



H S R F H
HÔPITAL DE SMOOTH ROCK FALLS HOSPITAL

Infection Prevention and Control For Residents, Caregivers and Visitors

REVISED: JUNE 2022



HSRFH

HÔPITAL DE SMOOTH ROCK FALLS HOSPITAL

Hôpital de Smooth Rock Falls Hospital • P.O. Box 219 • Smooth Rock Falls, ON P0L 2B0 • Ph: (705) 338.2781 • Fax: (705) 338.4410

TO: Long Term Care Policy
CATEGORY: Policy

CODE: Visitor Policy
DATE OF APPROVAL:

SUBJECT: Visitor Policy

APPROVAL:

TITLE

NOTE: This document is a CONTROLLED document. Any documents in paper form must be used for reference purposes only. The on-line copy must be considered the current documentation.

DATE	REVIEWED	REVISED
June 2022		

DATE	REVIEWED	REVISED

Source: FLTCA 2021

Legal

The Smooth Rock Falls Long Term Care Unit is providing this visitation policy based on the FLTCA 2021, the Residents' Bill of Rights, the Ontario Human Rights Code and all applicable laws.

This policy was developed to ensure essential visitors, including caregivers, continue to have access to residents in our Long Term Care Unit even during infectious disease outbreaks and pandemics/epidemics and to ensure the home does not prohibit or unreasonably restrict visitors.

Due to the rapidly evolving nature of the pandemic, the home will require some flexibility to respond to and adapt visitor policies depending on the situation.

Additional limitations or restrictions with respect to caregivers or visitors in the home may continue to be imposed through applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of health or a medical officer of health appointed under the Health Protection and Promotion Act and applicable laws.

Definition:

Caregiver: an individual designated by a resident or the resident's substitute decision-maker with authority to give that designation, who provides one or more forms of support or assistance, including direct physical support or provides social, spiritual or emotional support , whether paid or unpaid.

This can include family members, friends or a person of importance to a resident.

Caregivers under the age of 16 years must receive approval from a parent or legal guardian to be designated as a resident's caregiver. Doing this will prevent exclusion of family members, friends or persons of importance to a resident such as children or grandchildren who may also provide essential supports to the resident.

Essential Visitors includes:

- 1- A caregiver,
- 2- A support worker who visits the home to provide support to the critical operations of the home or to provide essential services to the resident,
- 3- A person visiting a very ill resident for compassionate reasons including, but not limited to hospice services or end-of-life care,
- 4- A government inspector with a statutory right to enter a long-term-care home to carry out their duties.

Caregiver Designation

The resident or the substitute decision maker (POA) will advised the LTC Manager or her delegate verbally or in a written letter who they want appointed as caregiver. The designation is the soul decision of the resident and/or the substitute decision maker. The resident or the substitute decision maker can change caregiver appointment as they wish.

The home does not have any limits as to the amount of caregiver designation.

The caregivers list will be forwarded to the screener at the front entrance for screening purposes and the list will be updated as needed.

The LTC manager will also keep a list and the caregivers names will be added to the care plan under the contact information.

Managing Visitors**Prior to each visit, all visitors must:**

- Be educated in regards to physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices and proper use of PPE. This applies to all types of visitors. Staff will provide training to caregivers that addresses how to safely provide direct care, including putting on and taking off required PPE and hand hygiene.

- Screening requirements apply to all types of visitors. They must be actively screened on entry for symptoms and exposures for COVID-19, including temperature checks and not be admitted if they do not pass the screening by home staff.
- Attest to not be experiencing any of the typical and atypical symptoms.
- Comply with the home's infection prevention and control protocols, including proper use of surgical/procedural masks.
 - The home is responsible for supplying surgical/procedure masks for indoor visitors.
 - Any non-adherence to these rules will be the basis for discontinuation of visits.

Any visitor who fails active screening must not be allowed to enter the LTCH. They will be advised to go home immediately to self-isolate, and be encouraged to be tested. There is one exception where individuals who fail screening may be permitted entry to the home:

- Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they must be permitted entry but LTCHs must ensure that they wear a medical (surgical/procedural) mask and maintain physical distancing from other residents and staff.
- The home has no limit of visitors for palliative residents.

Outdoor Visiting + Indoor Visiting

- Must only visit the one resident they are intending to visit, and no other resident
- General visitors are not permitted when:
 - A resident is self-isolating or symptomatic, or
 - A home is in an outbreak

Type of Visit	Outdoor	Indoor
Number of Visitors Allowed	No limit	4
Scheduling of Visits Required	Yes, must call 705-338-2781 and ask for Veronique Labonte's extension to book appointment. Visits will take place in the gazebo. Appointments must be made during the week.	Monday to Saturday 1100-1830
Is Panbio testing required?	No	Yes Test is good for 48 hours. Testing is done Monday to Friday between 10:30 to 13:30
PPE required	No	Surgical/procedure mask

Caregivers – scheduling and length and frequency of visits

Caregivers are not required to schedule indoor visits and the home has no length of time for the visit.

Visitations are between 11:00 to 18:30

Caregivers will need to follow the vaccination policy of the long-term care home.

Up to 4 caregivers may visit the resident at a time for indoor visits.

In the case where a resident resides in an area of the home in an outbreak, is symptomatic or isolating under additional precautions, only one caregiver may visit at a time.

A caregiver should not visit any other home for 10 days after visiting:

- an individual with a confirmed case of COVID-19
- an individual experiencing COVID-19 symptoms

Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

General visitors:

A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents. General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home.

Homes should prioritize the mental and emotional well-being of residents and strive to be as accommodating as possible when scheduling visits with general visitors.

All general visitors, including children under the age of 5, can enter the long-term care home. General visitors, with the exception of the children under the age of 5, will need to follow the vaccination policy of the individual long-term care home.

There is no restriction on the number of general visitors permitted for outdoor visits.

Outdoor visits will take place in the gazebo in the backyard.

- 1- Visitors for outdoor visits will need to call the hospital 705-338-2781 and ask for Veronique Labonte's extension to request a visit. Requests must be made during business hours Monday to Friday.

Homes should ensure physical distancing (a minimum of two meters or six feet) is maintained between groups.

General visitors are not permitted:

- when a home or area of a home is in an outbreak
- to visit an isolating resident
- under the direction of the local public health unit

The Home will maintain visitor logs of all visits. The visitor log must include, at minimum, the name and contact information of the visitor, time and date of the visit, and the purpose of the visit (e.g. name of resident visited). These records must be kept for 30 days and be readily available to the local public health unit for contact tracing purposes upon request.

HSRFH COVID-19 Immunization Policy

In keeping with our Mission, Vision and Values, we are accountable to our staff, physicians, volunteers and students to provide a COVID-19 immunization program. The policy also aims to protect the hospital's population including residents and patients. The HSRFH recognizes the importance of immunization of staff members who are considered at high risk for contracting COVID-19 due to the nature of their work.

Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, reduces severe outcomes including hospitalizations and death due to COVID-19.

Policy and Applicability:

It is mandatory that all workers (including employees, physicians, agency staff and contractors), students, volunteers, general visitors and essential caregivers who work on site or are visiting or attending to a resident at the HSRFH, receive the COVID-19 vaccine, unless it is medically contraindicated.

Every caregiver will be required to have received 3 doses of an approved vaccine to be considered fully vaccinated against COVID-19.

General visitors will be considered fully vaccinated with 2 doses of an approved vaccine.

All physicians, employees, agency staff, students, volunteers who are eligible for a third dose, must meet the applicable requirement.

General visitors who are not fully vaccinated will not be permitted to enter the long-term care home, unless they show proof of a valid medical exemption.

Requirements related to a third dose do not apply to general visitors or to staff, students, volunteers or support workers under the age of 18.

The Home recognizes that some caregivers are not vaccinated and would still like to visit the resident.

In order to not restrict non-vaccinated visitors/essential caregivers to a resident, the home will allow visitations in the activity room by appointment only. The resident will be taken to the activity room, when the room is available. The visitor/caregiver must be screened and masked prior to contact with the resident. Only one resident may receive a visit at a time in the activity room. A mask must be worn during the entire visit. The chairs and table will be disinfected as per infection control practices between each visit.

Caregivers and visitors who are entering the home to visit a resident receiving end of life care will be permitted to enter the home regardless of vaccination status.

Providing Proof

Proof of Vaccination

All persons to whom the policy applies must provide proof of COVID-19 vaccine administration:

1. All required doses of a COVID-19 vaccine to be fully vaccinated against COVID-19; and
2. A third dose of a COVID-19 vaccine authorized by Health Canada

Individuals who previously provided proof of vaccination are not required to re-submit proof of vaccination, however, a licensee may require an individual to confirm proof of vaccination using the enhanced vaccine certificate / QR code.

There are very few medical reasons why a person cannot be vaccinated against COVID-19. As noted in the Ministry of Health's guidance on Medical Exemptions to COVID-19 Vaccination, the only valid reasons for medical exemption for mRNA vaccine are:

- a severe allergic reaction or anaphylaxis to a component of a COVID-19 vaccine, or following a COVID-19 vaccine, and that allergy was documented and evaluated by an allergist/immunologist and the allergist/immunologist has determined that the individual is unable to receive any COVID-19 vaccine;
- Myocarditis prior to initiating an mRNA COVID-19 vaccine, if between the ages of 12-17
- Myocarditis or pericarditis following a mRNA COVID-19 vaccine;
- Serious adverse event following COVID-19 immunization, if relevant specialist has determined the individual is unable to receive any COVID-19 vaccine; or
- Actively receiving monoclonal antibody therapy or convalescent plasma therapy for the treatment or prevention of COVID-19 (time-limited exemption)

Proof must be provided by either a physician or a nurse practitioner. The exemption must clearly indicate the medical reason why the individual cannot be vaccinated against COVID-19 and the effective time period for that reason.

Responding to non- adherence by visitor

Visitors must follow this policy at all times.

- 1- If a visitor does not follow this policy, staff are responsible to explain the reason and purpose of the visitor policy in order to make certain the visitor understands and adheres to the home's visitor policy.
- 2- Staff should notify a manager of the unit in order to address the issue.
- 3- The manager will take into consideration the impact of discontinuing visits on the resident's clinical and emotional well-being.
- 4- Take into consideration the severity of the non-compliance.
- 5- Providing education/training to the visitor may resolve any non-compliance issues.
- 6- All discussions, explanations, education and training must be documented by the home.
- 7- This will be done by a manager or the infection control nurse.

Ending a visit

The home has the discretion to end a visit by any visitor who repeatedly fails to adhere to the home's visitor policy provided:

- 1- The home has explained the applicable requirements to the visitor.
- 2- The visitor has the resources to adhere to the requirements:
 - a. There is sufficient space to physically distance, the home has supplied the PPE and demonstrated how to correctly put on PPE.
 - b. The visitor has been given sufficient time to adhere to the requirements.
- 3- If the home has to temporarily prohibit a caregiver, the resident or POA may need to designate an alternate individual as caregiver to help meet the resident care needs.

Temporarily Prohibiting a Visitor

The home has the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-adherence with the home's visitor policy. The home should always consider whether the non-adherence:

- a- Could be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
- b- Negatively influences the health and safety of residents, staff and other visitors on the home.
- c- Is demonstrated continuously by the visitor over a multiple visits.
- d- Is by a visitor whose previous visit have been ended by the home

Any decision to temporarily prohibit a visitor should;

- a- Be made only after all other reasonable efforts to maintain safety during visits have been exhausted;

- b- Stipulate a reasonable length of the prohibition;
- c- Clearly identify what requirements the visitor should meet before the visit may be resumed(e.g. reviewing the home visitor policy , reviewing specific Public Health Ontario resources
- d- Documentation is required for all discussion, step taken, and this will be by the manager or infection control nurse.

How to handrub

Rub hands for 15 seconds



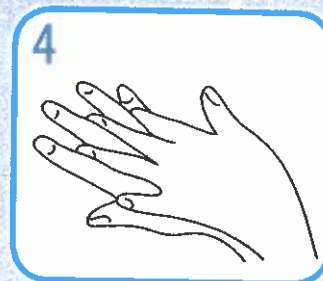
Apply 1 to 2 pumps of product to palms of dry hands.



Rub hands together, palm to palm.



Rub in between and around fingers.



Rub back of each hand with palm of other hand.

Rub hands for 15 seconds



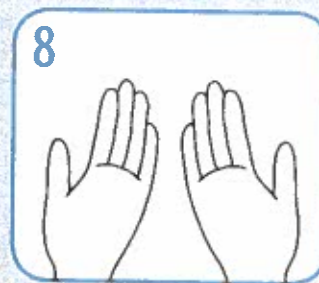
Rub fingertips of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



Rub hands until product is dry.
Do not use paper towels.



Once dry, your hands are safe.



**JUST CLEAN
YOUR HANDS**

For more information, please contact handhygiene@oahpp.ca
or visit publichealthontario.ca/JCYH



How to handwash

Lather hands for 15 seconds



Wet hands with warm water.



Apply soap.



Lather soap and rub hands palm to palm.



Rub in between and around fingers.

Lather hands for 15 seconds



Rub back of each hand with palm of other hand.



Rub fingertips of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



Rinse thoroughly under running water.



Pat hands dry with paper towel.



Turn off water using paper towel.



Your hands are now safe.



**JUST CLEAN
YOUR HANDS**

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH

 **Ontario**



Just Clean Your Hands

Keeping residents safe and healthy

Cleaning hands is one of the best ways
you and the health care team can
prevent infections from spreading

**Did you know that the main way germs can
spread is by hands?**

Keeping hands clean is the best thing you and the health care team can do to prevent infections from spreading to others in this home.

Thousands of times a day, members of the health team handle things that could have harmful germs. Without good hand cleaning, these germs can spread to residents and cause infection.

A recent study at Sunnybrook Health Sciences Centre, Long-Term Care, in Toronto showed that higher hand hygiene compliance rates resulted in lower infection attack rates.



The health care team cleans their hands often to keep residents safe.

The health care team plays a big role in preventing the spread of infection. They are committed to providing clean, safe care.

There are important moments when the health care team should clean their hands, such as:

- After touching objects in a resident's room and going to another room
- Before and after providing care to residents
- Before and after special procedures, such as giving a needle or eyedrops, or assisting with dental care
- After contact with body fluids, such as blood or urine

To reduce the spread of organisms during shared or group activities, staff, residents, family members and volunteers should clean their hands before beginning and after ending the activity.

When should the health care team wear gloves?

Wearing gloves does not prevent germs from spreading from resident to resident. So, don't expect the health care team to always wear gloves. But do expect them to clean their hands at the right time and in the right way.

There are times when the health care team should wear gloves. For instance, they wear gloves when they are treating open wounds or taking blood.

They may also wear gloves when taking care of a resident in isolation. These residents need special care and protection. Those visiting a resident in isolation may also have to wear special protection, such as gloves, a mask, or a gown.

Once the health care team is finished with a task, they will throw the gloves away. They clean their hands carefully after using the gloves.

Preventing infections in long-term care homes is important for resident safety

Whether you are a resident or a visitor, do your part to prevent germs from spreading.

Think about the times that you would usually clean your hands at home, such as:

- Before and after eating
- After using the washroom
- After sneezing or coughing

Make sure you clean your hands at these times and even more often when you are in a long-term care home.

There are two ways to clean hands.

You can clean your hands by using:

1. Hand rub provided by the long-term care home
2. Soap and water using the soap in the dispensers at the sink

After cleaning, make sure your hands are dry before you touch anything. This is very important when you use the hand rub.

Family and friends who do not feel well should not come to visit.

As a resident of a long-term care home, don't be shy about telling visitors to stay home if they are not feeling well. That's another big way we can keep infections from spreading in long-term care homes.

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH

Coronavirus Disease 2019 (COVID-19)

Universal Mask Use in Health Care

Universal masking means wearing a mask at all times. Medical masks (surgical or procedure) can be worn as source control (to protect others) or as personal protective equipment (to protect the wearer). Universal masking is one of many control measures that work together to prevent the spread of infection. Other measures include vaccination, screening, ventilation, hand hygiene, physical distancing and environmental cleaning.

Universal masking versus personal protective equipment (PPE)

- Universal masking is used to protect others from the wearer by containing respiratory particles at the source (source control). When everyone wears a mask, everyone is protected.
- PPE is equipment and clothing (including, but not limited to masks) worn to minimize exposure to hazards and prevent illnesses and infection to the worker. It is used to help protect the wearer from others.

Guiding principles of universal masking

- Masks are to be discarded if visibly soiled, damp, damaged or difficult to breathe through, and after removal.
- After use, masks are to be handled in a manner that minimizes the potential for cross-contamination.
- Persons wearing a mask must also practice physical distancing of at least two metres (six feet).



Guiding principles of masks as part of PPE

- To be worn along with eye protection, gown and gloves when providing direct care to someone with symptoms of a respiratory infection (e.g., someone on Droplet and Contact Precautions).
- When using masks as PPE, all PPE, including masks, is to be removed in a safe manner upon leaving the patient's/resident's environment.
- PPE type (medical mask or fit tested N95 respirator) is dependent on the risk assessment and/or specified precautions, requirements or recommendations.



Extended use and re-use of masks for universal masking

- A single mask for source control may be worn for an extended period (e.g., donned at the beginning of the shift, and continued to be worn) as long as it is not manipulated or removed, visibly soiled, damp, damaged or difficult to breathe through.
- Extended use of PPE should only be considered in consultation with your IPAC professional and/or the outbreak management team in order to mitigate the risk of transmission that may occur with extended use.
- If a mask must be re-used, keep it from being contaminated by carefully storing it in a clean paper bag, or in a cleanable container with a lid. This is preferable to placing a used mask on an open surface or paper towel.
- Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use. Bags and containers are to be labelled with the individual's name to prevent accidental misuse.

Always remember

- Clean your hands before putting on your mask, after touching your mask, and after discarding your mask.
- Do not store masks in your pocket or other area (e.g., table) where they can become damaged or contaminated. Damage can impact the mask's effectiveness.
- Change your mask when it is wet or soiled or hard to breathe through. Change your mask when it becomes contaminated (e.g., if someone coughs on you).
- When using masks as PPE for Droplet and Contact precautions, they are to be discarded upon leaving the patient/resident environment.
- Masks alone do not protect all of the mucous membranes of the face of the wearer (i.e., the eyes) and are not considered adequate PPE on their own.

Learn about the virus

To learn more and access up-to-date information on COVID-19, visit the Ontario Ministry of Health's website: ontario.ca/coronavirus.

The information in this document is current as of March 25, 2022

Coronavirus Disease 2019 (COVID-19)

How to Self-Monitor

This fact sheet is for those who need to monitor for symptoms after they have been exposed to someone with COVID-19. If you need to self-isolate, please see Public Health Ontario's fact sheet on [How to Self-Isolate](#).

Monitor yourself for symptoms for 10 days after last exposure

- Typical symptoms are fever, cough, difficulty breathing and the loss of taste or smell.
- See Ministry of Health's guidance on these and other [symptoms of COVID-19](#).

Keep others safe

- Always keep a distance of at least 2 metres from others and wear a well-fitted mask when you leave home.
- Do not visit people at higher risk of illness (e.g., seniors, those with serious medical conditions) for 10 days from your last exposure.
- Be aware of your workplace policy for working if you have been exposed to COVID-19.
- As much as possible, avoid closed indoor spaces and crowded places such as large retail stores or event venues.

What to do if you develop any symptoms

- Self-isolate immediately and follow public health advice. See Ministry of Health's [Public Health Unit Locator](#) and Public Health Ontario's [How to Self-Isolate](#).
- If you need to visit your health care provider, avoid using public transportation such as subways, taxis and shared rides. If you have to take transit or a private hired vehicle (e.g., taxi), wear a mask and keep the passenger window down (if weather permits) and perform hand hygiene before and after your travel.

If you have questions or start to feel worse

- Contact your health care provider, Telehealth (1-866-797-0000) or your public health unit.

Learn about the virus

To learn more and access up-to-date information on COVID-19, visit the Ontario Ministry of Health's website: ontario.ca/coronavirus.

The information in this document is current as of April 15, 2022

Recommended Steps:

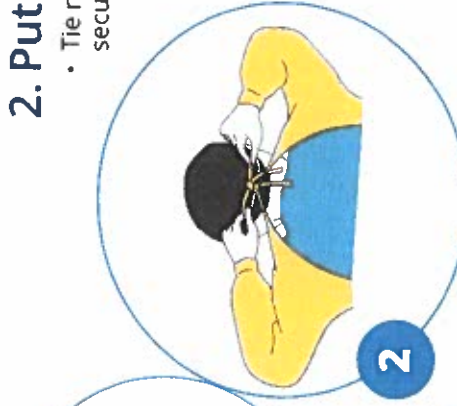
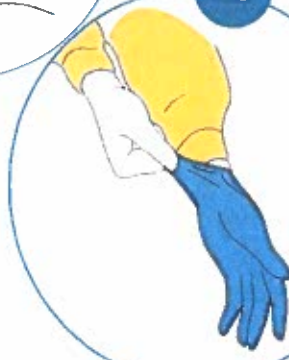
Putting On Personal Protective Equipment (PPE)

1. Perform Hand Hygiene



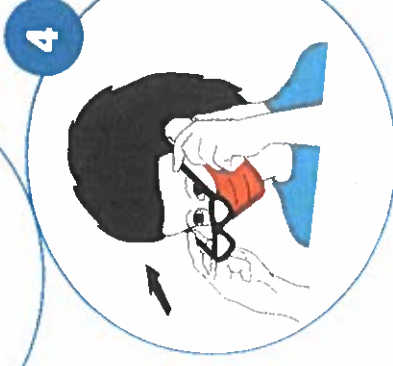
5. Put on Gloves

- Put on gloves, taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff



2. Put on Gown

- Tie neck and waist ties securely

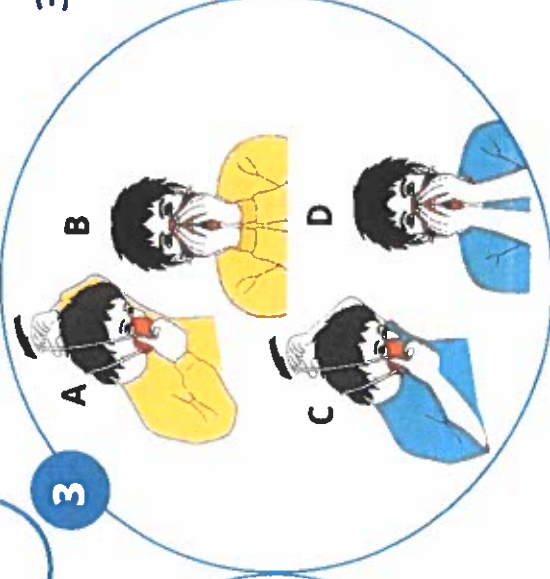


4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow

3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform a seal-check



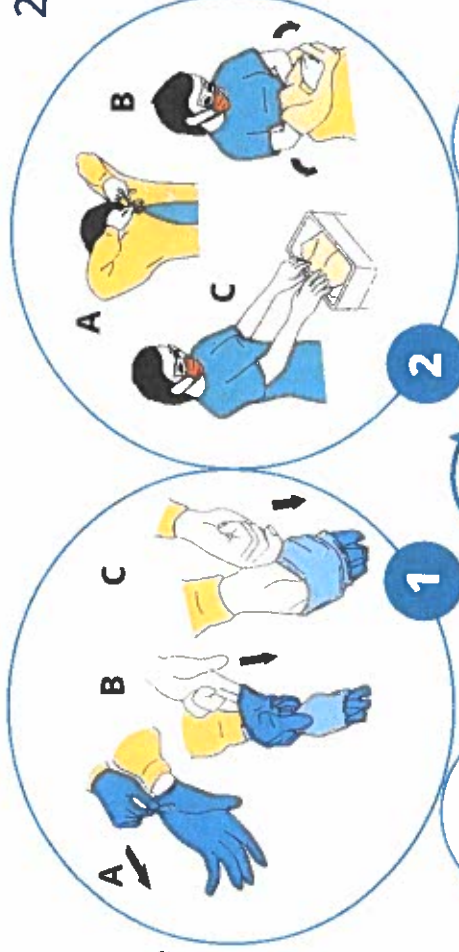
For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

Recommended Steps:

Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle

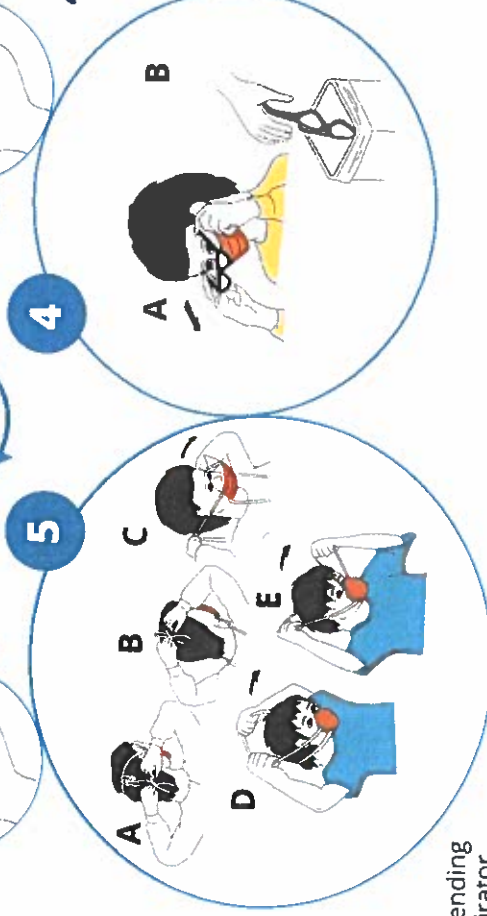


6. Perform Hand Hygiene



5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



2. Remove Gown

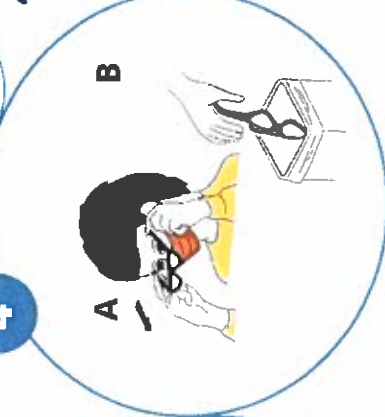
- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

3. Perform Hand Hygiene



4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



A Resource for Health Care Workers

Cleaning and Disinfection of Reusable Eye Protection



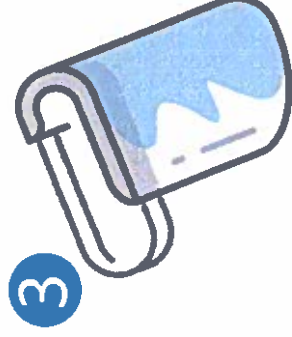
1

Clean hands and put on a pair of gloves.



2

Wipe the inside of the eye protection first and then the outside.



3

Ensure all surfaces remain wet for the disinfectant contact time (e.g., 1-3 minutes).



4

Rinse with tap water and allow to dry.*



5

Remove gloves and perform hand hygiene.



6

Store the eye protection in a clean, designated area.

Important Reminders

Reusable eye protection can include face shields, goggles and safety glasses.

Follow infection prevention and control best practices for use of eye protection such as performing a Point-of-Care or Personal Risk Assessment.

Always clean and disinfect reusable eye protection between uses according to manufacturer/product instructions.

Single use eye protection such as disposable face shields or visor/mask must be safely discarded after one use.

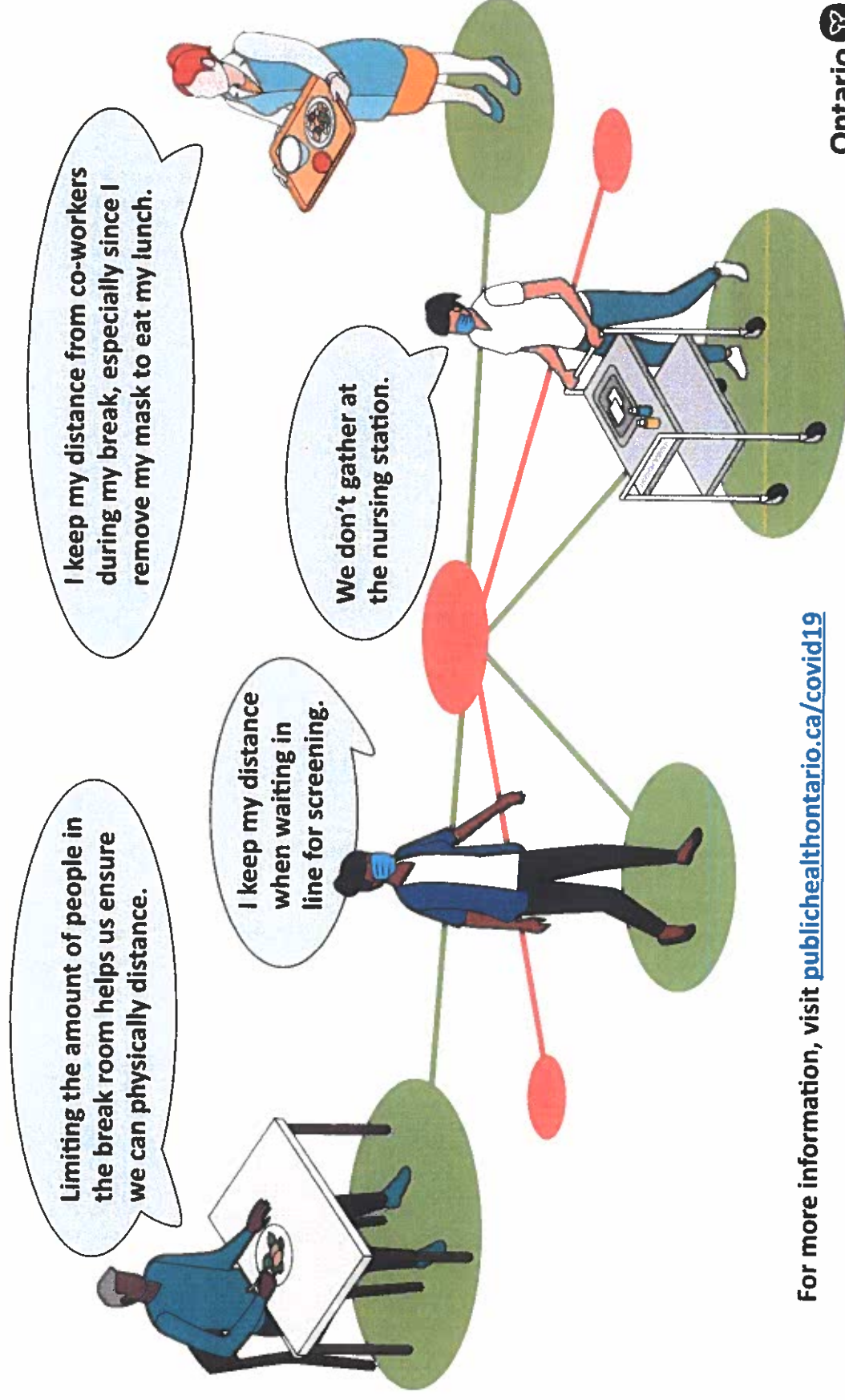
If the equipment is damaged or the foam piece of the face shield/goggle straps are visibly soiled, DO NOT REUSE.

* Tip: To help reduce fogging, after disinfection, cleaning with soap and water or wiping with alcohol may help.

For more information about PHO, visit publichealthontario.ca. ©Queen's Printer for Ontario, 2021

How to physically distance in long-term care

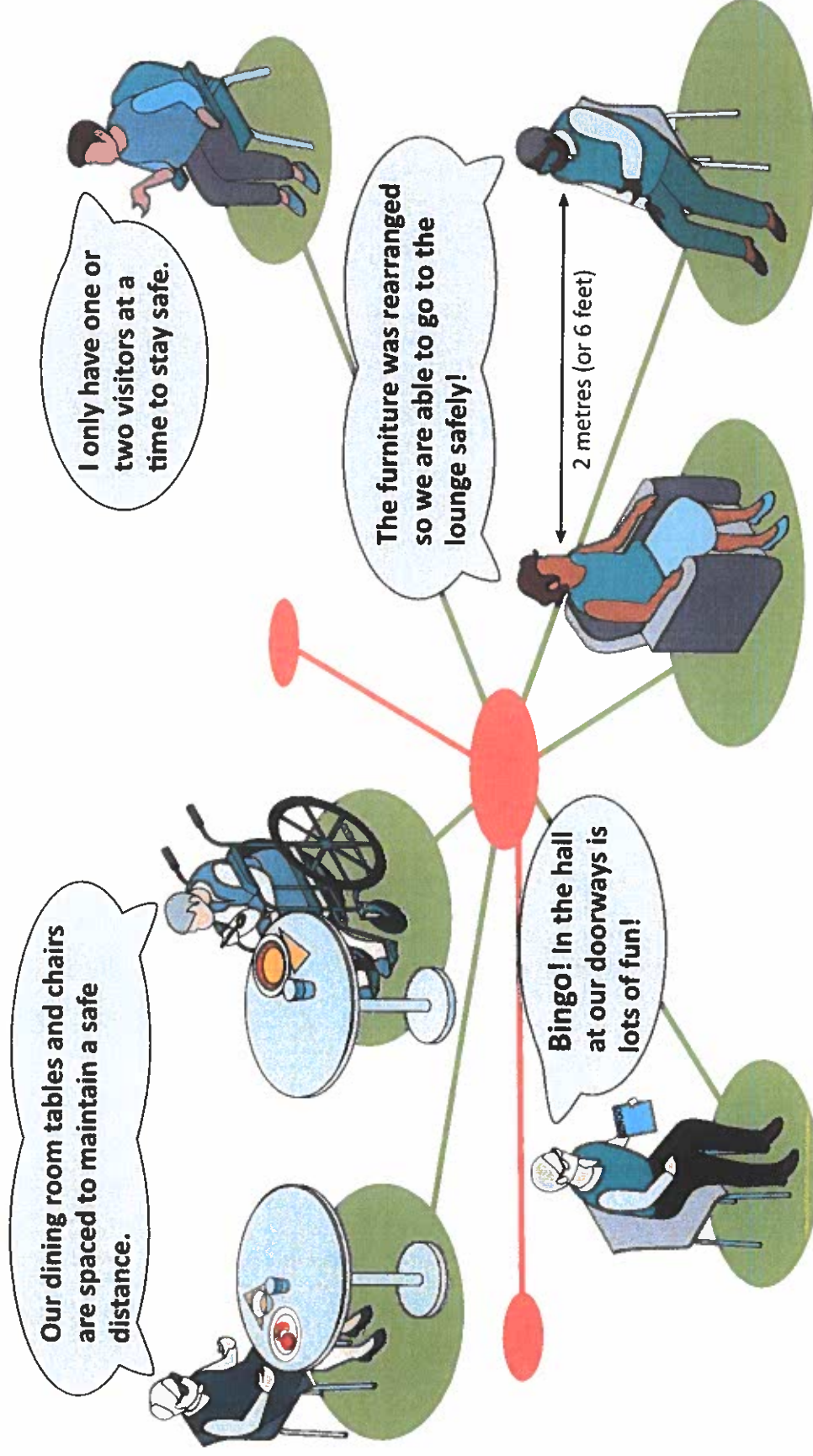
Physical distancing prevents droplets from an infected person from being spread into the environment and onto people within 2 metres (or 6 feet) distance.



For more information, visit publichealthontario.ca/covid19

How to physically distance in long-term care

Physical distancing prevents droplets from an infected person from being spread into the environment and onto people within 2 metres (or 6 feet) distance.



For more information, visit publichealthontario.ca/covid19

Coronavirus Disease 2019 (COVID-19)

How to Protect Yourself from COVID-19

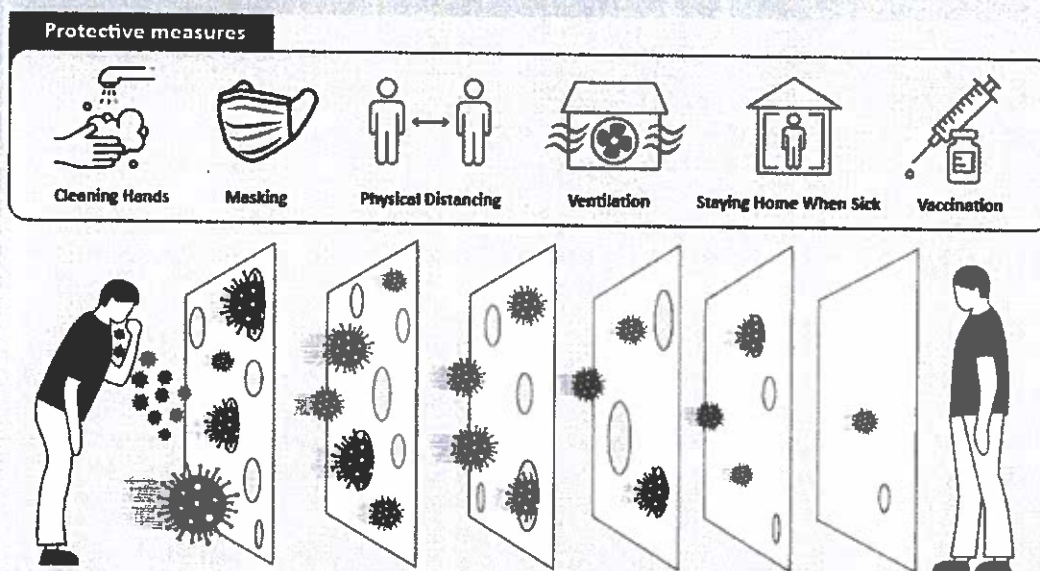
This fact sheet outlines prevention measures you can use to reduce the spread of COVID-19. Vaccination is one of the strongest layers of prevention. Combine it with other layers of prevention to lower your risk.

Ways COVID-19 is spread

- COVID-19 is spread most commonly during close contact (generally less than 2 metres) through an infected person's respiratory particles generated when a person breathes, coughs, sneezes, talks, or sings.
- These particles range in size from large ones which fall quickly to the ground to smaller ones, known as aerosols, which can remain suspended in the air.
- Aerosols may transmit over long distances, but the risk is higher with longer periods of time in indoor spaces with poor ventilation and lack of masking or distancing.
- Objects or surfaces (e.g., furniture, fixtures, and gadgets) that have the COVID-19 virus on them may transmit the virus to your hands then to your eyes, nose and mouth.

Layers of protection against COVID-19

Use multiple layers of prevention to provide the best protection, especially if you cannot avoid closed spaces, crowded places, and close contact. No single intervention on its own is perfect at preventing COVID-19 spread and protection from each method is complimentary and additive.



Adapted from: Rockefeller Foundation. Layers of protection against covid-19 - the "Swiss cheese" model [video recording on the Internet]. New York: Rockefeller Foundation; 2021 [cited 2022 Mar 11]. 1:15 min. Available from: <https://www.youtube.com/watch?v=ou88lei-52k>

Get vaccinated

- Get fully vaccinated for COVID-19, plus a booster if you are eligible. Being vaccinated helps to protect you from severe disease and hospitalization due to COVID-19.
- The more people who are vaccinated, the less COVID-19 will circulate in the community.
- For more information visit Ministry of Health website: [How to Book a COVID-19 Vaccine Appointment](#).



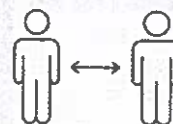
Stay home when sick and what to do when exposed

- Stay home when you are sick. You may be requested to get tested. See Public Health Ontario's [How to Self-Isolate](#).
- You may be advised by public health to stay home if you have been exposed to someone with COVID-19. People can be infectious before they are sick.



Practice physical distancing and avoid crowded spaces

- Two metres distancing or further helps to prevent transmission, especially when indoors or unmasked.



Spend time outdoors or in well-ventilated indoor spaces

- Even when outdoors, physical distancing helps to prevent transmission.
- Ensure your ventilation system is in good working order. If you don't have a ventilation system, open windows to increase fresh air flow. You can also run your bathroom or kitchen exhaust fans longer or often.



Wear a well-fitting mask in public

- Consider wearing a well-fitting mask, especially in shared indoor spaces. See Public Health Ontario's [Optimizing the Use of Masks Against COVID-19](#).



Practice respiratory etiquette and keep things clean

- Wash your hands frequently.
- Cover your coughs and sneezes.
- Clean high-touch surfaces regularly.



The information in this document is current as of April 7, 2022.