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# UNDERSTANDING AND LIVING WITH COVID-19



Golden Health Care's **Learning Program**

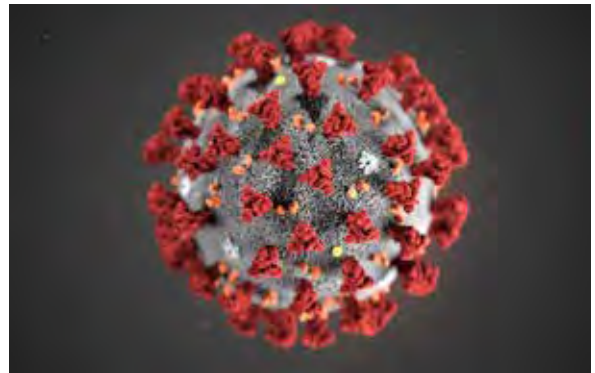




## UNDERSTANDING AND LIVING WITH COVID-19 • Chapter 14

### WHAT IS A CORONAVIRUS?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.



### WHAT IS A COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus.

This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.



### WHAT ARE THE SYMPTOMS OF COVID-19?

The most common symptoms of COVID-19 are:

- fever
- dry cough
- and tiredness

Other symptoms that are less common and may affect some patients include:

- aches and pains, nasal congestion, headache
- Conjunctivitis, sore throat, diarrhea
- loss of taste or smell, or a rash on skin or discoloration of fingers or toes

These symptoms are usually mild and begin gradually.

Some people become infected but only have very mild symptoms.





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### **Most people (about 80%) recover from the disease without needing hospital treatment.**

- Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.
- Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness.
- However, anyone can catch COVID-19 and become seriously ill.
- People of all ages who experience fever and/or cough associated with difficulty breathing/shortness of breath, chest pain/pressure, or loss of speech or movement should seek medical attention immediately.
- If possible, it is recommended to call the health care provider or facility first, so the patient can be directed to the right clinic.



### **What should I do if I have COVID-19 symptoms and when should I seek medical care?**

- If you have minor symptoms, such as a slight cough or a mild fever, there is generally no need to seek medical care. Stay at home, self-isolate and monitor your symptoms. Follow national guidance on self-isolation.
- However, if you live in an area with malaria or dengue fever it is important that you do not ignore symptoms of fever. Seek medical help. When you attend the health facility wear a mask if possible, keep at least 2 meter distance from other people and do not touch surfaces with your hands. If it is a child who is sick help the child stick to this advice.
- Seek immediate medical care if you have difficulty breathing or pain/pressure in the chest. If possible, call your health care provider in advance, so he/she can direct you to the right health facility.

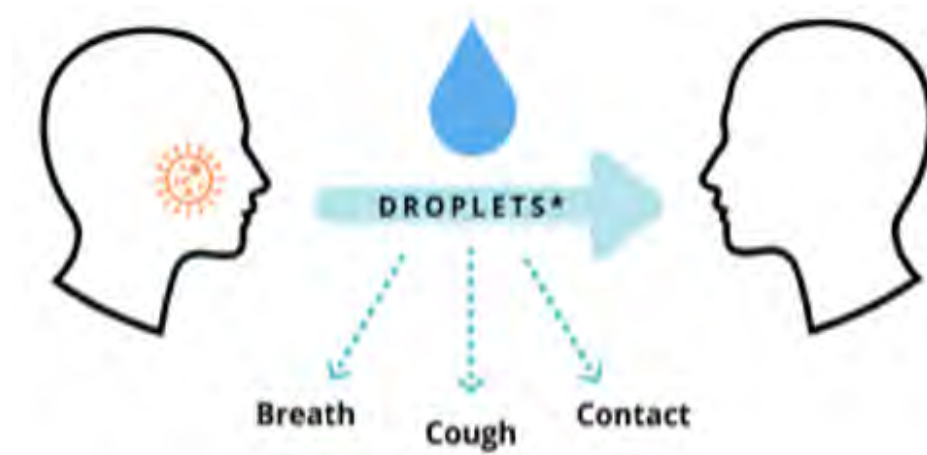
### **COVID-19 UPDATE**





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### HOW DOES COVID-19 SPREAD?



People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks.

- These droplets are relatively heavy, do not travel far and quickly sink to the ground.
- People can catch COVID-19 if they breathe in these droplets from a person infected with the virus.
- This is why it is important to stay at least 2 meter) away from others.
- These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails.
- People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth.
- This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.

WHO is assessing ongoing research on the ways that COVID-19 is spread and will continue to share updated findings.

### Can COVID-19 be caught from a person who has no symptoms?

COVID-19 is mainly spread through respiratory droplets expelled by someone who is coughing or has other symptoms such as fever or tiredness.

- Many people with COVID-19 experience only mild symptoms.
- This is particularly true in the early stages of the disease.
- It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill.
- Some reports have indicated that people with no symptoms can transmit the virus.
- It is not yet known how often it happens.



WHO is assessing ongoing research on the topic and will continue to share updated findings



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What should I do if I have no symptoms, but I think I have been exposed to COVID-19?

### WHAT DOES IT MEAN TO SELF-QUARANTINE?



To self-quarantine means to separate yourself from others because you have been exposed to someone with COVID-19 even though you, yourself, do not have symptoms. During self-quarantine you monitor yourself for symptoms. The goal of the self-quarantine is to prevent transmission. Since people who become ill with COVID-19 can infect people immediately self-quarantine can prevent some infections from happening. .

In this case:

- Have a large, well-ventilated single room with hand hygiene and toilet facilities
- If this is not available place beds at least 2 meter apart.
- Keep at least 1-metre distance from others, even from your family members.
- Monitor your symptoms daily
- Self-quarantine for 14 days, even if you feel healthy
- If you develop difficulty breathing, contact your healthcare provider immediately – call them first if possible.
- Stay positive and energized by keeping in touch with loved ones by phone or online, and by exercising yourself at home.
- However, if you live in an area with malaria or dengue fever it is important that you do not ignore symptoms of fever. Seek medical help. When you attend the health facility wear a mask if possible, keep at least 2 meter distant from other people and do not touch surfaces with your hands. If it is a child who is sick help the child stick to this advice.





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### What is the difference between self-isolation, self-quarantine and distancing?

- **Quarantine** means restricting activities or separating people who are not ill themselves but may have been exposed to COVID-19. The goal is to prevent spread of the disease at the time when people just develop symptoms..
- **Isolation** means separating people who are ill with symptoms of COVID-19 and may be infectious to prevent the spread of the disease.
- **Physical distancing** means being physically apart. WHO recommends keeping at least 2-metre distance from others. This is a general measure that everyone should take even if they are well with no known exposure to COVID-19.
- Avoid touching eyes, nose and mouth. Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands. Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others. Why? Avoiding contact with others will protect them from possible COVID-19 and other viruses.
- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority. Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.
- Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities. Why? Local and national authorities are best placed to advise on what people in your area should be doing to protect themselves.





# COVID-19



# WHAT HAS BEEN MY RISK OF EXPOSURE?

## Definition of Terms

### What is a Close Contact?

Close contact can include someone who:

- provided care for a person with COVID-19 without consistent and appropriate use of recommended Personal Protective Equipment (PPE);\* or
- lived with or had otherwise close prolonged contact (within two metres) with a probable or confirmed case while the case was symptomatic and not self-isolating; or
- had direct contact with infectious body fluids of a person with COVID-19 (e.g., was coughed or sneezed on) without the appropriate use of recommended personal protective equipment; or
- shared personal items such as eating utensils or drinking cups with a person who has COVID-19 while they were symptomatic; or
- was an airplane passenger seated within two metres of a symptomatic case.

### What is a Non-Close Contact?

Non-close contact can include someone who:

- provided care for a person with COVID-19 with consistent and appropriate use of PPE; or
- who lived with or had prolonged contact but was not within two metres of a person with COVID-19 while the person was symptomatic and not self-isolating.

*Transient interactions, such as walking by someone with COVID-19 or being briefly in the same room while maintaining a social distance, are not considered contact.*

The above definitions apply to contact with a confirmed or probable case.

### Confirmed Case

- A person with laboratory confirmation of infection.

### Probable Case

- A person (who has had a laboratory test):
  - with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough; AND
  - meets the exposure criteria and for whom a laboratory diagnosis of COVID-19 is inconclusive.
- OR
- A person (who has not had a laboratory test):
  - with fever (over 38 degrees Celsius or new onset of (or exacerbation of chronic) cough who has had:
    - ⇒ close contact with a confirmed case of COVID-19; or
    - ⇒ lived or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison).

\*Refer to the Health Care Worker Risk Matrix for details on appropriate PPE by scenario; available in the Saskatchewan Communicable Disease Manual: Sask.ca – COVID 19 – Testing, Screening, Treatment, and Medical Directives



Saskatchewan  
Health Authority

[saskatchewan.ca/COVID19](https://saskatchewan.ca/COVID19)

June 22, 2020





## UNDERSTANDING AND LIVING WITH COVID-19 • Chapter 14

### INFECTION PREVENTION AND CONTROL FOR COVID-19: INTERIM GUIDANCE FOR LONG TERM CARE HOMES FOR STAFF

Staff screening must include a self-assessment for exposures, symptoms of COVID-19 and a temperature check twice daily.

- Signs or symptoms may include:
  - Fever (temperature of 37.8°C or greater), OR
  - Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
  - Any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, or headache
- If a staff develop symptoms of COVID-19 at work they should immediately perform hand hygiene, ensure that they do not remove their mask, inform their supervisor, avoid further resident contact and leave as soon as it is safe to do so
- Staff with any symptoms (including mild respiratory symptoms) must be tested for COVID-19 and excluded from work, and follow local public health guidance with regard to testing and further management
- In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a staff member (or resident) in a LTCH defines an outbreak
- Designated staff should initiate and maintain a line listing of staff with suspected or confirmed COVID-19 as required by local, provincial or territorial public health guidelines
- Staff without symptoms but with exposure to COVID-19 as defined by occupational health or their local public health department should ideally be in self-isolation. If they are deemed critical to ensure continued operations in LTCHs, public health authorities may give consideration to staff self-monitoring at work which could include the following:
  - Minimum twice daily screening and if staff develop fever or symptoms they are removed from duty and tested for COVID-19
  - LTCH operators should work with public health authorities to manage exposed staff
  - Staff should make every effort, where feasible, to maintain a minimum 2 metre distance between each other throughout their shifts, especially during any breaks or lunch when they are not masked





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### Masking for all staff providing or participating in resident care, and any essential visitors (Mask for duration of shifts)

- Given the rapid increase in community spread of COVID-19 within Canada and increasing evidence that transmission may occur from those who have few or no symptoms, masking for the full duration of shifts or visits for all LTCH staff and any essential visitors is recommended. The rationale for full-shift masking of LTCH staff and essential visitors is to reduce the risk of transmitting COVID-19 infection from staff or visitors to residents or other LTCH staff, at a time when no symptoms of illness are recognized, but the virus can be transmitted. Staff must support essential visitors to ensure appropriate use of masks.
- Staff and essential visitors will perform hand hygiene before they put on a mask when they enter the LTCH, before and after removal, and prior to putting on a new mask
- Staff and essential visitors will wear a mask securely over their mouth and nose and adjust the nose piece to fit snugly while mask is worn
- Staff and essential visitors should not touch the front of mask while wearing it
- Staff and essential visitors should not dangle the mask under their chin, off the ear, under the nose or place on top of head
- Masks should be removed just prior to breaks or when leaving the building, while in an area where no residents, staff or visitors are present, and discarded in the nearest no-touch waste receptacle

Generally it is a foundational concept in IPC practice, that masks should not be re-worn. However, in the context of the COVID-19 pandemic and PPE shortages please follow jurisdictional guidance with regard to mask use, reuse, and reprocessing

Example approach:











- Providing a supply of one or two masks per shift is one strategy aimed at protecting staff and residents while trying to conserve supplies of PPE
- If re-wearing of masks is recommended, staff must remove their mask by the ties or elastics taking care not to touch front of mask, and carefully store the mask in a clean dry area and in accordance with institutional and jurisdictional public health guidance, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again
- Masks should be disposed of and replaced when they become wet, damp, or soiled (from the wearer's breathing or external splash), or when they come in direct contact with a resident
  - In the context of an outbreak of COVID-19, consideration should be given to wearing a face shield in addition to a mask for the full duration of shifts
  - Staff should be informed of how to access additional masks if needed





## UNDERSTANDING AND LIVING WITH COVID-19 • Chapter 14

# COVID-19 symptoms in comparison to the flu and the common cold

Symptoms	Coronavirus Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms
 Fever	Common	Rare	Common
 Fatigue	Sometimes	Sometimes	Common
 Cough	Common (usually dry)	Mild	Common (usually dry)
 Sneezing	No	Common	No
 Aches and pains	Sometimes	Common	Common
 Runny or stuffy nose	Rare	Common	Sometime
 Sore throat	Sometimes	Common	Sometime
 Diarrhea	Rare	No	Sometimes for Children
 Headaches	Sometimes	Rare	Common
 Shortness of breath	Sometimes	No	No

Sources: World Health Organization, Centers for Disease Control and Prevention

[ahs.ca/covid](https://ahs.ca/covid)







# COVID-19

## Recognizing Early Symptoms in Seniors



### Team Huddles

- Quick touch points throughout the shift for care teams.
- Are all healthcare staff informed and included in client care?
- Are staff experiencing symptoms?



### Important Observations

Observe your client in three main ways:

- Behaviour
- Head-to-Toe
- Sudden Change

The symptoms below can be the first to appear in people over 65.

### Behaviour

- Has the client's behaviour changed from usual, from previous shift or previous day?
- Is the client more unsettled?
- Is the client expressing new onset hallucinations or delusions?
- Is the client wandering more than usual?

### Head-to-Toe

Look for these signs in your client:

- Has a headache
- Feels warmer than usual; has chills or muscle aches
- Is eating/drinking less than usual
- Has a sore throat or hoarse voice
- Has new shortness of breath or difficulty breathing
- Moves less well than usual or requires more help with care
- Is weaker, more unstable on their feet or falls more frequently.



### Sudden Change

Look for these signs in your client:

- Appears sleepy or to have less energy than usual
- An eye infection, runny nose or no sense of smell
- Increased sputum or a new/changed cough
- Complaints of nausea, vomiting or abdominal pain
- Unexplained diarrhea.



### How to Report

- Report any symptoms from above or any other changes to a client's "normal" to a regulated healthcare provider.
- Follow continuous masking in all patient care areas and for all client interactions.
- Follow up with the site leader and client's most responsible healthcare provider (i.e., physician, nurse practitioner).



# CONTACT & DROPLET PRECAUTIONS



CLEAN YOUR HANDS WHEN ENTERING AND EXITING ROOM



## STAFF AND VISITORS



### VISITORS:

PLEASE CHECK WITH NURSING STAFF BEFORE ENTERING ROOM.

VISITORS TO WEAR FACIAL PROTECTION IN ROOM.

GOWN AND GLOVES IF ASSISTING WITH CARE.

## PATIENTS UPON LEAVING ROOM



(FOR ESSENTIAL PURPOSES ONLY)  
(PROCEDURE MASK, CLEAN GOWN/  
CLOTHES AND HANDS)

Influenza A or B (confirmed or suspected) + Aerosol Generating Medical Procedure (AGMP)  
= N95 Respirator + eye protection

**SINGLE ROOM RECOMMENDED  
WITH DEDICATED EQUIPMENT**


April 2018





### Putting on (Donning) Personal Protective Equipment (PPE)

**1 HAND HYGIENE**



**A** Using an alcohol-based hand rub is the preferred way to clean your hands.

**B** If your hands look or feel dirty, soap and water must be used to wash your hands.

**2 Gown**



**A** Make sure the gown covers from neck to knees to wrist.

**B** Tie at the back of neck and waist.

**3a Procedure/Surgical mask**

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.




**3b N95 respirator**

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold



All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.



**A** Pre-stretch both top and bottom straps before placing the respirator on your face.

**B** Cup the N95 respirator in your hand.

**C** Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.

**D** Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.

**E** Fit check the N95 respirator.

**4 Eye protection or face shields**



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

**5 Gloves**



- ◆ Pull the cuffs of the gloves over the cuffs of the gown.



May 2014



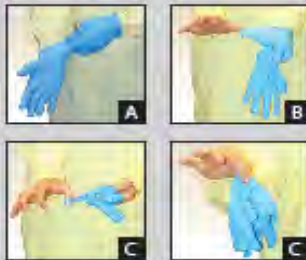
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Infection Prevention and Control

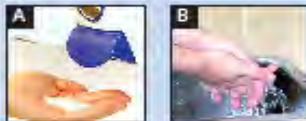
## Taking off (Doffing) Personal Protective Equipment (PPE)

### 1 Gloves



- A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
- ◆ Hold the glove in the opposite gloved hand.
- B Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C Peel the glove off and over the first glove, making a bag for both gloves.
- ◆ Put the gloves in the garbage.

### 2 HAND HYGIENE



- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

### 3 Gown



- A Carefully unfasten ties.
- B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
- C Turn the gown inside out during removal.
- ◆ Put in hamper or, if disposable, put in garbage.

### 4 HAND HYGIENE



- ◆ Clean your hands. (See No. 2)
- ◆ Exit the patient room, close the door and clean your hands again.

### 5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

### 6 Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.

### 7 HAND HYGIENE

- ◆ Clean your hands. (See No. 2)

May 2014



*Stay Safe  
and  
Healthy*