

Guidelines for Long-Term Care Facilities in Nova Scotia

Effective December 10, 2020

These Guidelines align with the [Health Protection Act Order](#) by the Chief Medical Officer of Health, the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)) and the [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#) and do not supersede them.

From time to time, The Department of Health and Wellness may issue a memo or Continuing Care Information Release outlining temporary direction that will supersede direction included in this document.

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Section 1: Purpose

The Department of Health and Wellness acknowledges the importance of Long-Term Care Facilities and the need to support residents' quality of life, mental health, and overall well-being. As residents of long-term care are more susceptible to acquiring COVID-19 and suffering related complications due to increased frailty and high prevalence of underlying chronic health conditions, it is important to make sure planning for long-term care is developed in a way that keeps residents safe and reduces their risk of COVID-19 exposure.

The *Guidelines for Long-Term Care Facilities in Nova Scotia* is a comprehensive document to support long-term care facilities in safely implementing public health directives and guidelines in long-term care facilities throughout the province.

These Guidelines are based on the latest available scientific evidence and expert opinion about COVID-19. As new information becomes available, or if there is an outbreak in the community, changes to these Guidelines may be made at the local or provincial level, as determined in consultation with Public Health.

Applicability:

These Guidelines align with the [Health Protection Act Order](#) by the Chief Medical Officer of Health, the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)) and the [Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Long-Term Care Settings](#) and do not supersede them.

From time to time, The Department of Health and Wellness may issue a memo or Continuing Care Information Release outlining temporary direction that will supersede direction included in the attached guideline document.

Section 2: What's new?

The following changes for long-term care can be implemented:

Effective December 10, 2020:

The number of Designated Caregivers per resident continues to be reduced from two to one, province-wide, expiring December 17, 2020.

Effective December 9, 2020:

All visits in long-term care across Nova Scotia will continue to be suspended until December 17, 2020. [Section 6: Indoor Visits](#) of this Guideline is not applicable during this time.

Effective November 26, 2020:

All visits in long-term care across Nova Scotia will be temporarily suspended for two weeks. [Section 6: Indoor Visits](#) of this Guideline is not applicable during this time.

Effective November 23, 2020:

Volunteers

- Volunteers are now permitted in long-term care facilities.

Designated Caregivers

- Clarification of the Designated Caregiver definition, to include:
 - Designated Caregivers are partners in care and provide essential support for a resident's physical, mental and emotional well-being. They have an established pattern of involvement in the resident's care, whether the support was provided in the facility, or in the community, either in person or at a distance.
- A Designated Caregiver may now take a resident out of the Facility for a sightseeing drive. One resident may be taken out in a vehicle at a time; no other passengers are permitted. Stops of any kind and going to a drive-through are not permitted.

Off-site visits

- Resident visits to family homes are no longer permitted.
- Residents are not able to access the community access except to attend medical/dental appointments/receive medical care or for sightseeing drives with a Designated Caregiver or on a Facility bus.
- Residents may choose to attend a medical/dental appointment independently, if they are comfortable doing so, and if the resident/Substitute Decision Maker and the Facility care team consider it safe to do so.

On-site Gatherings

- In specified areas of Central Zone, the number of participants at an on-site gathering has been reduced to a maximum of 5 people (residents, Volunteers and Designated Caregivers are counted in the cohort of 5; staff providing direct care are not counted for the purpose of the cohort); for a list of the specific areas of Central Zone, and other information, see the Public Health messaging at <https://novascotia.ca/coronavirus/county-restrictions/>.
- There is no change to gathering limits in other areas and Zones, which is currently no more than 10 people; residents, Volunteers and Designated Caregivers are counted in the cohort of 10 (5 in specified areas of Central Zone). Staff providing direct care are not counted for the purpose of the cohort.

Sightseeing Drives

- Residents have expanded opportunities to participate in sightseeing drives. In addition to the [Off-Site Bus Trips](#) previously approved, a Designated Caregiver may now take a resident out of the Facility for a sightseeing drive. One resident may be taken out in a vehicle at a time; no other passengers are permitted. Stops of any kind and going to a drive-through are not permitted.
- The number of residents participating in sightseeing drive on a facility owned and operated or leased bus is now reduced to a maximum of 10 people (5 people in specified areas of Central Zone). This number includes residents but does not include staff providing direct care.

Other

- Clarification that only residents and staff may receive hairdressing services. Services are not available to others.

These Guidelines supersede and replace any previous Guidelines.

Section 3: Definitions

Designated Caregiver is a specific type of visitor that is a partner in care, who provides essential support for a resident's physical, mental and emotional well-being. A Designated Caregiver is a family member and/or support individual who has a clearly established pattern of involvement in providing the resident's care, supporting the resident's emotional well-being, health, or quality of life prior to the COVID-19 pandemic, whether the support was provided in the facility, or in the community, either in person or at a distance (for example, providing emotional support via telephone). Designated Caregivers perform tasks that:

- Assist with mobility, feeding and personal care;
- Assist with communication for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
- Support a resident's mental health and emotional well-being, for example providing support to maintain cognitive function, reduce anxiety, agitation or distress in residents, or
- Support a resident's participation in indoor/outdoor visits or social activities at the Facility (subject to [Gathering limits](#)) as well accompanying them on off-site medical/dental visits.
- A Designated Caregiver may also take a resident for a sightseeing drive (limited to one resident at a time, no stops of any kind, and no drive-throughs).

Facility means long-term care facility.

On-site visit means indoor visits and outdoor visits.

- **Indoor visit** means indoors at the Facility.
- **Outdoor visit** means outside the Facility, but on the Facility grounds.

Off-site visit means:

- Attendance at medical/dental appointments; and
- Going for a drive with a Designated Caregiver or for [Off-Site Bus Trips](#)
- Permitted off-site visits do not include other destinations at this time, such as to family homes, school, work, restaurants, retail stores, etc., or for walks off Facility grounds.

Sightseeing drive means:

- A drive with the resident's Designated Caregiver, or
- A drive on a facility-owned and operated or leased bus.

Visitor includes family members, support persons, friends, Designated Caregivers, Volunteers, as well as family/support persons transporting a resident to a medical/dental appointment.

Volunteer means a member of the community who provides the residents with recreation and social visits, to enhance the residents' well-being and quality of life. Volunteers can include

clergy. Volunteers may support group recreational activities, engage residents in individual socialization, assist residents for walking programs, facilitate communication with families via telephone or iPad, assist with the organization or operation of visitation, and other tasks as identified by staff. Volunteers are not expected to lift or transfer patients, or provide direct personal care.

Section 4: General Information

Guiding Principles

These Guidelines will:

- Ensure residents feel supported to receive visitors, leave the Facility to attend medical/dental appointments or to go for a sightseeing drive in a facility-owned and operated or leased bus, or a sightseeing drive with a Designated Caregiver.
- Ensure residents and their families, Substitute Decision Makers, support networks or care providers are engaged in decisions regarding visits or any concerns moving forward.
- Strike a safe, appropriate balance between resident access to family or loved ones and medical/dental appointments, and the safety of residents, staff, family, and the community. These Guidelines ensure that indoor and outdoor visits, off-site visits for medical/dental appointments, and sightseeing drives, will be done with strict rules in place, including:
 - Visitors must be screened when they arrive at the facility;
 - Everyone will be asked to observe [Public Health Measures](#) including physical distancing (except for a brief hug) and good hand hygiene;
 - Appropriate [Masking](#) will be followed;
 - Staff or Volunteers must escort visitors to and from the visit within the Facility and to the Facility entrance when leaving;
 - Staff or Volunteers will monitor visits but are not required to remain in the designated visiting area for the duration of the visit;
 - High-touch surfaces in the visitation space must be cleaned before and after each visit.

Palliative exceptions

Immediate family members coming from outside Atlantic Canada who are seeking to visit with a resident who is palliative may request an exception to the provisions in these Guidelines or the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)) by emailing Covid19info@novascotia.ca. Facilities will need to provide written confirmation to confirm the urgency of the compassionate situation and the care team's support for the visit. See [Compassionate exceptions from self-isolation](#) for details.

Public Health Measures

Carefully following Public Health Measures will help everyone stay safe, help reduce the spread of COVID-19, and will protect others and the community. For more information about general Public Health Measures, visit <https://novascotia.ca/coronavirus/avoiding-infection/>.

Physical distancing

Physical distancing will help reduce the spread of COVID-19. In a long-term care setting, or during an off-site visit, this means limiting contact with other people and maintaining a physical distance of 2 metres (6 feet) from others as much as possible.

While it is expected that the resident practices physical distancing for the majority of their on-site visit, medical/dental appointment or sightseeing drive with a Designated Caregiver, limited physical contact when a visitor is masked is permitted (e.g., a brief hug, shaking hands with appropriate hand hygiene measures, etc.)

It is recognized that following physical distancing requirements may be difficult for some residents. This should not prohibit them participating in on-site or off-site medical/dental appointments or sightseeing drives. In these cases, best efforts must be made to maintain physical distancing etc., while acknowledging it is always not possible.

Hand hygiene

See [Appendix B: Handwashing Poster](#).

Residents and visitors must wash or sanitize hands often.

For visitors, this includes before entering the facility, before preparing food or assisting a resident with eating, after touching your face, after using the bathroom, after handling waste or dirty laundry, whenever hands look dirty, and when exiting the facility.

Visitors should use an alcohol-based hand rub unless hands are visibly dirty. Use an alcohol-based hand sanitizer with at least 60% alcohol. Use enough to cover the fronts and backs of both hands and between all your fingers. Rub hands together until they feel dry.

Visitors are discouraged from using sinks in resident washrooms; instead use alcohol-based sanitizer or sinks in washrooms for the public.

For residents, hand hygiene must be performed before and after an indoor or outdoor visit, when leaving and when returning from an off-site medical/dental appointment or sightseeing drive, before and after preparing or eating food, after using the bathroom, after handling waste or dirty laundry, and whenever hands look dirty.

Residents who cannot perform hand hygiene independently will need to be assisted, especially after toileting and before eating.

Respiratory etiquette

Residents, staff and visitors are encouraged to cover coughs and sneezes with a tissue. Throw the used tissue in the garbage and wash hands or use an alcohol-based hand rub immediately. If a tissue is not available, cough and sneeze into your elbow, not your hand. Avoid touching your eyes, nose and mouth. If you need to touch your face (including to don or doff or adjust a mask), wash your hands before and after.

Masking

See also [Appendix A: Summary of masking requirements](#).

Residents

Residents are encouraged, but not required, to wear medical masks during indoor and outdoor visits, at medical/dental appointments (unless required at the destination) or during a sightseeing drive. Residents are encouraged to wear a medical mask when physical distancing cannot be maintained between the resident and others. This includes during a brief hug, handshake or touch.

- It is understood that masks may not be well tolerated, and masks can interfere with communication for the resident.
- Residents are subject to any requirements to wear a mask as determined by their destination, for example at a medical/dental appointment, even when physical distancing is maintained.
- Facilities will provide the resident with a medical mask for situations when a mask is encouraged or required.

Visitors

- All visitors entering a Facility, including visitors attending an indoor visit, must wear a medical mask. Medical masks are provided by the Facility.
 - A mask must be worn through the Facility to get to the site of an outdoor visit. A non-medical mask is permitted; a medical mask is not necessary, but physical distancing must be observed during this brief walk to the outdoor visit.
 - Masks must be worn at all times during an indoor visit. An exception may be made if communication is negatively impacted and physical distancing can be maintained. Masks must be worn by the visitor during a brief hug, handshake or touch.
- Visitors participating in an outdoor visit must wear a non-medical mask. Visitors are expected to provide their own mask. A medical mask is also acceptable.
 - The visitor's mask may be removed during an outdoor visit, if the mask negatively impacts communication with the resident and physical distancing can be maintained. A mask must be worn during a brief hug, handshake or touch.
- Persons transporting a resident in a vehicle must wear a non-medical mask that they provide themselves, including when transporting a resident to a medical/dental appointment or by a Designated Caregiver taking a resident on a sightseeing drive. A medical mask is also acceptable.
 - The person transporting the resident may remove their mask if the mask is negatively impacting communication; physical distancing must be maintained as much as possible. Masks must be worn during a brief hug, handshake, or touch.
- A family member/friend attending a medical/dental appointment with the resident must wear a non-medical mask. A medical mask is also acceptable.

- The family member/friend may remove their mask if the mask is negatively impacting communication; physical distancing must be maintained as much as possible. Masks must be worn during a brief hug, handshake, or touch.

Others

- Drivers of a facility-owned vehicle or a leased vehicle must wear a medical mask at all times.
- In-house hairdressers and their clients must wear medical masks and follow the guidelines for hairdressing services, established by the Cosmetology Association of Nova Scotia.

Gathering limits

Gathering limits are prescribed by the [Health Protection Act Order](#), and information about specific areas of Central Zone can be found [here](#). In a long-term care setting, the gathering limit will apply to social events, faith gatherings, dining, etc. Residents, Volunteers and Designated Caregivers are counted for the purpose of a cohort. Staff providing direct care are not counted.

Cohorts should remain as consistent as possible. Visitors (except Designated Caregivers and Volunteers) are not permitted to join the resident during meals in the dining room.

See also [Section 9: Social Activities](#).

Training, monitoring understanding, and compliance with Public Health Measures

Long-Term Care Facility operators will support the inclusion of family and social visitors, and residents participating in off-site medical/dental appointments or sightseeing drives. Facility operators will engage with residents, their families, visitors, and care providers to provide education about the current Infection Prevention and Control (IPAC) practices and [Public Health Measures](#) in the Facility.

To support the training of visitors to Facilities in physical distancing, masking, hand hygiene, respiratory etiquette, donning and doffing of personal protective equipment (PPE), etc., facilities are encouraged to use the resources on the [NSHA COVID-19 Hub for Long-Term Care](#), such as the video, [What to Expect for Designated Caregivers in NSH Long Term Care Facilities](#).

Operators will ensure there is ongoing engagement with residents and visitors to ensure they are aware of the individual and collective risks associated with visitation, and to ensure they understand their collective accountability and commitment to adhere to the facility's visitation guidelines that are in place to minimize the risk of COVID-19 for residents, visitors, and staff.

To support ongoing efforts to keep both residents and staff safe, Facility operators are asked to complete an initial and an ongoing monthly review of their current visitation practices. This is to ensure ongoing compliance by residents, families, and staff with [NSHA Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control for Long-Term Care Settings](#).

Option to implement scheduling of indoor/outdoor visits and notification of off-site visits

Indoor and outdoor visits and off-site visits for medical/dental appointments or sightseeing drives are not required to be scheduled in advance. Facilities may implement reasonable procedures around visits to help ensure that [Public Health Measures](#) are followed, that sufficient staff or volunteers are available to support visitor screening and the departure and return of residents, including preparation of any medications that would be needed during the off-site visit and to assess the need to clean any transportation aids on the resident's return (for example, for any shared transportation aids).

Facilities may establish visiting hours, scheduling of visits, staggering visits by household or room number, etc. or request advance notification. If scheduling is done, priority should be given to those who have not had a visit before scheduling a second visit for a resident.

Processes must comply with Section 22(5) of the [Regulations](#) under the *Homes for Special Care Act* that say, "No resident shall be deprived of the right to have visitors during reasonable hours of the day." The Regulations may be superseded by an [Order](#) under the *Health Protection Act* or a [Declaration of Provincial State of Emergency](#).

The total number of visitors allowed within the LTCF will be determined by the Facility and may be limited by the facility's capacity to effectively adhere to physical distancing while supporting meaningful social connection with the resident. There is no prescribed length of visit for an indoor or outdoor visit, but it is recommended that visits are at least 30 minutes in duration. The length of visits may vary by Facility based on space available for indoor visits, and other considerations, as well as the time required for environmental cleaning between visitors.

Safe resident transportation

Transportation for the purpose of an off-site visit to a medical/dental appointment may be via personal vehicle, taxi, or public transit. Family members, friends or Designated Caregivers who are offering residents transportation must follow safe transportation practices.

All facility-operated vehicles or vehicles contracted by Facilities to provide transport to residents must be cleaned and disinfected (i.e., high-touch surfaces) between outings.

Families should clean their vehicle. Facilities may provide families with the list of disinfectants at Health Canada's [Hard Surface Disinfectants and Hand Sanitizers \(COVID-19\)](#).

When using taxis or public transportation, such as Metro Transit or accessible transportation, the resident must follow all municipal transit guidelines, maintain safe physical distance, observe any requirements to wear a medical mask, and should frequently use hand sanitizer after contact with high-touch surfaces.

See also [Off-Site Bus Trips](#).

Section 5: Planning and Operationalizing Visits

Update Resident and Staff/Designated Caregiver/Volunteer Information

Maintaining current resident and staff information is important for facilities to be able to quickly and effectively communicate with other staff, families, and Public Health in the event that a resident becomes ill with COVID-19 related symptoms.

Resident Information

- ☐ Create and maintain a current resident list including:
 - name, date of birth, health card number, and contact information

Staff/Designated Caregiver/Volunteer Information

- ☐ Create and maintain a current list of staff (including casual staff, and adding Designated Caregivers and Volunteers) including:
 - date of birth, email, phone number
 - other facilities where a staff member is currently working (i.e., long-term care or home care agencies, NSHA, etc.)

Staff, Designated Caregivers and Volunteers are requested to have their health card number on them at all times while working, in the event it is needed for contact tracing purposes.

Prepare your Facility

Physical spaces

- ☐ Establish designated areas (such as at the door) for staff or Volunteers to receive visitors coming into the LTCF, and for resident pick-up and drop-off. Facilities should consider:
 - Designating these areas to be as close to the entrance as possible, and installing physical markings to indicate the flow of visitors and residents, to best facilitate physical distancing during arrival/departure or pick-up/drop-off. Signs for designating spaces and directional signs are available at [NSHA Coronavirus Resources](#).
 - Providing hand sanitizer and garbage cans for disposal of soiled items.
- ☐ The designated area will be used to:
 - Screen visitors and returning residents, and administer the [Visitor Activity Log](#) and the [Resident Off-site Visit Log](#).
 - Provide a space for hand washing or hand sanitizing. Visitors will wash or sanitize their hands upon arrival and when exiting, and residents will wash or sanitize their hands when leaving and re-entering the LTCF.
 - Provide masks for residents/visitors, as indicated in the section on [Masking](#).
- ☐ For indoor and outdoor visits, plan to make chairs available for visitors and residents, to be placed far enough apart to maintain physical distancing.

- ☐ Establish a process for cleaning and disinfecting any furniture and high-touch surfaces used in a visitation areas at the end of an indoor or outdoor visits at the LTCF, as per [NSHA Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control for Long-Term Care Settings](#).
- ☐ Establish a process to assess the need to clean any transportation aids when the resident returns from an off-site visit (for example, for any shared transportation aids).

Signage

- ☐ Post signage at designated pick-up/drop-off spots and visitor check-in spots. Signs are provided in [Appendix B: Handwashing Poster](#), in [Appendix C: How to Wear a Mask](#) and at [NSHA Coronavirus Resources](#). Signage should inform residents and visitors about:
 - Symptoms of COVID-19
 - Expectations for residents and family members/support persons who are transporting residents
 - Physical distancing requirements
 - Proper hand hygiene (See [Appendix B: Handwashing Poster](#))
 - Proper respiratory etiquette
 - How to wear a mask

Supplies

- ☐ Ensure appropriate supplies are available: medical masks for residents and visitors (see [Masking](#)), hand sanitizer, and supplies for cleaning visitation spaces, and for cleaning resident equipment upon return from an off-site visit, if deemed necessary (for example, if the equipment is shared with other residents, rather than the resident's own equipment.)
- ☐ Facilities may decide to have additional medical masks available for visitors to ensure they do not need to turn away visitors who arrive either for an outdoor visit or to accompany the resident off-site, but did not bring a mask with them. Visitors arriving for an indoor visit will be given a medical mask by the Facility.
- ☐ Facilities and families are encouraged to provide travel-sized hand sanitizer for residents if possible, to promote frequent hand hygiene after contact with high-touch surfaces during travel to off-site medical/dental appointments.
- ☐ Establish a process for capturing a resident's supply needs, such as medications or transportation aids (wheelchairs, walkers), during an off-site visit.

Communicate with residents and families

- ☐ Make information about visits easily accessible on the facility's website, internal message boards, and in writing for residents and their families. Include information such as the process for indoor and outdoor visits, and request notification of when a resident will be leaving to attend a medical/dental appointment.
- ☐ Prepare and provide information to families or other visitors prior to the on-site visit or off-site medical/dental appointment or sightseeing drive to promote compliance with the [Public Health Measures](#).

- ❑ Communicate with visitors the expectations for screening all indoor and outdoor visitors, for masking, and that families/support persons transporting residents off-site must be encouraged to provide hand sanitizer to promote hand hygiene after contact with high-touch surfaces.
- ❑ Communicate the expectation that family/support persons picking up a resident for an off-site medical/dental appointment should not enter the Facility unless necessary, and are encouraged to drop off/pick-up their loved one at the designated location outdoors.
- ❑ Communicate with residents and families/support persons transporting a resident about the [Resident Off-site Visit Log](#) and the process to collect information about the resident's intended destination and return to the facility. The Log assists staff in performing a risk assessment to determine the resident's potential exposure to risks during transport and while away from the Facility. This will include where the resident has been, any potential exposures to COVID-19, challenges to adhering to the requirements, etc.

See [Appendix D: Communication Messaging and Letter Templates](#) for suggested messaging for families and other visitors.

Communicate with staff

- ❑ Ensure all staff are informed and understand procedures for indoor and outdoor visits, and off-site visits for medical/dental appointments and sightseeing drives. This information should include:
 - The provisions and importance of observing [Public Health Measures](#);
 - Clear, detailed steps on where to meet visitors and residents for arrival, departure and re-entry into the facility;
 - How to conduct screening for visitors;
 - How to populate the [Visitor Activity Log](#) and the [Resident Off-site Visit Log](#).
- ❑ Continue to provide education for staff on [Public Health Measures](#) and COVID-19 response and management training, including:
 - COVID-19 transmission
 - Handwashing protocols and procedures
 - Cleaning and disinfection procedures
 - Information on how to properly don/doff masks and other PPE. Note, training resources are available at [NSHA Coronavirus \(COVID-19\) Resources](#).

Visitor Activity Log

- ❑ Create and maintain a Visitor Activity Log to record information about all visitors entering the Facility for an indoor or outdoor visit. The log will include:
 - Resident's name (who is being visited)
 - Location of visit (indoor, resident room, outdoor, etc.)
 - Visitor information:
 - Name, date of birth, and contact information

- Date/time of visit
- Results of the Screening Tool for Long-Term Care Facilities (see [Appendix E: Screening Tool for Visitors to Long-Term Care Facilities](#))

Resident Off-site Visit Log

- ☐ Create and maintain a Resident Off-site Visit Log to record information about residents going off-site for a medical/dental appointment or sightseeing drive, and, unless leaving independently, information about the family/support person (or bus driver for leased buses for a sightseeing trip) who accompanies or transports the resident.
 - Resident's name
 - Reason for off-site visit (medical/dental appointment, sightseeing drive)
 - Address of destination(s)
 - Date/time of departure and anticipated return to the Facility
 - Mode of transportation
 - Visitor's name – who is accompanying or transporting the resident for an off-site visit, or bus driver in the case of a leased bus, including:
 - Name, date of birth, and contact information
 - Results of the Screening Tool for Long Term Care Facilities (see [Appendix E: Screening Tool for Visitors to Long-Term Care Facilities](#))
- ☐ The log will also capture the following information when the resident returns:
 - Whether the requirements for physical distancing, gathering limits and hand hygiene were followed, or if it was not possible to follow these requirements. Also capture information on whether a mask was worn by the resident and others in close contact.
 - If, during the visit, there has been any contact with someone who is suspected or confirmed positive for COVID-19, , someone who is waiting for test results, or someone who is currently self-isolating or is required to self-isolate.
 - Confirm the destination(s) visited and document the time of return to the facility.
- ☐ This information must be retained for 4 weeks from the date of the visit.

Develop a process for escalation of concerns

- ☐ Facilities should have a process for staff, residents, Designated Caregivers, Volunteers or families to escalate concerns while engaging in indoor and outdoor visits and off-site medical/dental appointments or sightseeing drives.

Day of visit activities

Screening of residents

- ☐ Residents are actively screened twice a day, as per the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)). Therefore, residents do not need additional screening before or after on-site or off-site visits.
 - No resident will be able to participate in a visit (on-site or off-site) if they are exhibiting any signs or symptoms of COVID-19. However, if a resident requires access to the

community for medical/dental appointments or testing and is exhibiting symptoms of COVID-19, access will be assessed on a case by case basis by Facility staff. This may require consultation with the local Public Health office or the destination.

- A resident may still be able to participate in on-site or off-site medical/dental appointments or sightseeing drives if they have a chronic stable cough, sneeze, running nose, or nasal congestion, that is unchanged and is clearly linked to a known medical condition such as asthma or allergies. Please discuss with your management team and inform the resident and Substitute Decision Maker and/or family of the final decision.

Greeting visitors

- ☐ Facilities must receive visitors in the designated waiting area upon arrival. Staff or Volunteers will screen them and accompany them to visitation area.
- ☐ Visitors must wash hands or hand sanitize on arrival (and when departing the facility).
- ☐ Facilities may decide to provide a medical mask for visitors who arrive for an outdoor visit or to accompany the resident off-site, but did not bring a mask with them. Visitors arriving for an indoor visit will be given a medical mask.
- ☐ Families may bring food and other gifts to the Facility when they visit. Items brought into the Facility do not need to be isolated. Proper hand hygiene should be conducted after handling these items.

Screening and eligibility of visitors

- ☐ All visitors must be screened on arrival at the Facility for signs and symptoms of COVID-19, according to the screening of visitors as indicated in Section 2.0 of the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)). In addition, visitors will be asked questions about travel, close contact with someone who has COVID, and if someone is awaiting test results.
- ☐ A screening tool is provided in [Appendix E: Screening Tool for Visitors to Long-Term Care Facilities](#). Be sure to check the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)) for updates to the screening criteria.
- ☐ Screening must occur prior to coming into contact with the resident. Screening can occur at the door, in a reception area, or outside.
- ☐ Staff must communicate to visitors that should they become ill in the two weeks following their interaction with the resident, the visitor must be directed to the [COVID self-assessment tool](#), and notify the Facility as a precaution. Should the visitor test positive for COVID-19, they must inform Public Health during their investigation that they had interaction with a resident of the facility.
- ☐ Record the screening results in the [Visitor Activity Log](#) or the [Resident Off-site Visit Log](#).
- ☐ Children may visit with residents if accompanied by an adult, subject to Facility policy. As children in particular may have difficulty adhering to physical distancing rules, LTC staff or Volunteers must periodically monitor visitation areas to ensure distancing requirements are being met. If facilities feel they are operationally unable to accommodate children, the Facility should communicate this to families.

- ☐ Immediate family members coming from outside Atlantic Canada who are seeking a palliative visit with their loved one in a Facility, may request an exception to the provisions in these Guidelines or the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)) by contacting Covid19info@novascotia.ca. Facilities will need to send an email to this address confirming the urgency of the situation and the care team's support for the visit. See [Compassionate exceptions from self-isolation](#).

Provide education for residents and visitors

- ☐ Staff will provide residents and all visitors with education on the importance and correct use of physical distancing, hand hygiene, respiratory etiquette and masking.
- ☐ Staff will provide information to the resident and family/support person on [Public Health Measures](#) to support safe off-site visits.
- ☐ Visitors, and residents, to the best of their ability, must indicate that they understand the possible impacts of COVID-19 and the need to follow precautions to prevent unknowingly transmitting COVID-19 to their loved one or others.
- ☐ Facility staff must direct visitors to the designated visitation space and check in periodically to ensure that [Public Health Measures](#) are followed.

Facilitating the end of an indoor or outdoor visit, and exit of visitors

- ☐ Staff will escort visitors to the exit of the Facility in the case of indoor or outdoor visits with residents, and will ensure the [Visitor Activity Log](#) is updated with the time of departure.
- ☐ Residents and visitors must wash hands or hand sanitize at the end of the visit, or before leaving the facility.
- ☐ Any furniture and surfaces used in visitation areas will be cleaned and disinfected at the end of each visit, as per [NSHA Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control for Long-Term Care Settings](#).

Procedure for return of resident following an off-site visit (medical/dental appointment, drive with Designated Caregiver, or Off-Site Bus Trip)

- ☐ Residents must wash hands/hand sanitize before re-entering the facility.
- ☐ Verify and update information in the [Resident Off-site Visit Log](#).
- ☐ Residents are not required to isolate after returning from an off-site visit, unless required by Public Health.
- ☐ Only essential equipment should be used by residents when leaving the facility. Transportation aids that are shared with other residents must be cleaned when a resident returns from an off-site visit. A list of appropriate disinfectants can be found at Health Canada's [Hard Surface Disinfectants and Hand Sanitizers \(COVID-19\)](#).
- ☐ To find the current guidance on handling resident's personal equipment, please refer to [NSHA Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#).

Section 6: Indoor Visits

INDOOR VISITS ARE TEMPORARILY SUSPENDED EFFECTIVE NOVEMBER 26, 2020 UNTIL DECEMBER 17, 2020

Indoor visits must be made available to residents and their families as not every resident can go outdoors and weather conditions are not always conducive to outdoor visits.

Numbers

There is a limit of one visitor at a time, per resident, attending an indoor visit.

There is no maximum total number of visitors who are permitted at the Facility at any given time. Facilities may determine the appropriate number of residents who can have a visitor at the same time. This will depend on the size and location of indoor visitation areas, the number of staff or Volunteers available to manage and periodically monitor the visitations, and the ability to adhere to [Public Health Measures](#).

Location

Facilities are able to determine the location of visits. Visits may occur in designated areas of the facility, such as common areas or designated visiting areas. Indoor visits are also allowed in resident rooms.

Efforts must be made to maintain distancing while visitors travel to visitation areas.

Section 7: Outdoor Visits

Numbers

There is a limit of 5 visitors at a time, per resident, attending an outdoor visit.

There is no maximum total number of visitors who are permitted at the Facility at any given time. Facilities may determine the appropriate number of residents who can have visitors at the same time. This will depend on the size and location of outdoor visitation areas, the number of staff or Volunteers available to manage and periodically monitor the visitations, and the ability to adhere to [Public Health Measures](#).

Location

Facilities are able to determine the best location for outdoor visits.

It is recommended that outdoor visits occur in an area that minimizes or eliminates the need for a visitor to travel inside the building to get to the location of an outdoor visit. Efforts must be made to maintain distancing while this travel occurs. Facility staff must minimize any potential crowding while visitors are arriving, departing, and travelling to the outdoor visit location.

DHW has provided support to facilities for outdoor shelters for use in poor weather. Details were previously communicated to facilities.

Section 8: Off-site Visits

[Public Health Measures](#) are consistent for all off-site visits, both medical/dental appointments and sightseeing drives. Residents are expected to follow the guidelines that are in place at their destination. This includes wearing a mask if required by their destination. For example, masks may be required to be worn at a medical/dental appointment, even when physical distancing is maintained.

Residents may not go to other destinations at this time, such as family homes, school, work, restaurants, retail stores, etc. Residents are not permitted to go for a walk outside the Facility grounds.

Residents may choose to leave the Facility to attend a medical/dental appointment independently, if they are comfortable doing so, and if the resident/Substitute Decision Maker and Facility care team consider it safe to do so.

No overnight trips are permitted; residents must return the same day. Travel outside the Atlantic Bubble is not permitted.

There is no limit on the how often a resident is able leave the Facility for off-site visits.

Residents are not required to self-isolate after returning from an off-site visit. A resident may not participate in an off-site visit if it requires the resident to self-isolate for 14 days upon their return, for example, if the household they visit has someone who is on self-isolation. The need to self-isolate will depend on the current [Health Protection Act Order](#) by the Chief Medical Officer of Health.

Section 9: Designated Caregivers and Volunteers

THE NUMBER OF DESIGNATED CAREGIVERS PER RESIDENT HAS BEEN REDUCED FROM TWO TO ONE, PROVINCE-WIDE, COMMENCING DECEMBER 2, 2020 AND EXPIRING DECEMBER 17, 2020.

Designated Caregivers and Volunteers have broad access to residents.

See [Definitions](#) of Designated Caregivers and Volunteers.

Designated Caregivers and Volunteers, like any visitor, must be educated on [Public Health Measures](#) as well as PPE and infection prevention and control training normally available to staff. Designated Caregivers and Volunteers also need orientation to any applicable Facility policies and procedures, including the mechanism to appeal decisions made by the Facility that affect the Designated Caregiver, the Volunteer or the resident.

Designated Caregivers and Volunteers are encouraged, but not required, to maintain physical distancing. Medical masks must be worn at all times.

A Facility may determine the total number of Designated Caregivers and Volunteers who are in the Facility at any one time.

Designated Caregivers and Volunteers will be permitted in the Facility if an outbreak is declared, unless directed by Public Health or as required by the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)).

It is suggested that facilities develop a form of identification for Designated Caregivers and Volunteers, such as ID badges, to facilitate easy identification within the Facility by staff.

Designated Caregivers

[A Designated Caregiver](#) is a specific type of visitor that is a partner in care, who provides essential support for a resident's physical, mental and emotional well-being. A Designated Caregiver is a family member and/or support individual who has a clearly established pattern of involvement in providing the resident's care, supporting the resident's emotional well-being, health, or quality of life prior to the COVID-19 pandemic, whether the support was provided in the facility, or in the community, either in person or at a distance (for example, providing emotional support via telephone). Designated Caregivers perform tasks that:

- Assist with mobility, feeding and personal care;
- Assist with communication for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;

- Support a resident's mental health and emotional well-being, for example providing support to maintain cognitive function, reduce anxiety, agitation or distress in residents
- Support a resident's participation in indoor/outdoor visits or social activities at the Facility (subject to [Gathering limits](#)) as well accompanying them on off-site medical/dental visits.

A Designated Caregiver may also take a resident for a sightseeing drive (limited to one resident at a time, no stops of any kind, and no drive-throughs).

Facility staff must work with residents and/or Substitute Decision Makers to identify persons to serve as Designated Caregivers. Designated Caregivers are family members and/or support individuals who have an established pattern of involvement in the resident's care, providing essential support for a resident's physical, mental, or emotional well-being, whether the support was provided in the facility, or in the community, either in person or at a distance (for example, providing emotional support via telephone).

Residents and/or Substitute Decision Makers may identify up to two Designated Caregivers for a resident. Only one Designated Caregiver can visit with the resident at a time.

A Designated Caregiver supports one resident, although a Designated Caregiver may support more than one resident in a Facility if approved by the Facility. This will be determined on a case-by-case basis and should consider situations where residents are related, married or have a close relationship.

If a Designated Caregiver cannot perform their role for a period of time for any reason (e.g., due to self-isolation requirements, other competing caregiving duties, or is otherwise unable), the resident and/or Substitute Decision Maker may identify a temporary replacement. The name and contact information for the replacement must be communicated to Facility staff prior to attendance as a Designated Caregiver, to allow for training on [Public Health Measures](#), as well as PPE and IPAC training normally available to staff. Temporary Designated Caregivers will be in addition to the two Designated Caregivers.

Designated Caregivers are permitted to have daily access to their loved one.

Unless restricted by Facility policy, Designated Caregivers may be in resident rooms or in common areas. It is recommended, but not mandatory, that Designated Caregivers minimize unnecessary movement in the facility, to the extent that this is reasonable for supporting the resident. Designated Caregivers are not required to be escorted to a resident's room when they arrive and are screened.

Volunteers

Volunteers may visit residents to enhance recreation, socialization and well-being. Volunteers may include clergy members (who may also qualify as an “essential visitor” as defined in [COVID-19 Management in Long Term Care Facilities - Directive](#) (on [DHW’s password-protected website](#))).

Individuals who participated as a Volunteer prior to the pandemic are welcome to resume their volunteer activities, and new Volunteers are permitted as well.

Volunteers may support tasks including some or all of the following:

- Group recreational activities such as bingo, chair-based exercise, or religious services (subject to [Gathering limits](#));
- Engaging residents in individual conversation, reading, watching tv, provide redirection and reassurance, and socialization;
- Assisting residents for walking programs,
- Delivering nutrition snacks;
- Answering call bells;
- Facilitating communication with families via telephone or iPad;
- Assisting with meal time
- Assisting with the organization, operation and monitoring of indoor or outdoor visits;
- Other tasks as identified by staff.

Sing-alongs are not recommended at this time. Some activities may be restricted or no longer permitted for reasons of limits on number of people in gatherings, physical distancing, etc.

Volunteers are not expected to lift/transfer patients or provide direct personal care.

Volunteers must receive orientation and training to Facility policies and procedures. This may include an overview of tasks (above), a review of Public Health measures, infection prevention and control protocols in the Facility, Donning and Doffing PPE, and how to porter a wheelchair. Volunteers should work collaboratively with and be prepared to take direction from staff.

Volunteers should be informed of the risks involved in volunteering (e.g., risk of infection to themselves or others including their loved one) and indicate their agreement to follow established protocols and requirements.

Volunteers are not required to schedule their visit. Some facilities may ask Volunteers to schedule or notify them of their intended visits, to ensure residents are aware of upcoming opportunities for interaction with the Volunteer, and for facilities to plan group activities.

Unless restricted by Facility policy, Volunteers may access resident rooms and common areas. It is recommended, but not mandatory, that Volunteers minimize their movement in

the facility, including between floors or neighbourhoods in a facility. However, this should not limit the use of Volunteers in the facility. For example, a specific Volunteer can be assigned the same cohort of residents, from one visit to another. Volunteers should not go to common areas unless instructed to do so by staff.

Section 10: Hair Salons

All licensed hairdressing service providers must follow the industry guidelines and protocols set out by the Cosmetology Association of Nova Scotia. These guidelines can be accessed at the [Cosmetology Association of Nova Scotia](#) website. These guidelines require both service providers and clients to wear a medical mask, and observing of proper hand and respiratory hygiene.

Hairdressing services must be cancelled if either the service provider or the client is experiencing symptoms of a respiratory illness. Salon operators and facilities must retain a list of every person who has received services and the time and date when these services were provided.

Licensed hairdressers wishing to provide hairdressing services in Long-Term Care Facilities must develop and submit safety plans to the facility. The Facility operator will review safety plans for feasibility. All safety plans must follow the guidelines outlined in the [NSHA Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control for Long-Term Care Settings](#). Safety plans must be made available electronically on the facility's website, distributed in writing to residents and their families, and posted in the service area of the Facility prior to services being offered.

Residents and Facility staff may receive hairdressing services. Services are not available to others, such as family members or the general public.

Section 11: Social Activities

On-Site Resident Gatherings

See also [Gathering limits](#).

Gathering limits are prescribed by the [Health Protection Act Order](#), and information about gathering limits in specific areas of Central Zone can be found [here](#). In a long-term care setting, the gathering limit will apply to social events, faith gatherings, dining, etc. Residents, Volunteers and Designated Caregivers are counted for the purpose of a cohort. Staff providing direct care are not counted.

Facilities will cohort the same residents together each time and maintain consistent programming staff and Volunteers, where possible. Cleaning, hand hygiene and other protocols will be implemented before and after gatherings.

Visitors are not permitted to attend or participate in indoor social activities or gatherings, with the exception of essential visitors as defined in the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)), Designated Caregivers and Volunteers. This means that family members or friends visiting a resident are not permitted to attend group social activities or join the resident during meals in the dining room.

Off-Site Bus Trips

Facilities are permitted to use their own buses or leased buses to take up to 10 people (5 people in specified areas of Central Zone) for sightseeing drives off the grounds of the facility. The number of 5 or 10 includes residents, staff and driver. Staff-owned vehicles should not be used for this purpose, for insurance and other reasons.

Residents and staff are not permitted to make a stop for any reason, and going to a drive-through is not permitted. Facilities will cohort the same residents together for these outings as much as possible. The Facility will use the Resident Off-site Visit Log to record information about the bus driver and residents who participate in a bus sightseeing trip.

If facility-owned buses are used, the Facility must ensure that that buses are cleaned before and after use, and that all [Public Health Measures](#) are followed, such as hygiene prior to boarding and after disembarking from the vehicle, and maintaining of physical distancing as much as possible.

If leased buses are used, the Facility must ensure that drivers are screened according to the screening criteria for visitors, that buses are cleaned before and after use, and that all [Public Health Measures](#) are followed, including masking, hygiene prior to boarding and after disembarking from the vehicle, and maintaining of physical distancing as much as possible.

Section 12: What to do if a resident reports symptoms of COVID-19

To find current guidance for reporting a suspected COVID-19 case, please refer to the [COVID-19 Management in Long Term Care Facilities Directive](#) and the [Outbreak Response Toolkit](#), both of which are available on [DHW's password-protected website](#). See [Appendix F: List of websites in this document](#) for URL and password.

811 or the [COVID self-assessment tool](#) is not to be used for residents with COVID-19 symptoms. If staff have concerns regarding resident and staff testing or symptoms, they should contact their local [Public Health office](#).

During contact tracing of a positive COVID-19 case (staff or resident), the Facility will be asked to report all resident transfers and off-site visits during the 14 days preceding resident re-entry.

Temporary suspension of visits for a resident reporting symptoms

If a resident is displaying symptoms of COVID-19, treat as a suspect case of COVID-19. The symptomatic resident will not be able to participate in indoor, outdoor or off-site social visits but can continue to have visits with Designated Caregivers who provide direct hands-on care, or Volunteers, using appropriate PPE and precautions.

The need for an off-site visit for a medical/dental appointment or testing for a resident who is a suspect or confirmed case of COVID-19 will be assessed on a case-by-case basis by the resident, Substitute Decision Maker, and Facility staff in conjunction with the Medical Director and Public Health. The destination should be consulted to confirm the appointment can proceed, and should advise on any precautions that should be followed.

Indoor visits, outdoor visits and off-site visits for the resident who is being tested for COVID-19 will be re-instated when COVID-19 test results confirm the resident is COVID-19 negative and symptoms resolve. The required time for a resident to be considered resolved of their symptoms must be determined by the facility's Medical Director.

The temporary suspension of visits applies only to the symptomatic resident. Indoor visits, outdoor visits, and off-site visits for other residents in the Facility may continue at this time.

Appendix A: Summary of masking requirements

	Type of mask	Provided by	Removal permitted?
Indoor visits			
Resident	Medical mask is encouraged but not required, particularly when physical distancing can not be maintained, or	Facility	Yes

	during a brief hug, touch, or handshake		
Visitors (all types, see Definitions)	Medical mask	Facility	Masks must be maintained at all times. An exception may be made if communication is negatively impacted and physical distancing can be maintained. Masks must be worn during a brief hug, handshake or touch.
Outdoor visits			
Resident	Medical mask is encouraged but not required, particularly when physical distancing can not be maintained, or during a brief hug, touch, or handshake	Facility	Yes
Visitors (all types)	Non-medical mask (medical fine too)	Visitor	Mask may be removed if communication is negatively impacted and physical distancing can be maintained. Masks must be worn during a brief hug, handshake or touch.
Off-site visits			
Resident (see Notes below)	Medical mask is encouraged but not required, particularly when physical distancing can not be maintained, or during a brief hug, touch, or handshake	Facility	Yes
Family/support person transporting resident anywhere, or Designated Caregiver taking resident for a sightseeing drive	Non-medical mask (medical fine too)	Provided themselves	May remove mask if mask is negatively impacting communication; physical distancing must be maintained as much as possible. Masks must be worn during a brief hug, handshake or touch.
Family member/friend attending a medical appointment	Non-medical mask (medical fine too)	Provided themselves	May remove mask if mask is negatively impacting communication; physical distancing must be maintained as much as possible. Mask must be worn during a brief hug, handshake or touch.
Driver, facility-owned or leased bus	Medical mask	Facility	No

Notes: 1. Masks (medical/non-medical) may be required to be worn by the resident and family/support person at a destination 2. In-house hairdressers and their clients must wear medical masks and follow the guidelines for hairdressing services, established by the Cosmetology Association of Nova Scotia.


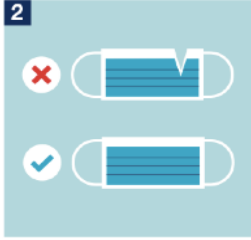



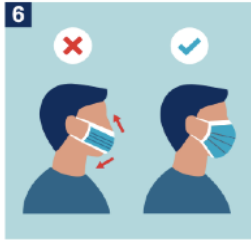







Appendix B: Handwashing Poster



Appendix C: How to Wear a Mask

Medical Masks

HOW TO WEAR A PROCEDURE MASK

			
Wash your hands with soap and water for 20-30 seconds or perform hand hygiene with alcohol-based hand rub before touching the face mask.	Check the new mask to make sure it's not damaged.	Ensure colour side of the mask faces outward.	Locate the metallic strip. Place it over and mold it to the nose bridge.
			
Place an ear loop around each ear or tie the top and bottom straps.	Cover mouth and nose fully, making sure there are no gaps. Pull the bottom of the mask to fully open and fit under your chin.	Press the metallic strip again to fit the shape of the nose. Perform hand hygiene.	Do not touch the mask while using it. If you do, perform hand hygiene.
	Removing the Mask		
Replace the mask if it gets wet or dirty and wash your hands again after putting it on. Do not reuse the mask.			
	Perform hand hygiene.	Do not touch the front of your mask. Lean forward, gently remove the mask from behind by holding both ear loops or ties.	Perform hand hygiene.
			
		Discard the mask in a waste container.	

These materials were adapted with permission from the BCCDC and the British Columbia Ministry of Health.



NON-MEDICAL MASKS

Keeping each other safe is more important than ever. Wearing a non-medical mask is now mandatory in most indoor public places. Here's how to safely wear and care for your non-medical, reusable mask.



Ensure the mask is made of at least two layers of tightly woven fabric.



Inspect the mask for tears or holes. Ensure mask is clean and dry.



Wash or sanitize your hands before and after touching the mask.



Use the ties or ear loops to put the mask over your nose and mouth.



The mask should fit snugly to the cheeks and cover your nose and mouth. There should be no gaps.



Avoid touching your face while wearing the mask.



Wash or sanitize your hands if you touch the mask and before and after removing the mask.



Remove the mask by the ties or ear loops. Avoid touching the front of the mask.



Store the mask in a clean place if wearing it again.



Wash the mask with hot, soapy water and let dry completely. Masks can be included with laundry.

Mask Don'ts

- ✗ Don't reuse masks that are moist, dirty or damaged
- ✗ Don't touch your mask while wearing it
- ✗ Don't hang the mask from your neck or ears
- ✗ Don't leave your used mask within reach of others
- ✗ Don't wear a loose mask
- ✗ Don't remove your mask to talk to someone
- ✗ Don't share your mask
- ✗ Don't wear a face shield instead of a mask

A mask alone cannot prevent the spread of COVID-19.

Be sure to:

- Stay home if you feel unwell
- Maintain physical distance as much as possible
- Wash or sanitize your hands often
- Use proper cough or sneeze etiquette
- Avoid touching your face, mouth, nose and eyes

Appendix D: Communication Messaging and Letter Templates

Off-Site Visits

Initial Letter to Families

We are very pleased that the Province of Nova Scotia is allowing residents of Long-Term Care Facilities to attend medical/dental appointments while being accompanied by a family member or friend. Residents may not go to other destinations at this time, such as family homes, school, work, restaurants, retail stores, etc. Residents are not permitted to go for a walk outside the Facility grounds.

Residents may choose to leave the Facility to attend a medical/dental appointment independently, if they are comfortable doing so, and if the resident/Substitute Decision Maker and Facility care team consider it safe to do so.

Families can do a lot to help ensure that these visits are safe. Residents and their family members/visitors are required to abide by physical distancing requirements and gathering limits, and observe hand hygiene and respiratory etiquette. Family members/friends must wear a non-medical mask. Residents are encouraged, but not required, to wear a medical mask. We will provide a medical mask for your loved one, and encourage them to wear it.

Families are requested to provide reasonable notice of an off-site medical/dental appointment, to arrange a pick-up and drop-off time, to give staff time to prepare any necessary medications that will be needed, and to prepare any transportation aids. Should your loved one's off-site visit be cancelled for any reason, please notify the Facility in a timely manner.

Residents who are not required to self-isolate and who are not demonstrating signs or symptoms of COVID-19 will be permitted to participate in off-site visits.

If you have any questions, please get in touch by [emailing/calling us at xxx]. Please help keep your loved ones, and our staff, safe.

We look forward to seeing you soon.

Confirmation Letter: Picking-Up a Resident for an Off-site Medical/Dental Appointment (use if needed)

Dear [insert individual name(s)]:

This is to confirm that you will be picking up [insert resident name] on [insert date] at [insert time] for a medical/dental appointment. Pick-up will occur at [insert location].

Families can do a lot to help ensure a safe visit.

Before you pick up your resident, you must:

- Bring hand sanitizer, if available, for you and your loved one to use after contact with high-touch surfaces;
- Arrive at your pick-up time and wait in the marked area;
- Undergo screening by a staff member for signs and symptoms of COVID-19, according to the screening process for visitors to long-term care facilities, and wash/sanitize your hands;
- Confirm that you understand that COVID-19 is a serious illness, and that you understand the importance of physical distancing, hand hygiene, respiratory etiquette, gathering limits, and the wearing of masks to prevent unknowingly transmitting the virus to your loved one and others;
- Provide information on your intended destination(s) and be prepared to confirm or update that information when your loved one returns to our facility.

Residents and their family members/support persons are required to abide by physical distancing requirements, hand hygiene, respiratory etiquette, gathering limits, and the wearing of masks, when travelling and at your destination.

Residents are encouraged, but not required to wear a mask, especially when physical distancing can not be maintained. We will provide a medical mask for your loved one, and encourage them to wear it. They may be required to wear a mask at their destination (such as a medical office) or when travelling via public transit.

Family members/support persons and friends must wear a non-medical mask that they provide themselves, during transportation and at the destination. A medical mask is fine too. You may remove the mask to eat or if the mask is negatively impacting communication; physical distancing must be maintained as much as possible. They must wear a mask when giving your loved one a brief hug, handshake or touch, when required by your destination, or on public transit.

Should you become ill in the two weeks following time spent with the resident, you are directed to access the [COVID self-assessment tool](https://covid-self-assessment.novascotia.ca/en) at <https://covid-self-assessment.novascotia.ca/en> and notify the Facility as a precaution. Should you test positive

for COVID-19, you must inform Public Health during their investigation that you have spent time with a resident of our Long-Term Care Facility.

If you have any questions, please get in touch by [emailing/calling us at xxx}. Please help keep your loved ones, and our staff, safe.

We look forward to seeing you soon.

Resident Visitation

Initial Letter to Families: Indoor and Outdoor Visits at the Facility

We are very pleased that the Province of Nova Scotia is allowing both indoor and outdoor visits with residents at Long-Term Care Facilities. I know our residents and families are eager to see their loved ones. We are looking forward to continuing to support in-person visits within the Facility and on Facility grounds.

Families can do a lot to help ensure a safe visit with their loved one. Residents and their visitors are required to abide by physical distancing requirements and gathering limits, and observe hand hygiene and respiratory etiquette. Visitors must wear a medical mask for indoor visits, and a non-medical mask for outdoor visits. Residents are encouraged, but not required, to wear a medical mask during the visit. We will provide a medical mask for your loved one, and encourage them to wear it.

Visits may take place indoors, outdoor, or in a resident's room. One visitor at a time (per resident) is permitted for an indoor visit, and up to 5 visitors at a time (per resident) are permitted for outdoor visits. Visitors will be required to follow our procedures for visits, which is based on public health direction from the Department of Health and Wellness and the Chief Medical Officer of Health.

Families are requested, but not required, to provide reasonable notice of an indoor or outdoor visit. Should you have to cancel your visit for any reason, please notify the Facility in a timely manner.

Residents and visitors who are not required to self-isolate and who are not demonstrating signs or symptoms of COVID-19 will be permitted to participate in visits.

If you have any questions, please get in touch by [emailing/calling us at xxx]. Please help keep your loved ones, and our staff, safe.

We look forward to seeing you soon.

Confirmation Letter: Appointment to Visit a Resident (use if needed)

Dear [insert visitor name(s)]:

This is to confirm that you have an appointment to visit [insert resident name] on [insert date] at [insert time]. If for any reason you need to cancel your visit, please call [insert number], providing as much notice as possible.

Your visit will take place in the [insert location]. One visitor at a time (per resident) is permitted for an indoor visit, and up to 5 visitors at a time (per resident) are permitted for outdoor visits. Each visitor will be required to bring their own non-medical mask for outdoor visits, and we will provide each visitor with a medical mask for indoor visits.

When you arrive for your visit, you must:

- Arrive at your scheduled time and wait in the marked area
- Undergo screening by a staff member for signs and symptoms of COVID-19, according to the screening process for visitors to long-term care facilities, and wash/sanitize your hands;
- Confirm that you understand that COVID-19 is a serious illness, and that you understand the importance of physical distancing, hand hygiene, respiratory etiquette, gathering limits, and the wearing of masks to prevent unknowingly transmitting the virus to your loved one and others.

During the visit, you must:

- Allow physical distancing of 2 metres between you and your loved one (a brief hug, handshake or touch is allowed);
- Wear a mask as described above. You may remove the if the mask is negatively impacting communication with your loved one;
- Practice strict respiratory etiquette and hand hygiene;
- Wash hands/hand sanitize before and after the visit.

Should you become ill in the two weeks following time spent with the resident, you are directed to access the [COVID self-assessment tool](https://covid-self-assessment.novascotia.ca/en) at <https://covid-self-assessment.novascotia.ca/en> and notify the Facility as a precaution. Should you test positive for COVID-19, you must inform Public Health during their investigation that you have spent time with a resident of our Long-Term Care Facility.

If you have any questions, please get in touch by [emailing/calling us at xxx}. Please help keep your loved ones, and our staff, safe.

We look forward to seeing you soon.

Designated Caregivers

Initial Letter to Designated Caregivers regarding resumption of Designated Caregiver services

We are very pleased that the Province of Nova Scotia is now permitting the participation of Designated Caregivers in Long-Term Care Facilities. I know our residents and Designated Caregivers are eager to see each other, and staff are looking forward to welcoming them back at our facility. A Designated Caregiver may now take a resident out of the Facility for a sightseeing drive. One resident may be taken out in a vehicle at a time. The resident may not get out of the vehicle during the sightseeing drive, and going to a drive-through is not permitted.

Designated Caregivers can do a lot to help ensure a safe visit at our long-term care facility.

Residents and Designated Caregivers are required to abide by physical distancing as much as possible, without impacting care. They must abide by gathering limits, and observe hand hygiene and respiratory etiquette. Designated Caregivers, like any visitor, are expected to wear non-medical masks for outdoor visits or sightseeing drives, and medical masks for indoor visits. Medical masks will be provided to Designated Caregivers by the Facility when they arrive, and they are expected to bring their own non-medical mask, if needed.

Designated Caregivers who are not required to self-isolate and who are not demonstrating signs or symptoms of COVID-19 or other influenza-like illness will be permitted to enter the facility.

When you arrive to at our facility, you must:

- Wait in the marked arrival/departure area;
- Undergo screening by a staff member for signs and symptoms of COVID, travel, and potential exposure to COVID-19 in the past 14 days, and wash/sanitize your hands;
- Confirm that you understand that COVID-19 is a serious illness, and that you understand the importance of physical distancing, hand hygiene, respiratory etiquette, gathering limits, and the wearing of masks to prevent unknowingly transmitting the virus to our residents and staff.

Should you become ill in the two weeks following time spent with the resident, you are directed to access the [COVID self-assessment tool](https://covid-self-assessment.novascotia.ca/en) at <https://covid-self-assessment.novascotia.ca/en> and notify the Facility as a precaution. Should you test positive for COVID-19, you must inform Public Health during their investigation that you have spent time with a resident of our Long-Term Care Facility.

If you have any questions, please get in touch by [emailing/calling us at xxx]. Please help keep our residents and staff safe.

We look forward to seeing you soon.

Volunteers

Initial Letter to Volunteers regarding resumption of Volunteer services

We are very pleased that the Province of Nova Scotia is now permitting the participation of Volunteers in Long-Term Care Facilities. I know our residents and families are eager to see the volunteers who have organized or participated in group activities and individual socialization. Residents and staff are looking forward to welcoming Volunteers back to our facility.

Volunteers can do a lot to help ensure a safe visit at our long-term care facility. Residents and Volunteers are required to abide by physical distancing and gathering limits, and observe hand hygiene and respiratory etiquette. Volunteers, like any visitor, are expected to wear non-medical masks for outdoor visits and medical masks for indoor visits. Medical masks will be provided to Volunteers by the Facility when they arrive, and they are expected to bring their own non-medical mask, if needed.

Volunteer activities will be available only to residents who are not required to self-isolate and who are not demonstrating signs or symptoms of COVID-19 or other influenza-like illness.

While not required, it would be helpful if you could let us know when you intend to come to volunteer, so our residents and staff know when to expect you. Should you have to cancel your volunteer time for any reason, please notify the Facility in a timely manner.

Residents who are not required to self-isolate and who are not demonstrating signs or symptoms of COVID-19 will be permitted to participate in visits.

If you have any questions, please get in touch by [emailing/calling us at xxx]. Please help keep our residents and staff safe.

We look forward to seeing you soon.

Confirmation Letter: Appointment to Volunteer (use if needed)

Dear [insert visitor name(s)]:

This is to confirm that you are coming to volunteer on [insert date] from [insert beginning and end time]. If for any reason you need to cancel your visit, please contact the Facility at [insert email/telephone number].

Volunteers are asked to bring their own non-medical mask for outdoor activities, and will be provided with a medical mask for indoor activities.

When you arrive to volunteer, you must:

- Arrive at your scheduled time (if applicable) and wait in the marked area;
- Undergo screening by a staff member for signs and symptoms of COVID, travel, and potential exposure to COVID-19 in the past 14 days, and wash/sanitize your hands;
- Confirm that you understand that COVID-19 is a serious illness, and that you understand the importance of physical distancing, hand hygiene, respiratory etiquette, gathering limits, and the wearing of masks to prevent unknowingly transmitting the virus to our residents and staff.

During the visit, you must:

- Allow physical distancing of 2 metres between you and your loved one (a brief hug, handshake or touch is allowed);
- Wear a mask as described above. You may briefly remove the if the mask is negatively impacting communication with a resident;
- Practice strict respiratory etiquette and hand hygiene;
- Wash hands/hand sanitize before and after the visit.

Should you become ill in the two weeks following time spent with the resident, you are directed to access the [COVID self-assessment tool](https://covid-self-assessment.novascotia.ca/en) at <https://covid-self-assessment.novascotia.ca/en> and notify the Facility as a precaution. Should you test positive for COVID-19, you must inform Public Health during their investigation that you have spent time with a resident of our Long-Term Care Facility.

If you have any questions, please get in touch by [emailing/calling us at xxx}. Please help keep our residents and staff safe.

We look forward to seeing you soon.

Appendix E: Screening Tool for Visitors to Long-Term Care Facilities

Staff are required to ask the following questions when a visitor arrives at the Facility for their visit or to transport a resident off-site. Record the results in the [Visitor Activity Log](#).

1. Do you have any of the following symptoms?	Yes	No
Fever (temperature of 37.8C or greater, or chills or sweats)	Yes	No
OR		
New or worsening of a previous cough	Yes	No
OR two or more of the following symptoms		
Sore throat	Yes	No
Runny nose or nasal congestion	Yes	No
Headache	Yes	No
Shortness of breath	Yes	No
2. In the last 14 days, have you or someone in your household travelled outside the Atlantic Bubble? (Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland and Labrador)	Yes	No
3. In the last 14 days, have you or someone in your household had close contact (i.e., within 2 metres/6 feet) with someone confirmed to have COVID-19 infection?	Yes	No
4. Are you or is anyone in your household awaiting results from a COVID-19 test?	Yes	No

If the visitor has answered YES to question 1, 2, 3, or 4, the visitor is not able to attend for visitation at this time. If the visitor answered YES to Question 1, or if they have any questions, please direct the visitor to access the [COVID self-assessment tool](#).

A visitor with chronic stable cough, sneeze, running nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies may still be able to visit. Please discuss with your management team and inform the visitor with the final decision.

Note, this Screening Tool is subject to change, which will be communicated via email. The latest Screening Tool is indicated in the most current version of the [COVID-19 Management in Long Term Care Facilities Directive](#) (on [DHW's password-protected website](#)).

Appendix F: List of websites in this document

Nova Scotia Department of Health and Wellness

COVID-19: Resources for Continuing Care providers (DHW's password-protected website)

<https://novascotia.ca/dhw/ccs/COVID-19-resources-for-Continuing-Care-providers/>

password: CCSCOV1D-19

- Includes most recent version of:
 - [COVID-19 Management in Long Term Care Facilities - Directive Under the Authority of the Chief Medical Officer of Health](#)
 - Guidance documents, FAQs, CCIRs, forms and financial documents, and this outbreak toolkit, etc.

Coronavirus (COVID-19) - Government's response to COVID-19

<https://novascotia.ca/coronavirus/>

- Most recent version of the [Health Protection Act Order](#) and [Declaration of State of Emergency](#) at <https://novascotia.ca/coronavirus/alerts-notice/>
- Information about compassionate exceptions from self-isolation in palliative situations
- COVID self- assessment tool, <https://covid-self-assessment.novascotia.ca/en>

Coronavirus (COVID-19): Halifax County restriction alerts

<https://novascotia.ca/coronavirus/county-restrictions/>

Nova Scotia Public Health offices

<http://www.nshealth.ca/public-health-offices>

Regulations under the *Homes for Special Care Act*

<https://www.novascotia.ca/just/regulations/regs/hsc7393.htm>

Nova Scotia Health Authority

COVID-19 Hub for Long-Term Care

<https://covid19hub.nshealth.ca/friendly.php?s=covid-19/care/longtermcare>

- Includes resources such as:
 - [Patient & Family Guide - Designated Caregivers in Long-term Care](#)
 - [Designated Caregivers in Long-term Care \(video\)](#)

COVID-19

<http://www.nshealth.ca/coronavirus>

- Includes directional signage at <http://www.nshealth.ca/coronavirus-home/coronavirus-covid-19-resources>