

**Ontario Health (East)
Central East Region
Intra-COVID Hybrid
Adult Day Program
Model Guidelines**

February 2021

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Purpose and Scope



After the completion of the *Central East Region Adult Day Program Guidelines* in June 2020, Seniors Care Network was requested by Ontario Health (East), Central East Region to leverage its existing engagement with Central East Adult Day Program (CE ADP) providers to identify emerging practices and lead the development a standardized approach for intra-COVID service delivery, including the safe resumption of agency-based programs & services. These Guidelines outline the minimum standards for each mode of delivery of the ‘*CE Intra-COVID Hybrid ADP Model*’.

The *CE Intra-COVID Hybrid ADP Model Guidelines* were developed utilizing a co-design methodology. These Guidelines have been informed by evidence, and the input and collective wisdom of over 50 representatives from the 17 Adult Day Program providers in the Ontario Health (East), Central East Region, and the Seniors Care Network staff.

The goal of the guidelines is to facilitate the provision of consistent, high-quality, client-centred programs and services during the pandemic.

The ‘*CE Intra-COVID Hybrid ADP Model Guidelines*’ should be used in conjunction to the *Ontario Health East - Central East ADP Guidelines* (2020).

Background



An Adult Day Program (ADP) is an integrated support service which provides supervised programming in a group setting. Clients typically include individuals living with frailty, cognitive impairment, dementia, acquired brain injury and/or other chronic medical conditions such as, Parkinson's disease. Components of the service may include planned social and recreational activities, provision of meals, assistance with the activities of daily living and minor health care assistance such as medication reminders, etc. ADPs also provide information, support and respite to care partners. These programs and services assist participants to achieve or help maintain their maximum level of functioning and prevent early or inappropriate institutionalization¹.

¹ Ontario Health East - Central East Adult Day Program Guidelines (2020)

Clients are eligible for ADPs if they are:

- Insured under the Health Insurance Act
- 18 years of age or older
- Frail, elderly and/or living with dementia or related disorders; routinely experiencing physical and/or cognitive challenges but can manage certain personal activities with assistance; and/or are socially isolated
- Able to transfer independently, with supervision or one person assist
- Residents of Central East Ontario
- Presenting no serious risk to staff, volunteers and/or co-clients

Additionally, their care requirements cannot exceed the program's environmental or physical resources and staff expertise. Prior to COVID-19, ADP programs & services were typically provided in-person and at the agency (on-site) in a group setting. Depending on the types of clientele served, CE ADPs can be broadly classified into:

- Traditional ADPs- typically serving clients aged 65 and above
- Young Onset Dementia (YOD) ADPs- serving clients with the diagnosis of YOD, who are 65 and younger
- Acquired Brain Injury (ABI) ADPs- serving clients with ABI

Since March 2020, CE ADPs have been adapting their processes to deliver ADP programs & services through alternate modes i.e., via virtual platforms and/or through home-visits (also referred to as Mobile ADP). Many providers have also started to safely resume Agency-based Face-to-Face (F2F) programming, while others are still preparing towards it. These three modes of delivery constitute the '*CE Intra-COVID Hybrid ADP Model*'.

Developmental Process

The following stepwise approach has been employed to develop the CE Intra-COVID Hybrid ADP Model and its accompanying Guidelines:

- **Conduction of a preliminary environmental scan (June-July 2020)**

The purpose of the environmental scan was to identify:

- the scope of program & services offered through various modes of delivery
- operational barriers and facilitators

- **Co-design of the Hybrid Model (July-Nov 2020)**

Three Working Groups (one for each mode of delivery) met on a bi-weekly basis to achieve the identified deliverables. Co-design meetings provided opportunities for shared learning and information exchange. Ad-hoc meetings were also held with sub-groups to develop standardized tools/documents. Ongoing engagement via email was maintained to share emerging resources, reference documents from other jurisdictions, and guidance documents from MOH/Ontario Health and Public Health Ontario.

- **Developmental Evaluation (July 2020 onwards²)**

A Developmental Evaluation of the 'CE Intra-COVID Hybrid ADP Model' was undertaken to:

- test and refine the model as it is developed
- identify best practices and delivery options that can be permanently adopted post-COVID.

The Working Group meetings provided an effective platform to identify emerging best practices and recognize opportunities for quick course-correction.

² Expected to conclude in March 2021; Evaluation Report and findings will be shared in a separate document.

Guideline Components



Minimum standards for each mode are described under separate sections titled, Virtual ADP, Home Visits and Agency Face-to-Face Programming. Components common to each mode of delivery include:

- Service Description
- Client Suitability Criteria
- Service Delivery
- Assessment and Care Planning
- Human Resource Management
- Training/Capacity Building
- Infection Prevention & Control (IPAC)
- Risks and Mitigation Strategies

Virtual Programs

This section provides guidance regarding key operational and programming-related aspects of Virtual ADPs.

Service Description

A variety of virtual programs and services are being delivered to ADP clients and care partners. These include:

Table 1- Virtual Programs and Services Overview:

Client	Care Partner
<ul style="list-style-type: none"> • Virtual programming <ul style="list-style-type: none"> - 1:1 - Group: various sizes depending on the activity and level of structure • Wellness checks • Ongoing engagement for information exchange and client support 	<ul style="list-style-type: none"> • Wellness checks • Ongoing engagement to provide education and support, or facilitate connection to other community resources

Types of Programs

A variety of outcome-oriented³ programs with specific therapeutic goals and objectives are offered to the clients during 1:1 and group sessions, for example:

- Therapeutic Recreation (e.g., art, travel, movies/watch parties, social groups, trivia, music, etc.)
- Educational sessions
- Fitness sessions
- Falls prevention, etc.

³ Contributing to the physical, cognitive, social, emotional and/or spiritual well-being of the clients

Client Suitability Criteria

Virtual Programs may not be suitable for all ADP clients. ADP staff are recommended to use their clinical judgment and a client-centred approach to determine if virtual programs could be an effective mode of delivery for a particular client. The following factors may be taken into account while determining suitability:

- Client preference
- Access to up-to-date technology (e.g., telephone, computer, electronic tablets, internet, data plan, etc.); personal or agency provided
- Technological acumen of the client or the care partner helping the client to connect to and/or participate in the program
- Reality orientation
- Client's abilities, cognitive status and/or tolerance
- Ability to actively listen and take turns

While delivering virtual programs staff should observe for signs of agitation and potential risks. Having a two staff compliment, where one staff can observe clients, is recommended. If a client is at a risk for falls, request the care partner to be present during the virtual sessions, so that they are available to assist the client and/or call 911, if required. If the care partner is not available, ask the client to be on camera. In the event of an observed emergency programming staff may call 911 and/or the emergency contact if deemed necessary.

Exclusion criteria:

Virtual programs may not be suitable for individuals advanced dementia or for those individuals who face significant challenges or discomfort with managing technology independently.

Service Delivery

Virtual Program service delivery varies among agencies (e.g., in terms of the platforms used, and the frequency, length, size, and structure of sessions delivered) and include:

- **Modalities/Technology Used:**

A variety of technological tools and modalities are leveraged to deliver virtual programs and services to clients and/or care partners. These include:

- **Audio-video platforms** (Zoom, Mercuri, Microsoft Teams, OTN, etc.) for virtual programming
- **Telephone/teleconferencing** for virtual programming and wellness checks
- **Emails and text messaging** for ongoing engagement

- **Length, size and structure of sessions:**

The length and complexity of the virtual program sessions vary based on client's capacity, cognitive status, attention span, needs and tolerance. The size and structure of the group sessions also vary based on the type of programs and activities conducted. Factors to consider while grouping clients into virtual cohorts include existing relationships and prior familiarity among group members, and common interests. Where possible, clients should be allowed to enter a group session at time of their convenience or preference.

Table 2: Level of Structure

Level of Structure	Examples of suitable Programs and Activities
Highly structured; longer sessions with larger groups	Music, game show host, video share, movie watching, writing groups, garden group, chair fitness or yoga, etc.
Mid structured	Jeopardy, brain games, photography group, virtual walks, etc.
Loose structured; shorter sessions with smaller groups	Sessions led by client conversations, etc.

Infection Prevention and Control (IPAC)

The following IPAC protocols should be followed when ADP staff visit a client's home to set-up technology or to provide tech-support to client or care partner:

- **Prior to Scheduled Appointment:**
 - Conduct a COVID-19 telephone screen within 1 hour of scheduled visit
- **During the Appointment:**
 - Sanitize hands
 - Don Personal Protective Equipment (PPE) as per agency protocols
 - If client or household member(s) show COVID-19 symptoms, conduct a secondary screen of the client. While screening, limit movement and contact to areas/items relevant to support the screening. During screening consider the client's ability to see/hear due to PPE. If there is a positive screen, inform the client and leave.
 - Follow up with the client as per agency protocol
- **At End of Home Visit:**
 - Wipe all supplies/equipment (e.g., picture ID, writing devices, etc.)
 - Bag supplies/equipment for transport as per agency protocols
- **At the Door:**
 - Doff PPE as per agency protocols
 - Place used PPE in collection bag to dispose/transport as per agency protocols
 - Sanitize Hands
- **Upon Departure:**
 - Safely dispose/transport PPE collection bag as per agency protocol
 - Safely secure supply/equipment bag in vehicle (ideally in trunk) as per agency protocols
 - Sanitize Hands

Assessment and Care Planning

Clients' health status and functional ability may have changed during the COVID-19 pandemic, therefore assess all clients and develop/revise care plans as needed. Follow assessment and care planning protocols as specified in *Ontario Health - East Central East Region Adult Day Program Guidelines*. If the client is no longer eligible for ADP programs and services, consider alternatives (e.g., other services, treatment strategies such as rehabilitation, monitoring, etc.) prior to discharging.

Human Resource Management

It is recommended that virtual group sessions should be delivered by at least two staff members (i.e., one for facilitation and one for documentation and/or resolving technical glitches, etc.). Where feasible, students or trained volunteers may be utilized for technology and programming support

During COVID-19 it is important to utilize human resources efficiently and effectively. This may include potential changes to staff job descriptions. Utilization of volunteers and/or students should be in accordance with agency protocol. Agencies should be cognizant of the fact that staff availability may be impacted due to childcare needs, home schooling, etc. On-going, frequent communication (e.g., general information, team check-ins, to mitigate risk, to identify concerns, to exchange ideas, etc.) should be maintained with staff.

Training and Capacity Building

For effective delivery of virtual programs and services, training and capacity building needs of the end-users should be identified and addressed. These include:

- **Staff training/capacity building requirements:⁴**

- Platform-specific training
- Training on onboarding clients
- Training on obtaining consent and maintaining privacy & data security
- Familiarity with new/revise policies and procedures for virtual programming (e.g., client agreements, ethical considerations, etc.)

Ongoing staff training should be maintained.

- **Client/Care partner training:**

Where possible, provide in-person/virtual training or reference resources to clients and care partners to facilitate onboarding and connectivity to the virtual programs.

- **General staff training and capacity building**

Education and training for staff during COVID-19 is essential due to ensure staff safety and minimize risks. Education and training may include:

- General safety
- PPE training
- IPAC training
- COVID-19 Screening
- Documentation
- Policies, procedures and protocols
- Self-care

⁴ For general training and capacity building requirements outside of those specific to virtual programming see *Ontario Health East - Central East ADP Guidelines (2020)*.

Privacy and Data Security

Virtual platforms may pose higher risks to maintaining personal health information privacy and data security. The following measures/practices should be considered to minimize privacy and data security risks:

- Encrypted Personal Health Information Privacy Act (PHIPA) compliant platforms should be utilized for client assessments/re-assessments and client Personal Health Information exchange
- Privacy and data security related risks should be disclosed to the clients through a written Service Agreement or Informed Consent (See [Appendix 1 - Zoom Platform Informed Consent](#)). If required, the option to 'digitally sign' the Service Agreement/Informed Consent may be provided to the clients for their convenience
- Data security threats can be limited by setting meeting passwords and locking group sessions where possible
- Client consent should be obtained for audio and video recording of session; recordings should be saved on a local server and only shared with appropriate audiences
- During virtual sessions, soft reminders should be provided to clients regarding maintaining privacy and confidentiality (e.g., not to record sessions)
- External hard drives, when used for off-site documentation, should be password protected and kept secured
- Obtaining cyber insurance to offset financial losses due to data breaches and other cyber events should be considered.

Onboarding New Clients to Virtual Programs

Consider the following when onboarding new clients:

- Virtual programs should be offered to clients that are on a wait-list for onsite face-to-face programs
- All required service agreements and consent forms should be shared and discussed with the client
- If there is a potential/expected delay in meeting the client in person (due to COVID-19 related risks, etc.), their verbal consent may be taken in the interim
- A follow-up email is sent by staff to acknowledge client's verbal consent, and this should also be documented in the client's record
- Signatures should be obtained during the next in-person meeting. If required, the option to 'digitally sign' the service agreements may be provided to the clients for their convenience

Risks and Mitigation Strategies

Emerging/potential risks were jointly identified by the Working Group members and the following mitigation strategies have been proposed:

#	Risks	Mitigation Strategies
1	Unidentified costs to clients (call/data/internet charges, etc.)	<ul style="list-style-type: none"> • Inform clients of potential costs that may be incurred • Provide a toll-free number for clients to attend virtual sessions • Inform clients to connect to Wi-Fi and not use cellular data for video sessions
2	Client wellness influenced by participating in extended/consecutive virtual programs, (e.g., cognitive overload)	<ul style="list-style-type: none"> • Limit length of sessions • Include prescriptive breaks during sessions • Adapt sessions to client needs, abilities and tolerance
3	Staff wellness influenced by participating in extended/consecutive virtual programs, e.g., cognitive overload	<ul style="list-style-type: none"> • Limit length of sessions • Include prescriptive breaks during sessions • Rotate staff in and out of virtual programming • Switch facilitators
4	Limited staff availability for 1:1 calls upon resumption of on-site face-to-face programs as those staff are now running programs	<ul style="list-style-type: none"> • Where possible, utilize trained students or volunteers for 1:1 calls • Encourage clients to participate in other modes of service delivery • Include clients in conference calls with other clients • Refer clients to external services should the organization not be able to meet certain needs
5	COVID-19 outbreak/positive cases potentially impacting staff availability for virtual programming ⁵	<ul style="list-style-type: none"> • Cross training staff to conduct virtual programming during such events • Utilize quarantined staff that are asymptomatic or willing to work from home

⁵ Alzheimer's Societies in Ontario (2020). *ADP Resumption Risk Assessment*

#	Risks	Mitigation Strategies
6	Unsustainability of the program due to a lack of cost recovery if there are no associated fees collected	<ul style="list-style-type: none"> • Consider charging fees
7	Misuse of agency provided technology (e.g., tablets, phones, etc.)	<ul style="list-style-type: none"> • Develop and implement Electronic Device Lending Policy and Client Contract (See Appendix 2 - Electronic Device Lending Policy) • Conduct periodic check-ins with clients/care partners • Consider potentially locking down additional downloads to devices
8	Technology malfunction or glitches affecting virtual sessions	<ul style="list-style-type: none"> • Maintain technology on an ongoing basis • Train/educate staff and clients on how to trouble shoot
9	Increased client expectations from ADP staff	<ul style="list-style-type: none"> • Do not share personal phone numbers and/or personal email addresses with clients/care partners • Provide emergency numbers to clients/care partners for their after-hour needs or emergencies • Do not conduct virtual sessions from personal accounts • Management/supervisors to conduct ongoing conversations with staff to support them • Provide avenues for discussion with management/supervisors and/or Ethics Committee (where available), etc.

Home Visits (Mobile ADP)

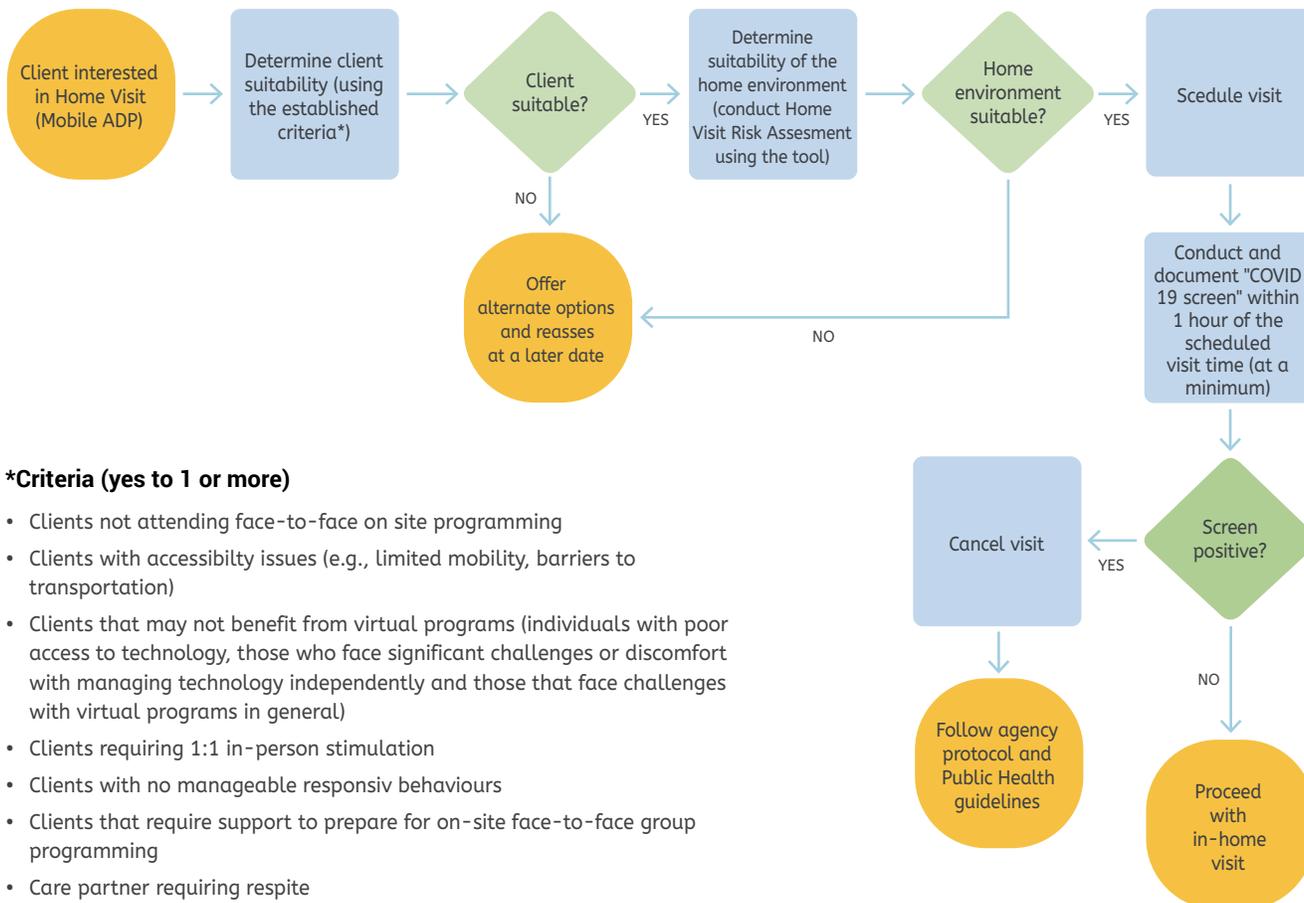
This section provides guidance regarding key operational and programming-related aspects of Home Visit ADPs.

Client Suitability

ADP staff are recommended to use their clinical judgment to determine if home visits are an effective mode of delivery for a particular client. The following factors may be considered while determining suitability:

- Clients not attending face-to-face on-site programming
- Clients with accessibility issues (e.g., limited mobility, barriers to transportation)
- Clients that may not benefit from virtual programs (individuals with poor access to technology, those who face significant challenges or discomfort with managing technology independently and those that face challenges with virtual programs in general)
- Clients requiring 1:1 in-person stimulation
- Clients with no or manageable responsive behaviours
- Clients that require support to prepare for on-site face-to-face group programming
- Care partner requiring respite

Figure 1- Process-Map



***Criteria (yes to 1 or more)**

- Clients not attending face-to-face on site programming
- Clients with accessibility issues (e.g., limited mobility, barriers to transportation)
- Clients that may not benefit from virtual programs (individuals with poor access to technology, those who face significant challenges or discomfort with managing technology independently and those that face challenges with virtual programs in general)
- Clients requiring 1:1 in-person stimulation
- Clients with no manageable responsive behaviours
- Clients that require support to prepare for on-site face-to-face group programming
- Care partner requiring respite

Service Description

Home Visits (Mobile ADP) refer to ADP programs that are delivered in a client’s home by the ADP staff. A variety of programs are offered to the clients during home visits, for example:

- Therapeutic Recreation
- Fitness/Exercise
- Falls prevention
- Education, etc.

However, no personal care services are provided, except toileting when needed.

Service Delivery

During COVID-19, home visits must be delivered in accordance with Public Health guidelines. Frequency and length of a visit is dependent on agency staffing and client/care partner needs. Transportation to and from client’s home may limit the number of home visits provided in a day.

Infection Prevention and Control (IPAC) & Personal Protection Equipment (PPE)

Infection prevention and control practices, and the use of requisite person protection equipment, are essential to minimize the risk of COVID-19 spread and to ensure the safety of clients, care partners and staff. Client pre-screening prior to visit and on-site screening:

- COVID-19 Screening (see [Appendix 3 – ADP Client COVID-19 Screening](#)):
 - Prior to scheduled appointment:
 - Phone screen within 1 hour of scheduled appointment (at a minimum)
 - On-site:
 - Sanitize hands
 - Don PPE (e.g., masks, gloves, goggles/shields, gowns, booties, etc.) as per agency protocols
 - If a phone screen was not conducted within 1 hour of the scheduled appointment, conduct an on-site screen upon arrival to the client’s home
 - If a phone screen was conducted within 1 hour of the scheduled appointment, and the client shows symptoms upon staff’s arrival, conduct a secondary on-site screen; limit movement and contact to areas/items relevant to support screen (care partner to remain at home until screen is completed)
 - During screening consider client’s ability to see/hear due to PPE
- During the Home Visit:
 - When possible maintain 2 metre distance
 - Maintain hand hygiene
 - Comply with agency IPAC and PPE protocols
 - Observe client and care partner for COVID-19 signs and symptoms and if signs and/or symptoms are observed, follow agency protocols
- At the End of the Home Visit:
 - Clean and sanitize all supplies/equipment (e.g., picture identification, writing devices, program supplies and equipment, etc.)
 - Bag supplies/equipment for transport as per agency protocols
- At the Door:
 - Doff PPE as per agency protocols
 - Place used PPE in collection bag to dispose of or transport as per agency protocols
 - Conduct hand hygiene
- Upon Departure:
 - Safely dispose of or transport PPE collection bag as per agency protocol
 - Safely secure supply/equipment bag in vehicle (ideally in trunk) as per agency protocols
 - Conduct hand hygiene

Assessment and Care Planning

Clients' health status and functional ability may have changed during the COVID-19 pandemic, therefore assess all clients and develop/revise care plans as needed. Follow assessment and care planning protocols as specified in *Ontario Health – East Central East Region Adult Day Program Guidelines*. If the client is no longer eligible for ADP programs and services, consider alternatives (e.g., other services, treatment strategies such as rehabilitation, monitoring, etc.) prior to discharging.

Suitability of the Home Environment

Prior to the first home visit, a home visit safety and risk assessment should be conducted (see [Appendix 4 – Home Visit Safety & Risk Assessment](#))

Care Partner Support

Care partners should be present during the first home visit so that pertinent information can be obtained. The care partner should remain in the home until on-site screening is completed. Care partner emergency information should be obtained if the care partner leaves the home.

Human Resource Management

During COVID-19 it is important to utilize human resources efficiently and effectively. Agencies should follow Public Health guidelines regarding staffing (e.g., staff working at more than one agency or at multiple sites of one agency, etc.). This may include potential changes to staff job descriptions. Utilization of volunteers and/or students should be in accordance with agency protocol. Agencies should be cognizant of the fact that staff availability may be impacted due to childcare needs, home schooling, etc. On-going, frequent communication (e.g., general information, team check-ins, to mitigate risk, to identify concerns, to exchange ideas, etc.) should be maintained with staff.

Staff Training/Capacity Building

Education and training for staff during COVID-19 is essential due to ensure staff safety and minimize risks. Education and training may include:

- General safety
- PPE training
- IPAC training
- COVID-19 Screening
- Documentation
- Policies, procedures and protocols
- Self-care

Privacy and Data Security

Personal health information, privacy and security should be maintained during home visits. This would include:

- Use locked briefcases or sealed envelopes to secure paper-based documentation
- Enforce procedures to ensure that documents that contain clients' personal information are returned to the agency within a pre-defined period
- Limit using identifiable information on documents, where possible
- Consider privacy when conducting on-site screening (e.g., apartment hallways, shared porches, etc.)
- Utilize virtual privacy network, if available, for accessing information off-site

Risks and Mitigation Strategies

Emerging/potential risks were jointly identified by the Working Group members and the following mitigation strategies have been proposed:

#	RISKS	MITIGATION STRATEGIES
PHYSICAL SPACE		
1	The physical space cannot accommodate the physical distancing	<ul style="list-style-type: none"> • Always use PPE • Provide session outdoors
2	The physical space does not have appropriate ventilation	<ul style="list-style-type: none"> • Open windows • Provide session outdoors
3	Washrooms availability for staff may be limited at times	<ul style="list-style-type: none"> • Reduce length of visit • Provide personal care package for public washroom usage
4	An elevator and/or stairwell do not allow for physical distancing	<ul style="list-style-type: none"> • Always use PPE, wait for empty elevator, use stairs if able to physical distance
PROGRAM SPECIFIC		
5	Clients who were eligible for the program before the COVID-19 pandemic may no longer be eligible due to a decline in functional ability during the period when the program was closed	<ul style="list-style-type: none"> • Develop a consistent approach to re-assessing clients • Inform clients/care partners of the need for reassessment and the rationale for doing so • Modify care plan • Initiate discharge planning

6	Clients who participate in other programs, services, appointments may pose additional COVID-19 risks to staff	<ul style="list-style-type: none"> • Pre-screen and screen clients on-site • Follow appropriate PPE protocols • Consider alternate modes of service delivery
CLIENT SPECIFIC		
7	Clients need frequent reminders to physical distance	<ul style="list-style-type: none"> • Use PPE • Use cues and reminders • Use a portable barrier (e.g., plexiglass)
8	Clients do not respect or are unable to follow physical distancing guidelines	<ul style="list-style-type: none"> • Redirect client • Inform care partner (if present) and seek their assistance • Terminate visit if mitigation strategies are not successful
9	Increase of responsive behaviours in clients (due to change in routine and environment and staff wearing masks)	<ul style="list-style-type: none"> • Develop a plan to ensure that meaningful activities are included to manage behaviours
10	Clients or anyone else in the home show COVID-19 symptoms during the visit	<ul style="list-style-type: none"> • Develop a protocol based on Public Health guidelines
STAFFING		
11	Staff resistant to provide home visits	<ul style="list-style-type: none"> • Understand reasons for resistance and approach it on a case-by-case basis • Support staff as they transition into this type of programming • Provide education and training • Engage in discussions with staff who already provide home visits • Check-in with staff on an ongoing basis • Encourage supervisory staff to visit client's home prior to any other day program staff

12	One or several staff become sick with COVID-19	<ul style="list-style-type: none"> • Develop contingency plans • Follow Public Health direction for contact tracing • Reduce number of visits or reduce length of visit to accommodate existing home visit clients • Cohort staff to reduce the potential of spread • Suspend home visits temporarily • Return to work should be determined by the staff member in consultation with their health care provider and the local public health unit
13	Challenges related to staff working for multiple organizations during a pandemic	<ul style="list-style-type: none"> • Develop and implement a human resource policy regarding staff working at multiple organizations • Utilize staff for virtual programming
14	Staffing shortages	<ul style="list-style-type: none"> • Redeploy staff where possible • Limit the number of programs offered
LIABILITY		
15	Insurance companies do not accept the risks involved in operating an ADP while physical distancing measures are still in place or for staff transportation	<ul style="list-style-type: none"> • Consult with insurance provider and legal counsel
REPUTATION		
16	Media coverage due to staff or client contracting COVID-19	<ul style="list-style-type: none"> • Be proactive in developing potential responses (see Appendix 5 - Communication Materials)
EQUIPMENT AND SUPPLIES		
17	Significant delays in the procurement of personal protective equipment (PPE) or cleaning supplies	<ul style="list-style-type: none"> • Ensure adequate supply is on-site • Deliver virtual programming • Deliver activity boxes to clients

On-site Face-to-Face (F2F) Programs

This section provides guidance regarding key operational and programming-related aspects of on-site face-to-face programs.

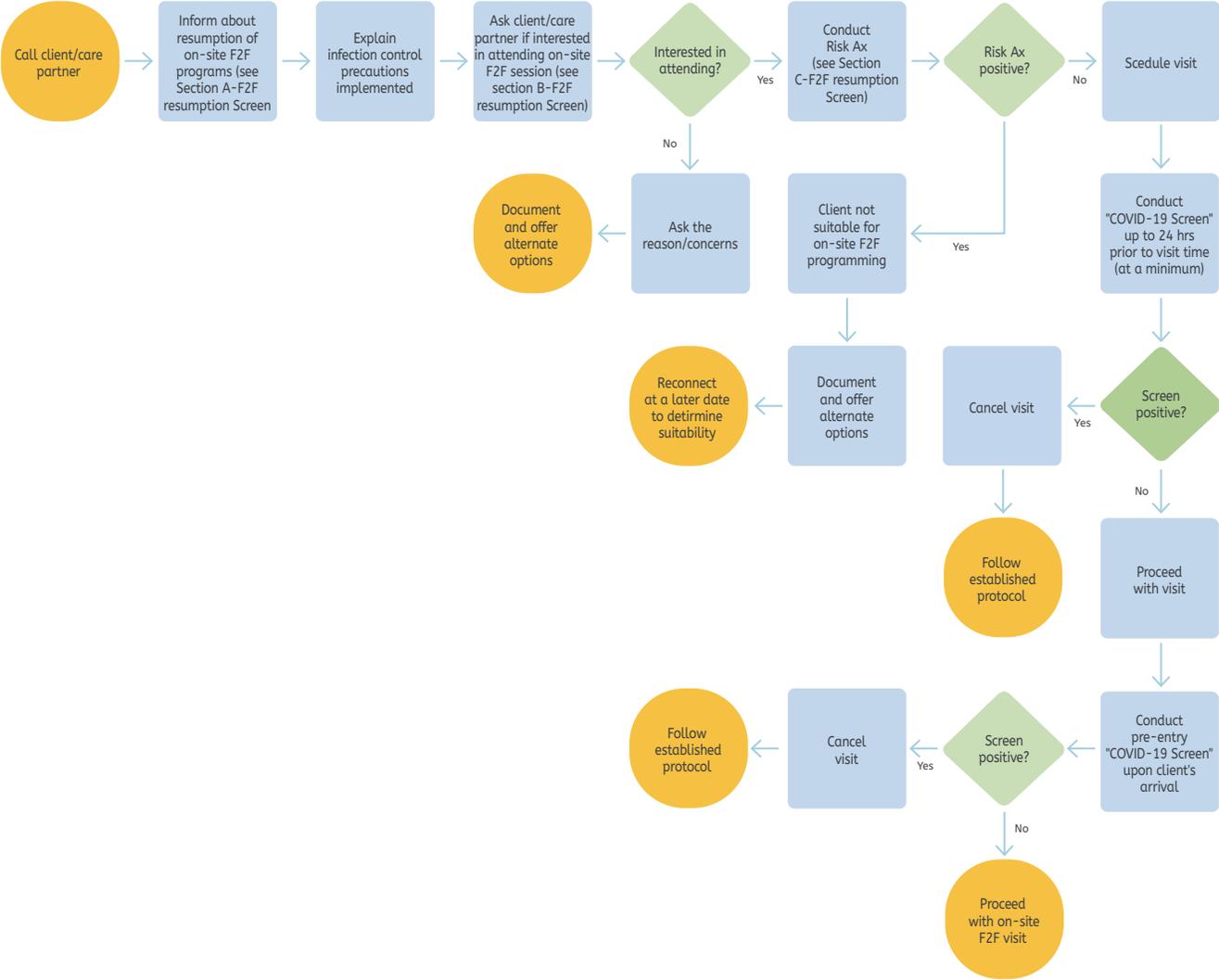
Client Suitability

On-site face-to-face programs may not be suitable for all ADP clients during COVID-19. ADP staff should use their clinical judgment to determine if on-site face-to-face programs could be an effective mode of delivery for a particular client. The following factors may be considered while determining suitability:

- Client interested in attending F2F programs at the agency (see [Appendix 6 - F2F Resumption Screen](#), Sections A and B)
- Negative COVID-19 screen (asymptomatic and/or COVID-19 test negative)
- Client's ability to follow safety measures (e.g., wearing a mask, maintaining physical distancing, manageable responsive behaviours, etc.) ([Appendix 6 - F2F Resumption Screen](#), Section C)
- **Client Prioritization**
During the COVID-19 pandemic face-to-face programs may be offered to a limited number of clients and during reduced hours to accommodate safety protocols. Therefore, each agency may need to implement criteria to determine which clients return to the program on a priority basis. These criteria may include:
 - Client with high needs (e.g., no other supports available/suitable, limited access to other services, care partner requires respite, care partner returning to work, low client mood, social isolation, etc.)
 - Ethical considerations (e.g., equitable access, food security, etc.) where applicable

Review service agreement/informed consent (See [Appendix 7 - Informed Consent for On-site F2F Services](#)) with client/care partner prior to or at the initial visit and obtain verbal consent and signatures when appropriate.

Figure 2- Process-Map:



Service Description

When possible, offer the core programs and services specified in *Ontario Health – East, Central East Region Adult Day Program Guidelines*. However, consider:

- Using a staged approach to resumption
- Offering only contactless activities or those activities/games where the equipment can be sanitized or where risk of COVID-19 transmission can be minimized (e.g., no singing)
- Factors regarding meal provision:
 - Food handling should be in accordance with Public Health guidelines
 - Provide individualized meals/snacks (e.g., frozen, prepared on-site, meals on wheels, etc.)
 - Tables should be individualized with adequate space between tables
 - Joint meal preparation activities not to be conducted

The number of clients and staff is dependent on the size of space and types of recreational activities offered. Depending on the size of programs, physical environments, and client and care partner needs, programs may be offered as half-day or full day programs.

Service Delivery

During the COVID-19 pandemic, programs and services must be delivered in accordance with Public Health guidelines. This may include:

- Reducing the size of the cohort
- Limiting staff rotation across cohorts, delivery modes and/or sites where applicable
- Changing staff to client ratio

Additional considerations to program and service delivery include:

- Changing length and frequency of sessions as per client tolerance and staff availability
- Meeting clients at their vehicle so as to not have care partners enter the building
- Limiting the number of clients per ride in agency vehicles
- Installing barriers in agency vehicles

Infection Prevention and Control

Infection prevention and control practices, and the use of requisite person protection equipment, are essential to minimize the risk of COVID-19 spread and to ensure the safety of clients, care partners and staff. These include:

- Screening of all staff, volunteers and students based on agency protocol
- Pre-Screening of clients by phone prior to program (see [Appendix 3 - ADP Client COVID-19 Screening](#))
- Screening of client prior to on-site entry (see [Appendix 3 - ADP Client COVID-19 Screening](#))
- Cleaning and sanitizing protocols
- Ensuring an adequate supply of personal protective equipment (PPE) is available
- Considering environmental factors:
 - Designate an isolation area in case client shows COVID-19 symptoms during the program
 - Develop seating plan in accordance with physical distancing requirements
 - Use physical distancing markings and appropriate signage
 - Consider using plexiglass guards, where appropriate
 - Make hand sanitizer and wipes available throughout the facility
 - Clean washrooms after each use

Assessment and Care Planning

Clients' health status and functional ability may have changed during the COVID-19 pandemic, therefore assess all clients and develop/revise care plans as needed. Follow assessment and care planning protocols as specified in *Ontario Health - East Central East Region Adult Day Program Guidelines*. If the client is no longer eligible for ADP programs and services, consider alternatives (e.g., other services, treatment strategies such as rehabilitation, monitoring, etc.) prior to discharging.

Human Resource Management

During the COVID-19 pandemic it is important to utilize human resources efficiently and effectively. Agencies should follow Public Health guidelines regarding staffing (e.g., staff working at more than one agency or at multiple sites of one agency, etc.). This may include potential changes to staff job descriptions. Utilization of volunteers and/or students should be in accordance with agency protocol. Agencies should be cognizant of the fact that staff availability may be impacted due to childcare needs, home schooling, etc. On-going, frequent communication (e.g., general information, team check-ins, to mitigate risk, to identify concerns, to exchange ideas, etc.) should be maintained with staff.

Staff Training/Capacity Building

Education and training for staff during COVID-19 is essential due to ensure staff safety and minimize risks. Education and training may include:

- General safety
- PPE training
- IPAC training
- COVID-19 Screening
- Documentation
- Policies, procedures and protocols
- Food management
- Self-care

Outbreak Management

Consult local Public Health Unit in the event staff, volunteers, students and/or clients test positive for COVID-19. Proactively prepare appropriate communication material. (See [Appendix 5 - Communication Materials](#))

Risk Management

Emerging/potential risks were jointly identified by the Working Group members and the following mitigation strategies have been proposed:

#	RISKS	MITIGATION STRATEGIES
PHYSICAL SPACE		
1	The physical space cannot accommodate the physical distancing	<ul style="list-style-type: none"> • Limit number of clients • Always use PPE • Deliver outdoor activities weather permitting • Find alternate space • Implement hybrid model (F2F + virtual)
2	The physical space does not have appropriate ventilation	<ul style="list-style-type: none"> • Open windows • Provide session outdoors
3	A separate area for screening clients is not available	<ul style="list-style-type: none"> • Limit points of entry • Place a physical barrier (e.g. plexiglass) between staff and client/visitor • Ensure physical distancing can be maintained • Provide full PPE for staff • Ensure care partners do not leave prior to screening being completed

4	Washrooms do not allow clients to follow physical distancing guidelines	<ul style="list-style-type: none"> • Post physical distancing signage outside and inside the washroom • Post maximum occupancy signs to further enhance physical distancing • Decommission alternate stalls
5	A space to isolate clients who show symptoms of COVID-19 is not available	<ul style="list-style-type: none"> • Provide temporary barrier to isolate the individual as far away as possible from the larger group
PROGRAM SPECIFIC		
6	Clients who were eligible for the program before the COVID-19 pandemic may no longer be eligible due to a decline in functional ability during the period when the program was closed.	<ul style="list-style-type: none"> • Develop a consistent approach to re-assessing clients • Inform clients and/or care partners of the need for reassessment and the rationale for doing so • Modify care plan • Initiate discharge planning
7	Lack of clarity around the most appropriate size of client groups (how many people will we have in the program).	<ul style="list-style-type: none"> • Follow Local Public Health recommendations • Arrange ADP space to allow clients to move from one space to another while following physical distancing • Ensure tables are physically distanced
CLIENT SPECIFIC		
8	Clients who participate in other programs	<ul style="list-style-type: none"> • Screen clients – pre-screen and on-site • Consider alternate modes of service delivery
9	Clients need frequent reminders of need for physical distancing	<ul style="list-style-type: none"> • Use signage, cues and reminders • Increase staff to client ratios as required • Use barrier
10	Increase of responsive behaviours in clients (due to change in routine and environment and staff wearing masks)	<ul style="list-style-type: none"> • Develop a plan to ensure that meaningful activities are included to manage behaviours
11	One or several clients show symptoms of COVID-19 during the program	<ul style="list-style-type: none"> • Develop a protocol based on Public Health guidelines

MEALS		
12	Spread of COVID-19 during meal/snack time	<ul style="list-style-type: none"> • Serve meals in individual portions • Do not allow sharing of items (i.e., serving spoon or saltshaker) • Ensure special precautions for handling and serving of food
STAFFING		
13	Staff show symptoms of COVID-19 while at work	<ul style="list-style-type: none"> • Send staff home • Have back-up staff to fill in
14	Staff show symptoms of COVID-19 but test negative	<ul style="list-style-type: none"> • Determine return to work by following the agency's policy and in consultation with the local Public Health
15	One or several staff test positive for COVID-19	<ul style="list-style-type: none"> • Determine return to work by following the agency's policy and in consultation with the local Public Health
16	Lack of clear guidelines related to PPE for staff	<ul style="list-style-type: none"> • Follow Public Health guidelines
17	Challenges related to staff working for multiple organizations	<ul style="list-style-type: none"> • Develop and implement an HR policy regarding staff working at multiple organizations • Assigned staff to deliver virtual programming
18	Staff not following/not being aware of guidelines and protocols	<ul style="list-style-type: none"> • Provide training for staff, audit and re-train as necessary
LIABILITY		
19	Insurance companies do not accept the risks involved in operating an ADP while physical distancing measures are still in place	<ul style="list-style-type: none"> • Consult with insurance provider and legal counsel • Deliver programs through alternate modes
REPUTATION		
20	Media coverage due to staff or client contracting COVID-19	<ul style="list-style-type: none"> • Proactively develop potential responses
EQUIPMENT AND SUPPLIES		
21	Significant delays in the procurement of personal protective equipment (PPE) or cleaning supplies	<ul style="list-style-type: none"> • Ensure adequate supply is on-site • Deliver virtual programming • Deliver activity boxes to clients

Appendix 1

Zoom Video Conferencing Informed Consent Form

I, _____ (Print your name) am choosing to receive services/programs offered at _____ via Zoom (<https://zoom.us>)

By choosing this option, I understand:

About Online Video Sessions:

- Zoom is an online communication tool allowing face-to-face video, voice, or text-based chat/dialogue.
- Zoom calling is encrypted to protect sensitive information. For more information on how Zoom keeps its client's information private, please visit and review the information at the links below.
- [PIPEDA_PHIPA Canadian Public Information Compliance Guide.pdf](#)
- Zoom software is available on any computer or smart phone/tablet. Ensure that your device is password protected and only you have access to the password. In addition, use a password protected private Internet connection when on a Zoom call. You may wish to choose a username that does not identify you by name to ensure more privacy.
- Any Internet-based communication is not 100% guaranteed to be secure/confidential. The BIAPR staff have made every reasonable effort to implement technical security measures that reduce risks of a confidentiality breach.
- I have read the [privacy and encryption information for Zoom](#) and I agree that _____ should not be held responsible if any outside party gains access to Zoom account information or transaction by bypassing online security measures.

My Responsibilities as the Client:

- I am responsible for ensuring confidentiality by closing other programs on my computer while in a video session, planning to minimize distractions, and not answering calls or text messages while on the Zoom call.
- I also agree to be online at the scheduled video Programming/appointment (preferably in a quiet room alone with the door closed). Headphones may be used to increase privacy of session.
- RESPECT – All members have the right to feel respected and heard. This means taking turns when speaking and ensuring that everyone has the opportunity to speak, as well as listening to what other group members have to say. I understand that the host of the group may mute my account or remove me from the group if I do not treat other members with respect.

- **CONFIDENTIALITY** – Confidentiality is crucial when participating in groups. It is imperative that information (names of group members, identifying information, or personal information) disclosed during the group is not discussed either between members or with other people outside of the group. If a caregiver or anyone else in my home is present to aid me in using ZOOM, I need to let the other members know that they are there and able to hear what is said in the group session.
It is important to understand that there are times when confidentiality must be broken where it concerns personal safety. If information is disclosed that there may be risk of harm to group members or others, _____ staff are obligated to report and act on this information.
- **OFF-LIMITS TOPICS** – Although the group is a time to share, there are certain topics that people feel very passionate about and can impact group dynamics. General off-limits topics are religion, politics and personal health information, but your group facilitators will also brainstorm with group members and may place additional topics in the off-limits category.
- **FOLLOW-UP** – Occasionally topics may arise during a group that can trigger memories or events from the past. If at any point you feel you need support or have questions outside of the group meeting times, please contact the _____ to be connected with a staff who can offer support.

Organizational Responsibilities:

- The Staff will provide the client with all relevant details and technical support to join Zoom calls at the scheduled appointment time.
- The Staff will ensure to be alone, with a high quality, password protected wireless Internet connection.
- The Staff will ensure all other distractions such as phone calls are eliminated during the video programming/session.
- Technical problems may occur. If a call is disrupted, the staff will call back unless technical difficulties persist. In such cases, the session can be continued via phone or rescheduled via phone or email, depending on client’s preferences.

My signature below certifies that I have read and understood the above information:

Client Name: _____ Signature: _____

Staff Name: _____ Signature: _____

(Verbal Consent)

Date: _____

Appendix 2

Electronic Device Lending Policy and Agreement (External)

PURPOSE

_____ issues electronic device to volunteers and program participants to support program-related activities. The purpose of this policy is to establish guidelines, rules and conditions that all volunteers and service users must accept in order to borrow the agency owned electronic devices for use outside the agency. This policy and agreement must be read, understood and signed by the volunteer and or service user as 'Borrower'.

POLICY

Eligibility

Borrowers must be recommended by program staff and approved by the respective team's program manager for the purpose of performing program-related tasks and activities. The usage is contingent on continued program participation with the agency.

General

The mobile electronic device being issued, as well as its network and applications, are the property of _____.

All borrowers using the agency owned electronic device will not pay for the cost of the device or the monthly regular cost of the data plan. However, they will be responsible for any additional usage charges including overages, roaming, long-distance calls, paid call, and etc.

All borrowers will be responsible for ensuring that the device remains in good working order so as not to hinder their ability to perform agency-related tasks.

If the mobile electronic device is no longer functioning as it should or the borrower believe the device have been stolen, hacked or tampered with, he/she is expected to bring it to the attention of _____ right away so that immediate action can be taken to correct the situation.

Security

All borrowers are prohibited from transferring or storing _____ information. In particular, the borrowers cannot use any cloud-based backup solutions to store copies of _____ information. In addition, _____ information may not be synchronized to another device without prior consent from the agency.

All documents should be saved to a personal USB device or sent to an email account.

All files will be erased automatically when the device is returned; any apps or media purchased, and data or documents saved to the device by the borrower during the loan period will be permanently erased during the restore process.

_____ will not be responsible under any circumstances for any liability, damages, or expenses resulting from the use or misuse of the electronic devices, or the loss of data, personal, financial, or credit card information while using the loan device.

Privacy

Due to the confidential nature of _____ business, except where prohibited by law, _____ reserves the right to monitor and access all data generated through use of its devices, including voicemail, telephone logs, internet usage, network traffic, etc. for maintenance and repair, e-discovery, work continuity and audit and investigation purposes.

_____ reserves the right to review, retain, or release personal and organization data on the device to government agencies or third parties during an investigation or as required by law.

Safety

All borrowers are expected to comply with all Provincial and Federal Laws or Regulations with regards to the use of the loan device.

_____ has zero-tolerance for Distracted Driving. All borrowers who are involved in any incidents which are related to distracted driving are solely responsible for liabilities from these actions.

Return

All borrowers agree to use the device for the specified loan period and return on time.

All borrowers will remain present while staff checks the mobile device to ensure all equipment is returned in good working order.

Replacement Costs

All borrowers are responsible to pay a maximum of \$500 if the device is stolen, damaged, lost or not being returned within the specified loan period on time for repair or replacement.

The agency may take other action necessary to recover damages arising from the use of the loaned device. The agency will also seek the assistance of law enforcement in order to recover stolen property.

_____ reserves the right to amend or alter the terms of this policy.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have received, fully read, understand and agree to abide by all the rules and conditions of this _____ Electronic Device Lending Policy. I accept the responsibility for proper care of the device I am borrowing and understand I will be held accountable for the replacement or repair costs in the event of loss or damage. I agree to return the device and peripherals in good condition by the time they are due.

Borrower’s Name (Please print): _____

Signature: _____

Contact Phone Number: _____

Witness: _____ Date: _____

Device Description & Serial Number: _____

Loan Period: Starting Date _____ Due Date _____

Adapted from Carefirst Seniors and Community Services Association

Appendix 3

Client COVID-19 Screening

To be completed up to 24 hours before appointment for client and anyone else in attendance

(If Monday attendance, call client Monday morning prior to program start time)

Client Name: _____ Date: _____

<p>Staff: “Hi,_____. My name is_____. I am calling from the _____, to confirm your appointment on (date)_____ at (location)_____. I would like to ask you 4 questions to pre-screen for COVID-19 symptoms. You will also be screened at (location) _____ when you arrive. Is it okay for me to ask you these questions?” Patient/Care Partner/Other: “Yes/No”</p>	<p><input type="checkbox"/> No (cannot confirm appointment; document patient/ care partner’s refusal) <input type="checkbox"/> Yes (proceed with 4 questions below)</p>
<p>1. Have you or anyone you live with travelled outside of Canada in the past 14 days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Have you tested positive for COVID-19 or had close contact with a confirmed or suspected case of COVID-19 without wearing appropriate PPE in the past 14 days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have you or anyone you live with presented with any of the following symptoms in the past 14 days?</p> <ul style="list-style-type: none"> • Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore throat • Difficulty swallowing • Decrease of loss of sense of taste or smell • Chills • Headaches • Unexplained fatigue/malaise/ muscle aches (myalgia’s) • Nausea/vomiting, diarrhea, abdominal pain • Pink eye (conjunctivitis) • Runny nose or nasal congestion without other known cause 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are you 70 years of age or older and experiencing a sudden and/or acute onset of the following symptoms?</p> <ul style="list-style-type: none"> • Delirium • Unexplained or increased number of falls • Rapid functional decline • Worsening of chronic conditions 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

1 of 2

If response to ALL of the screening questions above is NO:

COVID-19 Screen Negative

<p>Staff: “Thank you.”</p> <p>For Agency Face-to-Face Visit</p> <p>“There is always a risk of contracting COVID-19 when you leave your home and go into a public location. Do you understand the requirements and potential risk of attending an in-person appointment?”</p> <p>Client: “Yes/No” (If No, review potential risks*)</p> <p>Staff: “Do you have any questions about risks?”</p> <p>Client: “Yes/No”</p> <p>Staff: “Are you in agreement to attend an in-person visit while assuming that risk?”</p> <p>Client: “Yes/No” (If No, do not proceed with the in-person visit and review alternatives)</p> <p>Staff: “Thank you very much. Goodbye.”</p>	<p><input type="checkbox"/> Requirements and potential risks reviewed</p> <p><input type="checkbox"/> Client in agreement to attend in-person visit</p>
<p>If response to ANY of the screening questions is YES:</p> <p>Staff: “Thank you. Unfortunately, your pre-screen is positive, and we will need to reschedule your in-person visit. Based on your pre-screen results, it is advisable that you contact your primary care provider or public health to review the results of this pre-screen. They will be able to advise you of next steps. Is there anything else I can help you with before then? Do you have any questions for me? Thank you very much. Goodbye.”</p>	<p><input type="checkbox"/> COVID-19 Screen Positive</p>

*Examples of Potential Risks:

- You are at higher risk of developing severe complications from an illness if you:
 - Have existing medical conditions including:
 - Heart disease
 - Hypertension (high blood pressure)
 - Lung disease
 - Diabetes
 - Cancer
 - Have a weakened immune system from a medical condition or treatment, such as chemotherapy
 - Are an older adult
- Group settings have the potential to increase exposure to others in a group setting, however personal protective equipment should be worn by attendees and staff

Staff Name: _____



Pre-Entry COVID-19 Screening

TO BE COMPLETED FOR CLIENT AND ANYONE ELSE IN THE HOME

Client Name: _____ Date: _____

Patient/Care Partner/Other:

1. Have you or anyone you live with travelled outside of Canada in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you tested positive for COVID-19 or had close contact with a confirmed or suspected case of COVID-19 without wearing appropriate PPE in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or anyone you live with presented with any of the following symptoms in the past 14 days? a. Fever b. New onset of cough c. Worsening chronic cough d. Shortness of breath e. Difficulty breathing f. Sore throat g. Difficulty swallowing h. Decrease of loss of sense of taste or smell i. Chills j. Headaches k. Unexplained fatigue/malaise/muscle aches (myalgia's) l. Nausea/vomiting, diarrhea, abdominal pain m. Pink eye (conjunctivitis) n. Runny nose or nasal congestion without other known cause	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you 70 years of age or older and experiencing a sudden and/or acute onset of the following symptoms? a. Delirium b. Unexplained or increased number of falls c. Acute functional decline d. Worsening of chronic conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
If response to ALL of the screening questions is NO:	COVID-19 Screen Negative and they may enter

If response to ANY of the screening questions is YES:

COVID-19 Screen Positive and they cannot enter. The should self-isolate immediately and contact Public Health at _____ or Telehealth at _____ for further direction.

Staff Name: _____

Appendix 4

Home Visit Safety & Risk Assessment Checklist

Client Name: _____ Date: _____

Address: _____

Code Legend: √ - Acceptable RA - Requires Action NA - Not Applicable

	CODE	COMMENTS & FOLLOW-UP
Parking available		
Functioning elevator		
Pets secured		
Smokers in the home		
Adequate lighting		
Comfortable temperature		
Adequate ventilation (e.g., able to open a window)		
Firearms in the home secured		
No signs or reports of bed bugs, fleas, cockroaches, mice or rats		
Meeting area free from clutter, dust and/or dirt		
Sufficient space in the room where you will be meeting (e.g., to allow for social distancing)		
Exits accessible		
Assistive devices in good working condition		
Emergency contact numbers accessible		
Other environmental concerns		

Completed by: _____ Signature: _____

Appendix 5

Sample Statements

Statement 1: Outbreak/Positive COVID-19 at an ADP

Dear ADP Clients and Care Partners,

We are providing this update this morning to share that, as a result of the investigation by _____ Public Health, an outbreak/a client/staff has tested positive for COVID-19 /as been declared at _____ (name and location of ADP).

We appreciate that this news may be concerning for our clients, care partners and staff, and we want to assure you that we continue to work closely with _____ Public Health to respond to this issue.

Across Ontario, COVID-19 outbreaks are declared when the health unit believes there is evidence that at least one case could have reasonably acquired their infection within the ADP.

In terms of our ADP operations, we are sharing the following information:

Our ADP remains OPEN as recommended by _____ Public Health due to all of the safety protocols that have been strictly adopted during the pandemic (e.g., screening, use of masks, physical distancing, hand hygiene, smaller groups, frequent cleaning, etc.).

The ADP will continue working collaboratively with _____ Public Health to obtain guidance to contain the spread of COVID-19 within our agency.

_____ Public Health believes they have identified and contacted all close contacts related to the confirmed case(s) at our ADP and continue to have daily follow-up. (delete sentence if Public Health not doing contract tracing)

Signs will be posted on ADP doors identifying the current outbreak status.

We continue to implement our enhanced daily pandemic cleaning protocols.

At this time, _____ Public Health would like to remind all members of the ADP community to limit contact with others and remain only in close contact with household members.

All clients and staff are asked to continue to self-monitor for signs and symptoms of COVID-19; this includes completing the daily self-assessment for symptoms which is available at the Ministry of Health link, <https://COVID-19.ontario.ca/self-assessment/>.

If you develop one or more of these symptoms, please immediately self-isolate at home, and seek testing. Please stay at home even if symptoms seem mild, like a common cold.

To protect yourselves and the community, _____Public Health recommends that you physically distance from others as much as possible; stay home when sick; wear a mask when indoors, on a bus, or whenever you cannot maintain a two meter distance; clean hands often with soap and water or hand sanitizer; cough and sneeze into your sleeve; avoid touching your face; avoid sharing personal items with others; and avoid close contact with anyone who is ill.

_____Public Health also wants to remind you of the Government of Canada’s new COVID Alert app, which can be downloaded for free to let people know of possible exposures to COVID before any symptoms appear. That app is available at <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-COVID-19/COVID-alert.html>

We continue to follow all public health recommendations to help protect client and staff safety and we will inform you of any further developments. Should you have any questions, please do not hesitate to contact us.

Sincerely,

.....

Adapted from <https://adamscottcvi.kprdsb.ca/>

Statement 2 Examples: Outbreak at an ADP Resolved

Dear ADP Clients and Care Partners,

It is with pleasure we share with you that we have been informed by _____Public Health that the COVID-19 outbreak declared on _____ (enter date) is officially over.

_____ Public Health has confirmed that at least 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the ADP and all pending test results have been received.

We wanted to take a moment and extend our sincere appreciation to clients, care partners and staff for their appreciation and understanding as we worked with _____ Public Health to address this issue in our agency.

While the additional measures that clients and staff followed over the previous few days will stop as of _____ (enter date). We will continue to follow our existing measures to keep our clients and staff safe, including physical distancing, and use of masks and personal protective equipment within our agency.

We continue to ask all clients and staff to self-monitor for signs and symptoms of COVID-19. If you develop one or more of the symptoms, please immediately self-isolate at home, and seek testing. Please stay at home even if symptoms seem mild, like a common cold.

In closing, we thank all our clients and staff again for the additional precautions they adopted over the past few days and for their support during these challenging times for our agency.

Should you have any questions, please do not hesitate to contact us.

Sincerely,

.....

Statement 3 Examples: Outbreak at an ADP Resolved

Dear ADP Clients and Care Partners,

It is with pleasure we share with you that the individual that had tested positive for COVID-19 has followed _____Public Health guidelines and can now safely return to the program. We will continue to implement safety protocols as per public health.

.....

Adapted from <https://adamscottcvi.kprdsb.ca/>

Appendix 6

ADP Face-to-Face (F2F) Resumption Screening Tools

F2F Resumption Screen

A. Introductory Conversations

We are planning to open our in-person ADP program. Our infection control measures will include:

- limiting the number of clients to maintain physical distancing
- screening everyone before program and prior to entry which will also include temperature checks
- use of personal protective equipment for example facial covering, plastic shields, plexiglass screens, etc.
- maintaining hand hygiene
- frequent cleaning and disinfection of high contact surfaces
- food handling in accordance with Public Health precautions will be implemented

B. Client Preference

We will be providing both in-person and virtual programming.

- Would you consider attending in-person programs?
 - If yes, would you have the necessary travel arrangements in place?
 - If not, why? What are your concerns?
- Would you consider attending virtual programs?
 - If not, why? What are your concerns?
- Would you consider an in-home program?
 - If not, why? What are your concerns?

C. Risk Assessment for those who have agreed to in-person programming

- For your safety and the safety of others:
 - Do you agree to comply with wearing a facial covering during your visit?
If no, why not?
 - Do you agree to maintain hand hygiene during your visit?
 - Do you agree to maintain physical distancing during your visit?
- To be answered by the care partner:
 - Does the ADP client have any behavioral issues (e.g., spitting, wandering) that will impede their capacity to comply with infection control measures (inability to maintain physical distancing, not cooperative with facial covering, hand hygiene).

Appendix 7

Informed Consent for On-Site Programming during COVID-19 Public Health Crisisⁱ

The Day Program will now be offering limited on-site programming for their participants. This initiative can pose a health and safety risk during COVID-19 as there will be contact between the staff and the participant. We will take every precaution necessary to keep the health and security measures in place which may include reduced hours, smaller group sizes, modified food options, use of face coverings, strategic seating, etc.

On-site Programming

Our agency has agreed to resume on-site programming. If there is a resurgence of COVID-19 or if other health concerns arise, however, the on-site programming may need to be postponed or discontinued.

If you decide at any time that you would feel safer discontinuing your on-site program, we will respect that decision. There are other options that may be available to you.

Outdoor programming may occur if weather is permitting and may require rescheduling if weather is unfavorable.

To attend an on-site program, you and your care partner must agree to take certain precautions, which will help keep everyone (you, the staff and our families) safer and minimize exposure to COVID 19. If you do not adhere to these safeguards, you will not be able to resume on-site programming. The following is a list of protocols that will be implemented while we provide on-site programming during COVID-19:

1. All clients and caregivers will complete a COVID-19 Screen the day prior to attending the on-site program. Should any changes in health arise BEFORE arrival, please stay home and call to leave a message.
2. We ask that you stay at home if you or anyone else in the home is not feeling well. This will apply even if symptoms are not related to COVID-19.
3. Prior to entering the program, all clients will have their temperature taken and recorded. If a person's temperature is any higher than 37.8 degrees, they will not be permitted to enter. Temperatures will also be taken at the end of the day.
4. All clients will perform hand hygiene upon entering the program. Staff will instruct clients to perform hand hygiene multiple times per day.
5. All clients will adhere to the safe distancing precautions which include keeping a distance of 6 feet and no unnecessary physical contact (e.g. no shaking hands) with anyone.
6. If a client begins to feel unwell during the program, they will be isolated, the emergency contact will be notified and someone must pick them up immediately.

ⁱ Document adapted from Senior Support Services, Draft Letter for Caregivers and the Alzheimer Society of Cornwall & District, Informed Consent for In-person Services

7. Early drop-offs and late pick-ups will not be available as staff need this time to provide adequate cleaning and disinfecting of the program area.
8. Due to high demand for the program, if a client does not attend multiple sessions without a valid reason, the client may forfeit their spot at this time and may return at a later date when higher volumes of clients can be accommodated.
9. As the COVID-19 situation evolves, additional protocols may be required.

Confidentiality in the Case of Infection

If a client or a staff member tests positive for COVID-19, you will be notified as soon as possible. Personal information will not be disclosed.

Informed Consent

This agreement is in addition to your existing “Client Service Agreement” that you signed and agreed to at the start of your participation to our Day Program.

Your signature below shows that you agree to these terms and conditions.

Care Partner/Client

Date

Day Program staff

Date

