wear a mask while visiting a resident. In non-outbreak homes a cloth mask brought by the visitor is sufficient.
- All visitors and providers (essential and non-essential) in contact with a resident who has

COVID-19 or suspected COVID-19, must use PPE as required for droplet and contact precautions (see **Appendix 5**).

2.42. On advice from ESU in conjunction with Covid Response Team, homes should conduct a risk assessment to determine if additional restrictions are required based on their staffing numbers and facility layout.

a. Approval by the Covid-19 Care Home Team is required to implement any additional restrictions.

2.43. When a home is designated as in outbreak, visiting is restricted in accordance with the following:

a. Only essential visitors or providers are allowed to enter the home (see 2.23 and 2.24).
b. Visiting residents through closed windows and doors is permitted.
c. Where possible, visitors are encouraged to use technology to keep in touch with loved (e.g. phone or video chat).
d. Care packages from families/friends are encouraged and should be left in a designated spot outside the care home.

2.44. Essential visitors or essential providers may be arranged with the care home during outbreak.

2.45. Essential visitors/providers, are determined by the care home and must be people needed to perform essential care/quality of life support for:

a. End of life care needs
b. Dementia care needs
c. Mental health needs
d. Physical care needs

2.46. If a person does not meet the criteria to be an essential visitor/provider, a request by the care home may be placed with the Covid-19 Care Home Team.

2.47. Care homes are responsible for advising residents' family and friends of the visiting restrictions and requirements.

## Resident Activities & Engagement

2.48. When COVID-19 is present in the community, general restrictions are in place on resident activities and day care services, see **Appendix 2**.

2.49. For activities, where possible, residents are grouped into **social pods** with dedicated staff members for all activities and engagement including dining. This is to protect spread of an outbreak prior to receiving a positive test. Pods should take into account resident friends and preferences and be limited to a maximum of 6 residents.

2.50. When external activities and visits are restricted due to outbreak (see **Appendix 2**) meaningful engagement and activities for residents with existing staff is required.

a. The home needs to consider cultural and religious practices and determine acceptable alternatives

b. Residents who wish to go outdoors should remain on the home's property and are to maintain safe physical distancing.

2.51. Residents, in homes not in outbreak and who leave the home during the day must have the following precautions in place:

a. Persons the resident is leaving the home with, have a COVID-19 negative Antigen Test completed that day and be educated by staff on proper Covid-19 precautions when outside the home. This includes screening to help ensure residents are not visiting people with symptoms, in self-isolation or quarantine.

b. Residents wear a mask at all times when not in the home, practice good hand hygiene and avoid the 3 C's - close contact, crowded spaces, and closed spaces.

c. Residents are screened upon re-entry to the home and antigen tested 72 hours later.

2.52. Residents whose leave includes an overnight stay follow the above precautions with the addition of daily Antigen testing and, upon return to the care homes, are put under 4 days of quarantine which includes:

a. Daily Antigen Testing for 7 days

b. Daily symptom screening – if any symptoms are present this would trigger a suspected case and the required actions outlined in the Guidance.

c. Essential visitors (1 named person) can visit the resident while in quarantine with all required precautions in place.

d. Avoidance of common areas however if not possible, residents are to wear a mask.

e. Limited contact with other residents

f. Frequent hand washing

g. Adherence to respiratory etiquette

h. Maintaining physical distancing

i. Negative Antigen test results on day-7 post overnight stay, to discontinue precautions.

2.53. Residents in quarantine must remain on the property at all times.

2.54. Ensure any quarantining takes into consideration the detrimental physical, emotional and social impacts on the residents.

a. Alternative options for support should be considered, e.g. exercise programs for the room, one on one programs, use of technology to allow visual and auditory contact with family and friends, distracting activities that meet the needs of individual residents.

b. Consider cultural and religious practices and determine acceptable alternatives.

c. Consider alternative measures to be taken for residents with cognitive disabilities (e.g. increase one on one programs, use of preventative wandering barriers, dedicate resident time for sensory stimulation activities)

## Day Care Programming

2.55. Day care programs for non-residents are not authorized when a home is in outbreak, **see Appendix 2**.

2.56. Care homes are responsible to assess the risk and requirements for re-opening their day care program and adapt their services and total number of clients they can serve accordingly.

2.57. The Covid-19 Guidance for Care homes applies to day care services within a care home. In addition, the following is required to be in place for day care:

a. The space used for day care services is maintained in accordance with IPC guidance to decrease risk of transmission.

b. Physical distancing requirements, unless personal care or support is being provided, are maintained and total number of clients reflect this criteria.

c. PPE requirements in the Covid-19 Guidance for Care Homes, are upheld for day care clients and staff.

d. Daily client COVID-19 symptom screening and monitoring.

e. Daily Antigen testing conducted for clients prior to arrival at the care home. Test kits are to be provided by the family and evidence of a negative result when the client is being dropped off at the care home.

f. A person who fails the symptom screening and or tests COVID-19 positive via Antigen test cannot enter the care home or return to the program until they have a negative day-7 PCR COVID-19 test result and are symptom free for 48 hours.

g. Day care attendees are also to be included in the routine care home screening.

h. Any suspected case of COVID-19 in the care home can result in the closure of the day care service.

i. Any suspected case of COVID-19 in a day care client can result in closure of the day program.

j. All clients (and their carers, as appropriate) are informed of the risks to attend day care services, the policies in place regarding screening and attendance, and if the service must cease.

k. Transportation services both for attending and during the day program are considered with regard to risk reduction.

l. Care home day care policies, procedures and practices are updated to uphold these criteria.

## Staff Exposure/Staff Illness

### *Staff Exposure- offsite*

2.58. Staff live in the community and therefore have a greater likelihood of contracting COVID-19 or being a contact to a person with COVID-19 offsite in a non-protected manner (i.e. no PPE).

a. A contact is a person who has been exposed to someone who has tested positive for COVID-19 any time from 2 days before the person who tested positive developed their symptoms, and up to 14 days after.

b. Close contact means having direct contact with an infected person (hugged or kissed them), spending more than 15 minutes of face to face contact within 6 feet of an infected person in any setting, living in the same house or shared accommodation as an infected person or sitting in a car with an infected person.

2.59. Staff exposed offsite must follow the COVID-19 Guidance for care homes for quarantine stated in **Appendix 9.**

a. All staff who have been advised to self-monitor from an exposure must report this to their supervisor in the care home.

### *Symptomatic or COVID-19 Positive Staff*

2.60. Staff with symptoms compatible with COVID-19 or who test positive must self-isolate, not attend the care home and get tested (See Symptomatic Resident/Staff Testing and **Appendix 7**.

a. Isolation requirements for staff who are positive or symptomatic depend on vaccination status see **Appendix 9.**

b. There are contingency and crisis work restrictions for staff when determined as necessary by the Covid-19 Care Home Team and ESU. See **Appendix 9** and the section on Staff Work Restrictions including Work Self-Isolation/ Work Quarantine.

2.61. Staff with symptoms or who test positive offsite must inform their Supervisor at the Care home.

a. The manager/supervisor must promptly inform the Covid-19 Care Home of any cases or clusters of COVID-19 positive staff including part-time/casual staff who are absent from work.

# 3. Testing for COVID-19

3.1. Care homes are to implement a very low threshold for COVID-19 testing. See **Appendix 7** for summary of testing requirements.

## Routine Testing (Screening)

3.2. For outbreak prevention, whole care home screening of all asymptomatic residents and staff must occur.

a. For residents: Twice per month (every 14days) buccal swab PCR tests,

b. For staff: Twice per week antigen testing.

3.3. If there is limited testing supplies, care homes are to sample 50% of residents and 50% of staff, as directed by ESU. If there are no testing supplies, the COVID-19 Care Home Team will communicate changes in screening methods as determined by ESU.

## Symptomatic Residents/Staff Testing

3.4. Antigen testing is conducted on every symptomatic resident and staff member in the care home.

- Positive antigen tests DO NOT require a confirmation by PCR testing.
- Residents with Negative antigen test results will follow up on Day 1 Day 4 and Day 7 from onset of symptoms.
- Risk assessment will be performed on any positive residents to determine if Outbreak protocol is to be initiated

3.5. Testing for symptomatic residents is done by trained care home staff immediately.

3.6. If Staff Member is symptomatic at home, will conduct Antigen test at home and relay result to Care Home Management. Staff member will need to acquire a Certified Antigen Test or Doctors note to verify at home antigen test is positive.

a. If staff member is positive, will isolate at home for recommended time as per vaccination status as it pertains to national order. Staff member will be managed as a priority through the ESU's case management process to acquire exit PCR test to return to work

b. If staff member is negative, may be allowed to return after risk assessment by Care Home Management, LTC Covid response Team and ESU. Staff member will antigen test for 7 days with droplet level PPE See **Appendix 9**

3.7. If a staff member develops symptoms while onsite:

a. Staff Member will perform Antigen test at start of shift to ascertain Covid Status.

b. If staff member is positive, will isolate at home for recommended time as per vaccination status as it pertains to national order. Staff member will be managed as a priority through the ESU's case management process to acquire exit PCR test to return to work.

c. If staff member is negative, may be allowed to continue work after risk assessment by Care Home Management, LTC Covid response Team and ESU. Staff member will antigen test for 7 days with droplet level PPE See **Appendix 9**.

## General

3.8. Care homes are responsible for booking staff and resident routine screening tests, and NP-PCR outbreak testing. Care homes are responsible for ordering required antigen, NP and saliva (buccal swab) test kits; obtaining samples, delivering PCR samples and initiating required actions as a result of test results. For details on each step see the testing process diagram in **Appendix 6.**

a. Care homes are to order monthly supply of routine saliva (Buccal) kits for residents and antigen test kits for staff for and collect prior to their first screening date.

b. All resident screening samples must be submitted to the lab, on the scheduled screening day,

before 3pm.

c. Only care home staff trained for COVID-19 specimen collection may collect samples from staff or residents.

d. Care home must have designated staff trained in using the ResQwest system to book tests for their home.

e. Resident test results are sent to the care home and the resident's physician. Staff receive their own test results and it is also sent to their physician.

3.9. Consent is obtained and refusals are documented from all residents (or designated representative as required) and staff for testing.

a. For residents that refuse testing, they must wear appropriate PPE (mask, gloves and gown/apron) while in the public areas of the care home.

b. Staff who refuse to test must wear droplet and contact precaution level PPE at all times.

c. In the incidence of high community transmission rates of care home in outbreak staff who refuse to test may not be allowed in the care home.

3.10. For information on outbreak testing, refer to the Outbreak Guidance section below.

# 4. Outbreak Guidance

4.1. Outbreaks are declared in collaboration between the care home and ESU.

4.2. A single, confirmed case of COVID-19 in a resident or staff member will trigger an outbreak assessment by ESU..

a. If a new admission or re-admission tests positive, it may not be necessary to declare an outbreak if they have been in isolation under contact and droplet precautions since entering the care home.

4.3. Once the ESU has triggered an outbreak assessment in the care home:

a. Potentially exposed providers and visitors are notified and follow public health guidance.

b. The whole home (or section) is to commence droplet and contact, level precaution PPE and ensure active symptom screening.

c. Whole home (or section) testing of staff and residents, by NP- PCR in accordance with the table below:

| | **NP PCR tests** | **Antigen Tests** |
|---|---|---|
| Residents | Test on day 1 of the declared outbreak<br>Repeat on day 7, no new cases identified, outbreak Protocol declared ended.<br>Care home will commence droplet precautions for further 7 days to monitor for any symptomatic persons (if any are symptomatic during 7 days, antigen test, if positive reinstitute Outbreak Protocol)<br>*if there are **NEW CASES, OUTBREAK CONTINUES.**<br>Repeat testing every 7 days until no new cases identified outbreak protocol declared ended. | Only used if develop symptoms during times when PCR lab is closed. |

| | | |
|---|---|---|
| Staff | Test on day 1 of the declared outbreak<br>Repeat on day 7, no new cases identified, outbreak Protocol declared ended.<br>Care home will commence droplet precautions for further 7 days to monitor for any symptomatic persons (if any are symptomatic during 7 days, antigen test, if positive reinstitute Outbreak Protocol)<br>*if there are **NEW CASES, OUTBREAK CONTINUES.**<br>Repeat testing every 7 days until no new cases identified outbreak protocol declared ended. | Test daily for 7 days<br>*if we have low supply test twice weekly |
| Outbreak protocol ended in care home at day 7. Care home now on droplet precautions for 7 days. **After 7 day droplet precautions no new positives cases, CARE HOME OPEN.**<br>Any **RECURRING** positive cases on day 7 follow below regime:<br>***NOTE* below regime only applicable if there are no NEW positives on day 7.** If **NEW POSITIVES**, outbreak protocol extended, and **Repeat** testing every 7 days until no new cases identified. If no new cases have been identified **outbreak protocol ended.** (The next day will start the Antigen Testing regime for any RECURRING Positive cases) | | |
| Residents<br>**Recurring Positive at day 7** | NO Nasopharyngeal PCR Test on individual recurring positive | Will antigen test on day 8 (Day 1) and will repeat on day 7 day 10 and 14 until negative. Resident will be placed on quarantine until negative result. |
| All Staff | Will continue to follow guidelines of case management. If positive, will need an exit Nasopharyngeal PCR test to be allowed to return to work. | Will resume twice weekly testing |

***PLEASE NOTE*: In homes with ongoing transmission and/or evidence of increased severity of illness, ESU and LTC Covid Response Team may require an additional 7 days (another testing cycle) to elapse in addition to the standing Outbreak protocol before the outbreak protocol is declared over.**

4.4. Once an outbreak is declared, any additional compatible illness in residents is managed as a probable case of COVID-19, while waiting for test results.

a. For testing symptomatic residents see: Symptomatic Resident/Staff testing
b. Symptomatic resident are placed under contact and droplet precautions in a single room, if feasible.
c. Roommates of the symptomatic resident are NP PCR tested at this time as the resident.

4.5. Staff who develop symptoms must follow the testing guidance under: Symptomatic staff or COVID-19 positive staff.

4.6. Work restrictions for symptomatic or COVID-19 positive staff see section on: Staff Work Restrictions including Work Quarantine/Isolation

## Outbreak Control Measures

4.7. Consider all residents in the outbreak area to be either infected or exposed and potentially incubating.

4.8. Continue monitoring all residents and staff for symptoms twice per day.

4.9. Take vital signs including oxygen saturation of residents with COVID-19 positive results at least twice per day.

4.10. Report timely, regular updates on ill residents or staff to the COVID-19 Care Home Team.

4.11. Assess need for expansion of outbreak areas based on results from outbreak testing and symptom monitoring and testing as a result of being in outbreak.

4.12. Review of infection prevention and control practices must occur including proper PPE use, and hand hygiene with all staff including kitchen and housekeeping staff.

4.13. **No new resident admissions are allowed** into the outbreak areas until the outbreak is declared over.

a. Exceptions may be authorized in critical circumstances such as bed shortages at the hospital.

b. The COVID-19 Care Home Team must be notified in advance of an intended transfer into the home during an outbreak.

4.14. **No re-admission of residents** who were not part of the outbreak into the outbreak areas until the outbreak is over, unless otherwise advised by ESU.

4.15. Re-admission of residents who were part of the outbreak line list may be considered with a risk assessment/discussion.

4.16. If residents are taken by family out of the home, they may not be readmitted until the outbreak is over.

4.17. When there is an active COVID-19 case in a care home, the care home reverts to Outbreak Visiting and Activities (see **Appendix 2**).

a. All essential visitors and providers must be informed of the outbreak status and risk of transmission.

b. Any non-essential delivery or maintenance person should not enter the home.

4.18. For residents that leave the home for an essential out-patient visit (e.g. dialysis) the home must provide a surgical mask for the resident. If tolerated, the mask must be worn while out of the home and the resident should be screened upon their return.

4.19. Ensure EMS and hospitals are informed when COVID-19 positive or exposed residents are to be transferred from the home. Care homes must comply with the hospital transfer policy found at https://bhec.bm/licensed-long-term-care-facilities/.

4.20. Maintain ongoing assessment of contingency plans for procurement of essential supplies (e.g., stock rotation, ordering, alternatives, etc.).

## Cohorting

4.21. Cohort or "group together" all residents and staff in the outbreak area as much as possible.

4.22. Residents are cared for in groups of 6 or less, within each cohort, with a consistent assignment of staff as far as possible.

4.23. Resident cohorting includes one or more of the following:

a. COVID-19 positive residents with COVID-19 positive residents;

b. COVID-19 negative residents with COVID-19 negative residents;
c. Exposed residents with other exposed residents and vice versa.

4.24. Use respite and palliative beds/rooms and other rooms as appropriate to help maintain isolation of affected residents/cohorts.

4.25. Staff cohorting can include:

a. Designating staff to **either** ill **or** well residents, exposed **or** unexposed residents.
b. Assigning staff who test positive and are asymptomatic (if on work self-isolation) to positive or exposed residents.
c. Assigning staff who test negative to negative residents.
d. Assigning unexposed staff to unexposed residents.

4.26. Resident activities (including dining) are geared to each cohort and group.

4.27. Cleaning must take place after each group activity/dining shift.

4.28. Intermingling of the groups must be avoided.

4.29. Residents in isolation or quarantine must remain on the property of the care home, unless necessary for essential health care.

4.30. If cohorting and consistent staff assignment is not possible, the alternative is to discontinue all communal activities/gatherings for the duration of the outbreak; where possible provide in-room food service.

4.31. In smaller care homes or in homes where it is not possible to maintain physical distancing of staff or residents between each cohort, all residents or staff should be managed as if they are potentially infected, and staff should use droplet and contact precautions.

4.32. Ensure any quarantine/ isolation of residents takes into consideration the detrimental physical, emotional and social impacts on the residents as outlined for quarantined residents under Resident Activities & Engagement.

## Staff Work Restrictions including Work Quarantine / Isolation

4.33. Work restrictions are implemented when staff receives a positive COVID-19 test result or are a close contact due to exposure offsite or onsite.

a. For offsite exposure see Staff Exposure/Staff Illness and **Appendix 9.** Conventional restrictions and testing apply unless informed otherwise by the care home team.
b. Onsite exposure is determined through outbreak assessment. ESU identifies if all or some staff are required to be on quarantine and/or work quarantine.

4.34. When a care home is experiencing an outbreak and staffing challenges, Administrators consult the COVID- 19 Care Home Team to determine required restrictions:

a. The team, in consultation with ESU, assess the care home's setting and staffing levels to consider authorization for contingency and crisis staff strategies. These strategies augment conventional strategies and are considered and implemented sequentially.

4.35. Work quarantine/isolation is a key strategy to maintain required staffing levels in care homes.

a. Work quarantine refers to staff who are required to quarantine due to exposure to a positive case within the care home, or identified as a close contact of a positive case in the community.
b. Work isolation pertains specifically to COVID-19 positive staff being required to work with COVID-19 positive patients. This is used in extreme exceptional circumstances and based on the level of outbreak and access to critical support staff to maintain primary care home services to residents.

c. See **Appendix 9**

4.36. "Work Isolation" requires staff to:

a. Only moving between work and home – no stops anywhere else and avoid use of public transportation.
b. Changing clothes upon entering and when leaving work.
c. Wearing droplet and contact precaution level PPE in the care home at all times
d. Consistent and frequent hand hygiene
e. Eating at work with ample physical distancing between you and anyone else due to mask removal.
f. Ensuring consistent and ongoing monitoring of self for symptoms (at least 2x per day).

4.37. If a staff member on work quarantine/isolation develops symptoms they must leave work and isolate at home.

a. The Covid-19 Care Home Team with ESU may approve a staff member to remain or continue to work in accordance with the **Appendix 9**

4.38. See **Appendix** 8 for how to utilize staff doing work self-isolation with asymptomatic and symptomatic residents.

4.39. Staff under work isolation must be known to the head nurse / administrator.

## Communications

4.40. Care homes have a duty to keep staff, families and residents informed about the COVID-19 status in their home.

4.41. Signage in the care home must be clear about COVID-19, including benefits of COVID-19 and Influenza vaccination, signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident and if the home is currently in outbreak.

4.42. Communicate with ESU and the COVID-19 Care Home Team throughout the outbreak, including Positive Antigen tests, newly symptomatic residents or staff, residents transferred to hospital and resident deaths.

## Declaring the Outbreak Over

4.43. All staff are tested with NP PCR 7 days after the last resident or staff had a positive test result or showed COVID-19-like symptoms.

4.44. A home is declared outbreak free when there are no New COVID-19 positive cases for 14 days after the last positive test was received.

4.45. The care home should resume normal routine screening of COVID-19 saliva screening for residents and antigen testing for staff.

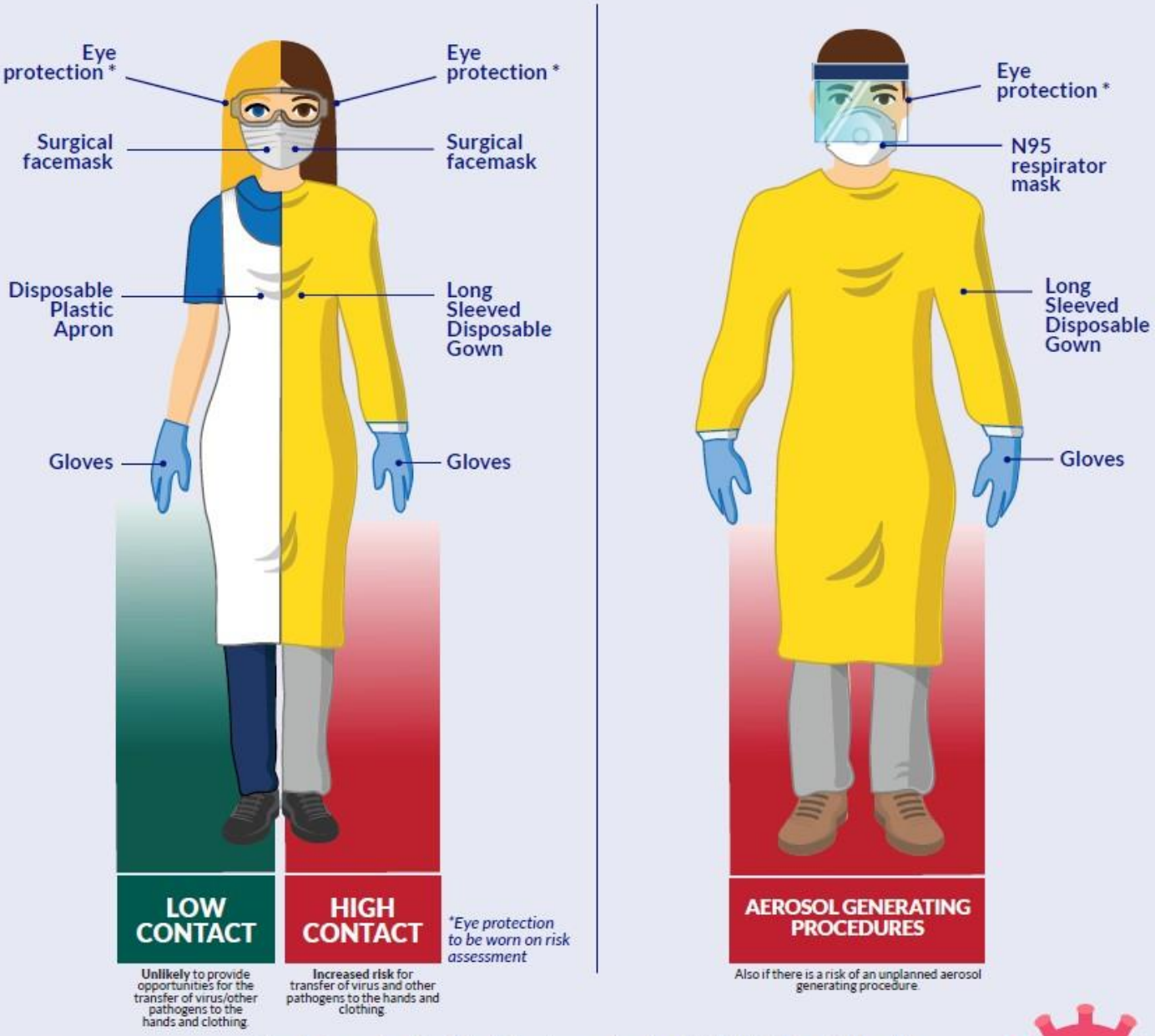
4.46. If a new case or cases are detected after this 14-day recovery period has been achieved, then this is a new outbreak and the care home manager notifies ESU and implements outbreak measures.

**Appendix 1: Safe PPE & Required Precautions**

# COVID-19
## Safe PPE

## Care of patients with respiratory symptoms/suspected/confirmed COVID-19

Hand Hygiene First in **All** Cases




*Stay informed on the latest developments about COVID-19 by visiting the Government of Bermuda's website coronavirus.gov.bm*

GOVERNMENT OF BERMUDA
Ministry of Health



Version 1: 7th May 2020

## Required Precautions- Summary

| Activity | Precautions |
|---|---|
| Preventing spread from staff or essential visitors who may be asymptomatic/pre-symptomatic while working in or visiting the care home. | Use a surgical/procedure mask at all times during shift or visit.<br>For staff who are taking breaks, the surgical/procedure mask may be removed but a minimum two meter (6 feet) distance should be maintained from others. |
| Before providing care to a resident | Staff must determine the precautions and PPE required. |
| Providing care to residents with suspect or confirmed COVID-19, including collection of nasopharyngeal/buccal swabs | High Contact (increases risk of transfer of virus/other pathogens to the hands and clothing)<br>Droplet and Contact Precautions, including:<br>• Surgical/procedure mask<br>• **Isolation gown**<br>• Gloves<br>• Eye protection (goggles/face shield) |
| | Low Contact (unlikely to provide opportunity for transfer of virus/other pathogens to the hands and clothing)<br>• Surgical/procedure mask<br>• **Plastic Apron**<br>• Gloves<br>• Eye protection (goggles/face shield) |
| Providing suctioning (or other aerosolizing procedure) to resident with suspect or confirmed COVID-19 | Droplet and Contact precautions **plus** use of N95 respirator.<br>Manage in single room with door closed.<br>Keep the number of people in the room during the procedure to a minimum. |

## Appendix 2: Care home Visiting and Activity Restrictions

The high vulnerability setting of care homes requires restrictions on outside visitors and non-essential staff during Covid-19. However these are residents' homes and quality of life and care are essential.

The introduction of rapid antigen testing and infection prevention and control knowledge for COVID-19 established, all homes are to maximize available opportunities for visiting and engagement.

When there is Covid-19 present in the community, homes must ensure the general restrictions are upheld as listed below and in the Covid-19 Guidance that lists additional criteria and information for general restrictions.

Outbreak restrictions may only be removed by authorization of ESU which will ensure in accordance with the COVID-19 guidance for Care Homes.

| | **General Restrictions** | **Outbreak Restrictions** |
|---|---|---|
| **Type or visitor/provider** | • All visitors and providers allowed with negative rapid antigen test result.<br>• Children under 5 are only allowed for outdoor visiting and indoor visiting if contact with other residents can be avoided. | • Essential visitors and providers only with negative rapid antigen test result |
| **Number of visitors in total allowed per resident** | No restrictions | 2 named persons |
| **Number of visitors at one time per day** | Determined by home re space and oversight. | 1 essential visitor/provider per resident at a time per day |
| **Location of visits** | • On and off site, including overnight.<br>• Indoor & outdoor based on home and room layout.<br>• 6ft maintained | • On site<br>• Essential visitors indoor and outdoor (6ft maintained)<br>• Other visitors allowed through closed doors, windows |
| **Length of visits** | Determined by home based on available space and visiting scheduling | Max 30min |
| **Activities** | Permitted with antigen testing and standard precautions:<br>• External activity providers<br>• External activities<br>• Day care programs | • In house activity providers and activities (on care home property) only.<br>• No day care services |

Homes, NOT in outbreak, may only increase restrictions above the general restrictions with approval of the Covid-19 Care Home Team due to:

1. High levels of community transmission; AND
2. Assessed risks, by the home, requiring increased restrictions (see table 2)

Additional restrictions may include, if approved:

- Only essential visitors allowed indoors but maintain general visitors outdoors
- Limiting the total number of visitors allowed per person per day (1 essential/ 2 outdoor)
- Restriction on external activity providers if serving multiple care locations.

**TABLE 2: Visiting and activity criteria considerations**

| **Criteria** | |
|---|---|
| **National status** – to lag behind national re-opening. | • Date & stage of most recent national re-opening<br>• National COVID19 status/prevalence |
| **Testing**- frequency based on national and home specific COVID-19 status | • All residents and staff tested prior to change<br>• Date of test and results<br>• Use of rapid antigen testing for visitors, providers and residents |
| **Care Home COVID19 status** | • 14 days free of COVID19 |
| **Staffing levels and ratios-** Care needs met while oversight and support provided to manage visitors and protect residents as required. | • Staff to resident ratios and care needs<br>• Administrative and management oversight.<br>• Staffing exemptions (type & #) and impact on oversight.<br>• Ability to cohort in small groups with dedicated staff |
| **IPC –**Knowledge and implementation of existing guidelines | • All staff (including appropriate management) are trained in PPE use for themselves and visitors<br>• Demonstrated ability to implement and monitor adherence to IPC guidance. |
| **PPE supplies-**Demonstrated ability to maintain and manage PPE supplies. | • Adequate supplies for staff and visitors<br>• Evidence of ability to manage supplies |
| **Communication with families-** Established and able to enforce restrictions on visiting. | • Management maintains clear and effective communication with families on COVID-19 related procedures to ensure compliance. |
| **Physical environment-** Suitable space and design to ensure required IPC requirements for visiting (6ft) | • Separate entrance and exit if available<br>• Outdoor space with physical distancing available<br>• Indoor space with physical distancing available<br>• Management able to assess and manage visitors in accordance with requirements based on setting (indoor/outdoor). |

# Appendix 3: Resident, Staff & Visitor Symptom Check Sheets

## COVID -19 Daily Resident Symptom Check Recording Sheet

**Instructions:**

a) **Charge person thoroughly completes check sheet by 12 noon daily.**
b) **Report symptoms to Physician**
c) **At the end of the week, submit completed sheet to Nurse.**

**RESIDENT'S NAME:** _____

| | | Comments/reported to Doctor? | |
|---|---|---|---|
| 1. Cough or respiratory symptoms? If yes, inform Dr. Ross. | **Y** or N | | |
| 2. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness. | **Y** or N | | |
| 3. Fever - feel hot (back or chest) or with a thermometer (99.9 degrees Fahrenheit/38 degrees Celsius or higher? | **Record temp** | **AM** | **PM** |
| 4. Unexplained sweating? | **Y** or N | | |
| 5. Skin is flushed or feels hot? | **Y** or N | | |
| 6. Chills or shivering or skin feels cold/clammy? | **Y** or N | | |
| 7. **Shortness of breath/difficulty breathing? (Inform Dr. Ross) | **Y** or N | | |
| 8. Drop or in blood pressure or low BP? | **Y** or N | | |
| 9. Any decrease or change in appetite or food preferences? | **Y** or N | | |
| 10. Sudden loss of smell and taste? | **Y** or N | | |
| 11. Sore or scratchy throat? | **Y** or N | | |
| 12. Diarrhea and vomiting | **Y** or N | | |

**Charge Staff signature:**_____ **Date:** _____ **Time:**_____

| | | Comments/reported to Doctor? | |
|---|---|---|---|
| 1. Cough or respiratory symptoms? If yes, inform Dr. Ross. | **Y** or N | | |
| 2. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness. | **Y** or N | | |
| 3. Fever - feel hot (back or chest) or with a thermometer (99.9 degrees Fahrenheit/38 degrees Celsius or higher? | **Record temp** | **AM** | **PM** |
| 4. Unexplained sweating? | **Y** or N | | |
| 5. Skin is flushed or feels hot? | **Y** or N | | |
| 6. Chills or shivering or skin feels cold/clammy? | **Y** or N | | |
| 7. **Shortness of breath/difficulty breathing? (inform Dr. Ross) | **Y** or N | | |
| 8. Drop or in blood pressure or low BP? | **Y** or N | | |
| 9. Any decrease or change in appetite or food preferences? | **Y** or N | | |
| 10. Sudden loss of smell and taste? | **Y** or N | | |
| 11. Sore or scratchy throat? | **Y** or N | | |
| 12. Diarrhea and vomiting | **Y** or N | | |

**Charge Staff signature:**_____ **Date:** _____ **Time:**_____

| | | Comments/reported to Doctor? | |
|---|---|---|---|
| 1. Cough or respiratory symptoms? If yes, inform Dr. Ross. | **Y** or N | | |
| 2. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness. | **Y** or N | | |
| 3. Fever - feel hot (back or chest) or with a thermometer (99.9 degrees Fahrenheit/38 degrees Celsius or higher? | **Record temp** | **AM** | **PM** |
| 4. Unexplained sweating? | **Y** or N | | |
| 5. Skin is flushed or feels hot? | **Y** or N | | |
| 6. Chills or shivering or skin feels cold/clammy? | **Y** or N | | |
| 7. **Shortness of breath/difficulty breathing? (Inform Dr. Ross) | **Y** or N | | |
| 8. Drop or in blood pressure or low BP? | **Y** or N | | |
| 9. Any decrease or change in appetite or food preferences? | **Y** or N | | |
| 10. Sudden loss of smell and taste? | **Y** or N | | |
| 11. Sore or scratchy throat? | **Y** or N | | |
| 12. Diarrhea and vomiting | **Y** or N | | |

**Charge Staff signature:**_____ **Date:** _____ **Time:**_____

# COVID -19 Symptoms Care Home Staff
# Self-Check Recording Sheet

**INSTRUCTIONS: ALL STAFF MUST**

a) Thoroughly complete this check sheet daily, at the commencement of duty.
b) Answer carefully, disclose any positive symptoms immediately to the Nurse or your supervisor.
For the protection of all, staff will be asked to go home or stay off duty if unexplained, unusual, acute symptom(s) are present.
c) Sanitize hand, wear a mask, physically distance 6 feet or more at all times.
d) Wear the appropriate PPE.
e) New sheet commences on a Monday and ends on a Sunday.
f) Place complete sheet in the envelope provided in each area.

**NAME: _____week commencing Monday_____**

| Unexplained/unusual Symptoms | | Comments |
|---|---|---|
| 1. Cough | **Y** or N | |
| 2. Shortness of breath/difficulty breathing or other respiratory symptoms? | **Y** or N | |
| 3. Fever - feel hot (back or chest) or with a thermometer 99.9 degrees Fahrenheit/38 degrees Celsius or higher? | **Record your temp →** | **Fever? Y or N** |
| 4. Unexplained sweating or skin is flushed or hot | **Y** or N | |
| 5. Chills or shivering or skin feels cold/clammy? | **Y** or N | |
| 6. Muscle or body aches | **Y** or N | |
| 7. Any change in energy, activity level or alertness i.e. 8. Fatigue, lethargy, unusual drowsiness. | **Y** or N | |
| 9. Dizziness | **Y** or N | 16. Any household members quarantined? **Y** or N |
| 10. Any decrease or change in appetite or food preferences? | **Y** or N | |
| 11. Sudden loss of smell and taste? | **Y** or N | |
| 12. Sore or scratchy throat? | **Y** or N | |
| 13. Diarrhea, nausea or vomiting? | **Y** or N | |
| **14. Current or recently exposed to COVID 19 positive case?** | **Y or N** | |
| 15. Travelled abroad within the past 14 days? | **Y or N** | |

**STAFF initials: _____floor or dept._____date: _____**

| Unexplained/unusual Symptoms | | Comments |
|---|---|---|
| 1. Cough | **Y** or N | |
| 2. Shortness of breath/difficulty breathing or other respiratory symptoms? | **Y** or N | |
| 3. Fever - feel hot (back or chest) or with a thermometer 99.9 degrees Fahrenheit/38 degrees Celsius or higher? | **Record your temp →** | **Fever? Y or N** |
| 4. Unexplained sweating or skin is flushed or hot | **Y** or N | |
| 5. Chills or shivering or skin feels cold/clammy? | **Y** or N | |
| 6. Muscle or body aches | **Y** or N | |
| 7. Any change in energy, activity level or alertness i.e. 8. Fatigue, lethargy, unusual drowsiness. | **Y** or N | |
| 9. Dizziness | **Y** or N | 16. Any household members quarantined? **Y** or N |
| 10. Any decrease or change in appetite or food preferences? | **Y** or N | |
| 11. Sudden loss of smell and taste? | **Y** or N | |
| 12. Sore or scratchy throat? | **Y** or N | |
| 13. Diarrhea, nausea or vomiting? | **Y** or N | |
| **14. Current or recently exposed to COVID 19 positive case?** | **Y or N** | |
| 15. Travelled abroad within the past 14 days? | **Y or N** | |

**STAFF initials: _____floor or dept._____date: _____**

# COVID -19 Visitor Symptoms Check
# Care Home Recording Sheet
## CONFIDENTIAL

1) **Any visitor (any person other than care home staff) entering the care home must complete the check sheet at the point of entry.**
2) **At entry point, conduct a temperature check and record on the sheet.**
3) **Ensure visitors are wearing masks and use sanitizer at point of entry.**
4) **Facilitate the completion of the sheet by the visitor.**
5) **Review and sign the completed record sheet to determine if visitor is permitted to visit.**
6) **Remind that this process will be conducted each time they visit.**
7) **Remind the visitor to adhere to safety protocols of item (d) during their visit.**
8) **Treat completed sheet with confidence and give to a Manager.**
9) **Sanitize any equipment used that may be touched by multiple users, i.e. pen, clipboard etc.**

**VISITORS NAME: _____contact #_____**

**Purpose of visit or resident's name_____date: _____time:_____**

| Symptoms | | Comments |
|---|---|---|
| 13. Cough or respiratory symptoms? | **Y** or N | |
| 14. Any change in activity level or alertness i.e. Confusion, lethargy, unusual drowsiness. | **Y** or N | |
| 15. Fever - feel hot (back or chest) or with a thermometer 99.9 degrees Fahrenheit/38 degrees Celsius or higher? | **Record temp of inside visitors** | **Fever? Y or N** |
| 16. Unexplained sweating? | **Y** or N | |
| 17. Skin is flushed or feels hot? | **Y** or N | |
| 18. Chills or shivering or skin feels cold/clammy? | **Y** or N | |
| 19. Shortness of breath/difficulty breathing? | **Y** or N | |
| 20. Dizziness, drop or in blood pressure or low BP? | **Y** or N | |
| 21. Any decrease or change in appetite or food preferences? | **Y** or N | |
| 22. Sudden loss of smell and taste? | **Y** or N | |
| 23. Sore or scratchy throat? | **Y** or N | |
| 24. Diarrhea and vomiting? | **Y** or N | |
| **25. Current or recently been diagnosed with COVID 19?** | **Y or N** | |
| 26. Travelled abroad within the past 14 days? | **Y or N** | |
| 27. Any household members quarantined? | **Y** or N | |

**Name of Staff member receiving visitor and checking form: _____**

## Appendix 4: Summary for Active Screening for Care homes

| | Staff, Essential Visitors*, and Anyone Entering the Home | Current Residents of the Home | Resident Admissions and Re-Admissions to the Home |
|---|---|---|---|
| **Who does this include?** | Staff working at the care home, a person performing essential services and a person visiting a very ill or palliative resident. | Residents currently living in the home. | Residents newly admitted and residents who are being re-admitted. |
| **What are the screening practices?** | Conduct staff active screening twice daily (at the beginning and end of the day) to identify any symptoms including temperature checks.<br><br>All visitors and providers entering the care home are screened prior to entry.<br>All visitors taking a resident offsite are screened. | Conduct active screening of all residents, at least twice daily (at the beginning and end of the day) to identify any symptoms, including temperature checks and atypical symptoms. | Screen all new admissions and re-admissions for potential exposure to COVID-19 and identify any symptoms, including temperature checks and atypical symptoms,<br><br>Place all new residents in quarantine for 10 days on arrival at the LTCF regardless of a negative COVID-19 test result. |
| **What if someone screens positive?** | Any person who screens positive is not to enter the care home, unless authorized through other Ministry and care home policy (e.g. work isolation) | Residents with symptoms of COVID-19 must be isolated under droplet and contact precautions and tested (see Appendix 7 for testing requirements). | |

*Essential visitors- see Glossary; includes persons performing essential services e.g. regulatory services, family providing care services, and other health care services. Requirements for active screening of visitors excludes emergency first responders who should, in emergency situations, be permitted entry without screening.

## Appendix 5: Droplet/Contact Precautions Poster

# Appendix 6: COVID-19 Testing Process

| TESTING STEPS | ACTIONS BY CARE HOME |
|---|---|
| **BOOKING TESTS**<br>• Residents and/or staff are booked into the ResQwest system.<br>•For routine care home screening book 7 days before scheduled date.<br>•Symptomatic Nasopharyngeal (NP) testing book immediately | • Make reservations under your care home's name in ResQwest.<br>• Ensure sufficient PPE for testing/screening<br>• Prepare workflow and testing station<br>• Arrange for cooler, ice and transport of specimens on testing day. |
| **GETTING KITS**<br>•Order kits from: Sonette Gilbert segilbert@gov.bm; 278-6504<br>cc Crystal Lightbourne crlightbourne@gov.bm; 705-1377<br>Homes receives email notifying kits are ready to collect | • Order kits: total number and type needed. For testing and screening: Staff= Antigen test; residents= buccal; order for the month, NP=nasopharyngeal.<br>• Collect kits from Ministry of Health no less than three days prior to testing date (bring bag to carry tests).<br>• Communicate testing/screening plan to all staff and residents.<br>• Have a plan for staff and residents who refuse testing. |
| **VERIFYING KITS**<br>• Kits include: Specimen bag, specimen tube, swab, label, reservation Form, chain of custody form | • Check correct demographics and number of kits were provided.<br>• Check kits are complete with no leakage from specimen tubes<br>• Prepare record template and work stations for easy registration and workflow<br>• Prepare residents and explain testing process as many times as needed before testing day |
| **TESTING DAY**<br>•Testing/screening conducted and completed in time for specimens to be delivered to laboratory **by 3pm** on the same day. | • Prepare staff and residents.<br>• For staff: Staff Antigen Compliance Tool to be completed<br>• For Residents: Check in each resident via ResQwest as tested/screened<br>– Follow instructions, collect and package the sample from each person tested/screened.<br>– Label specimen tube<br>– Place form in exterior pocket of specimen bag.<br>– Ensure specimen bottle tops are secure and samples placed on ice, upright in a cooler. (Home to provide cooler and ice). |
| **DELIVERY OF SPECIMENS**<br>•Specimens delivered MDRL on Middle Rd. Warwick **before 3pm**<br>•Lab Contact: mdl@gov.bm<br>•Lab open Mon- Fri. | • Specimens are transported in the cooler with ice, ensure they remain upright.<br>• Complete the chain of custody form and deliver with specimens. |
| **RECEIVING RESULTS**<br>•Results emailed within 72 hours of the delivery of specimens. | • Take appropriate action if the result is positive or inconclusive. Results are emailed to the persons indicated in the ResQwest booking. |

## Appendix 7: Testing Guidance

| Testing Guidance | | |
|---|---|---|
| **WHO** | **TESTING INSTRUCTIONS** | **TYPE OF TESTING** |
| **ROUTINE** | | |
| **Asymptomatic Residents (routine screening)** | Every 14 days | Buccal swab-PCR |
| **Asymptomatic Staff (routine screening)** | Twice per week | Antigen |
| **New resident admissions** | 72hours prior to admission AND Antigen test on arrival | NP-PCR<br>Antigen |
| **Day Care clients (non-residents)** | Daily (attendees test before arriving, responsible for own testing kits) AND<br>Included within asymptomatic resident routine screening. | Antigen<br><br>Buccal swab-PCR |
| **External Providers** | 24 hours before coming to care home. Regular providers join staff routine screening | Antigen |
| **Residents who leave the facility regularly** | Twice per week AND<br>Routine Screening | Antigen test<br><br>Buccal swab-PCR |
| **Residents who leave for day outing** | 72hours after outing. | Antigen |
| **OUTBREAK and EXPOSURES** | | |
| **New positive staff or resident** – trigger a care home Outbreak assessment | 100% testing of whole care home or affected sections residents and staff.<br>Staff and residents tested on Day 1 of outbreak,<br>• Repeat every 7 days until no new cases identified for a period of 14days.<br>**AND**<br>Staff: Also Test Daily for 7 days | NP-PCR<br><br>Antigen Tests |
| **Symptomatic staff or resident** | Regardless of vaccination status, must be antigen tested immediately.<br>-Residents with Negative antigen test results will follow up on Day 1 Day 4 and Day 7 from onset of symptoms.<br>-Risk assessment will be performed on any positive residents to determine if Outbreak protocol is to be initiated. | NP-PCR<br><br>Antigen tests if lab is closed. |
| **Staff or Residents who are Close contacts** | In Care Home: Immediately test directly exposed staff or residents<br>**AND**<br>Staff Close contact outside of Care Home: Risk assessment by Care home Management, ESU and Covid Response team | NP-PCR test as pertaining to outbreak protocol<br><br>Antigen (Staff for 7 days) |

## Appendix 8: Work Self Isolation PPE

| Resident/ Cohort | Symptomatic Resident: Confirmed or Suspect Case | Asymptomatic Resident: Contacts of a Case (e.g., roommate, tablemate, friend) | Asymptomatic Resident: Not Exposed to a Case | Comments |
|---|---|---|---|---|
| **Who Should Provide Care?** | Preferred option<br><br>Exposed but asymptomatic staff exposed to ill residents in affected area. | Exposed but asymptomatic staff exposed to ill residents in affected area. | Asymptomatic staff not exposed to ill residents in affected area. Alternate option: Exposed but asymptomatic staff. | |
| **Precautions When Providing Direct Care** | Routine Practices plus Droplet/Contact Precautions. | Routine Practices plus Droplet/ Contact Precautions. | Routine Practices, unless whole area/facility under outbreak precautions use Routine Practices plus Droplet/Contact precautions. | |
| **What PPE is Required?** | Procedure Mask at all times.<br><br>Add eye protection, gloves, and gowns for direct care. | Procedure Mask at all times.<br><br>Add eye protection, gloves, and gowns for direct care. | Ideally, exposed staff are not providing care to asymptomatic residents outside of the affected area.<br><br>If required, must wear Procedure Mask at all times* and as per Routine Practices. | Gloves are to be changed between residents; between soiled and aseptic tasks on same resident. Hand hygiene performed between glove uses. |

# Appendix 9: Staff Work Restrictions

<table>
<tr><th colspan="4">Work Restrictions for Staff with COVID-19 Infection and Exposures</th></tr>
<tr><th colspan="4">Work Restrictions for Staff with Positive COVID-19 results</th></tr>
<tr><th>Vaccination Status</th><th>Conventional</th><th>Contingency<br>ESU Authorization</th><th>Crisis<br>ESU Authorization</th></tr>
<tr><td>Vaccinated and Boosted</td><td>Quarantine<br>NP-PCR Covid-19 test- If negative end quarantine.<br>Work Restrictions:-<br>Daily COVID-19 negative antigen test for 7 days</td><td colspan="2">Work self-quarantine<br>Daily COVID-19 negative antigen test for 7 days Contact & droplet level PPE</td></tr>
<tr><td>Unvaccinated</td><td>10 days quarantine. Return to work with negative PCR test Day- 10</td><td colspan="2">Work self-quarantine<br>Daily COVID-19 negative antigen tests for duration of outbreak<br>Contact& droplet level PPE</td></tr>
<tr><th colspan="4">Work Restrictions for staff with OFFSITE close contact exposure (Asymptomatic with negative COVID-19 test result)</th></tr>
<tr><th>Vaccination Status</th><th colspan="3">Contingency & Crisis ESU Authorization</th></tr>
<tr><td>Vaccinated and Boosted and Unvaccinated</td><td colspan="3">Work self-quarantine<br>Daily COVID-19 negative antigen tests for7 days duration of outbreak<br>Contact& droplet level PPE</td></tr>
<tr><td colspan="4">For “Staff Close Contacts” to return to work, a Certified Negative Antigen Test has to be provided and Risk Assessment has to be conducted by Care Home Management in conjunction with LTC Covid Response Team and ESU.</td></tr>
<tr><th colspan="4">Work Restrictions for staff with ONSITE close contact exposure (negative COVID-19 test result)</th></tr>
<tr><td colspan="4">There are no standing work restrictions for onsite close contact exposure with negative results due to the level of PPE and IPC in care homes. Staff are to follow the testing regime outlined in Appendix 7 and will be engaged in work quarantine- as approved by ESU.</td></tr>
</table>