



To: All Staff, Professional Staff, Learners and Volunteers

From: Jennifer Wintermans, VP, Quality and Corporate Affairs, COVID-19 Lead

Date: May 23, 2023

RE: **Transition of Pandemic Response Protocols – Phase 3**

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We continue to see decreased COVID-19 cases in our community and to date implementation of Phase 1 and Phase 2 have not resulted with an increase in outbreaks or cases within our Hospital. Therefore, we will be moving forward with Phase 3 of our transition of pandemic response protocols.

For our final phase of transitioning protocols, Phase 3, the following response activities will be transitioned and integrated into our operations as part of our new normal on **Thursday, May 25, 2023**:

## 1. Masking

Currently, universal masking has been in place hospital-wide and for all employees working in our buildings, with the exception of when in an office alone, in office space when 6 feet of distancing can be met, and when eating/drinking.

Effective May 25<sup>th</sup>, masking will no longer be mandatory hospital-wide and within our facilities. Masks will be required while delivering direct patient care and/or as required should IPAC protocols demand the use or Occupational Health and Safety process requires a mask to be worn.

Patients may be required to wear a mask if they develop symptoms as per medical directive.

Essential Care Partners (ECPs) and Care Partners (CPs) are no longer required to wear a mask when entering the hospital. However, it is important to note that staff are able to require an ECP/CP to wear a mask if they are symptomatic but their presence is essential for a patient, or per IPAC protocols should there be an outbreak and/or based on the condition of the patient they are visiting.



We always encourage physical distancing when able and masks will be available if staff wish to continue wearing masks for their safety and comfort. All are encouraged to exercise their own risk analysis and level of comfort for masking.

Masks will continue to be supplied and made available at all public/staff entrances on the sanitizing stands, as well as at the unit/department level should you or a member of the public require a mask.

### Examples:

- a. Masking is required when:
  - providing a patient with medications;
  - conducting an assessment on a patient;
  - IPAC protocols deem a patient in isolation; and
  - transporting a patient to another area of the hospital.
  
- b. Masking is not required when:
  - in the Cafeteria or Robin's Donuts;
  - walking the hallway by yourself or with a colleague;
  - on a clinical unit outside of a patient room and not in direct contact with a patient;
  - cleaning or filling supplies and not in direct contact with a patient; and
  - entering our facilities to come to work.

## **2. Return to Work Process**

Currently, our Hospital is utilizing the Return to Work, Post COVID-19 Exposures and Positive Test Cases SOP-oh-18, and you are required to use the Redcap screening tool.

Effective May 25<sup>th</sup>, the return to work process will focus on a symptom based approach for returning to work for COVID-19 symptoms, incorporating it with general respiratory disease processes. Therefore all staff, professional staff, learners, and volunteers will no longer be required to submit their screening through the Redcap screening portal.

- If symptomatic, please follow the Hospital's policies; SOP-oh-23 COVID Guidance for Health Care workers, Sick Leave HR-cba-02 and Transition (Modified) Return to Work Program: Occupational/Non-Occupational OHS-oh-124.
- If you test positive for COVID-19, please notify Occupational Health & Safety (OHS) via email at [TBRHSC.OccupationalHealthandSafety@tbh.net](mailto:TBRHSC.OccupationalHealthandSafety@tbh.net).
- If you have community exposure, OHS is no longer requiring information or managing this internally.



- If you have an in-hospital exposure, please file an incident report like other occupational health risk exposures.

## **Reminder – Essential Care Partner/Care Partner Process**

All staff, professional staff, learners, and volunteers should be following the Essential Care Partner, Care Partner & Family Presence Policy [PAT-5-176](#) when communicating with patients and their ECPs/CPs. Please ensure patients and their ECPs/CPs are aware of the protocols and that only two people are to be at the bedside at a time. Although children are discouraged to visit, if the need is required then only two at any one time with one ECP or CP is permitted.

Any requests that fall outside the policy and if special accommodations are requested by the patient and their ECP/CP, then please ensure this is discussed between the patient, family, unit Manager, and the patient's care team at the unit level.

## **Reminder – Hospital Access will continue to be limited through the following:**

- Main Entrance (6:00 a.m. to 11:00 p.m.)
- Emergency Department for designated emergency – Other Hospital areas will **not** be accessible through the Emergency Department
- Labour and Delivery doors for patients/ECPs
- Renal Doors for Renal patients and CPs (6:00 a.m. to 11:00 p.m.)
- Door G for afterhours MRI patients (between 11:00 p.m. and 6:30 a.m.)

All other access points are locked and will require staff to swipe their Hospital ID badge to enter.

This marks the end of our phased transition out of COVID-19 and our core response activities have now been integrated into operations where ongoing monitoring will continue.

We want to thank you for always being adaptable, as we have managed through the pandemic. Your input and cooperation through these changes have definitely made a difference for our Hospital and our community. If you have any questions about any of the content in this memo, please be sure to ask your Manager.