

July 08, 2020



HERITAGE
PLACE

COVID-19 Update #13

Dear Residents, Families, Friends, Staff:

I hope you had a wonderful Canada Day celebration last week, although it was a different celebration than we are used to in years past. We are evermore a proud nation that has come together during this crisis.



As provinces begin to relax some of the COVID-19 protective measures, we are fielding many questions from Heritage Place residents and families about whether we will change our own protective protocols. I know, we are all tired of physical isolation. But the virus is **NOT** tired, and we are therefore entering a dangerous part of this pandemic.

In the last update, we notified residents, families, and team members about our process for resuming visits and short absences in a safe and controlled manner. We continue to closely monitor for symptoms, and we continue to enforce the many preventative measures already in place. Our common areas remain closed to reduce potential contact and excessive gatherings. Further to this, a temporary bylaw to make masks or face coverings mandatory is currently being considered for Halton Region. These measures will minimize the risk to our residence and will ensure that residents and families can enjoy some much-needed time together. Please wear your mask, stay apart, and stay safe.

We continue to stay in close communication with Public Health authorities and as such, have been informed that mass testing is no longer a planned activity for all retirement homes. Heritage Place is not considered an 'at risk' facility. There are, however, recommendations from Public Health that residents and staff initiate their own testing. Retirement homes are not required to collect or report surveillance testing data. Data collection will be achieved using a home-specific investigation number (INV) on a requisition form that you are required to use (see attached). Testing is recommended but not mandatory. Should you wish to carry this out independently, make an appointment at an assessment centre (Joseph Brant Memorial Hospital), complete and present the attached requisition form when you go.

Ontario's Phase 2 re-opening is moving along nicely, and we look forward to Phase 3 beginning shortly if there are no spikes in new cases. While we continue to shelter in place, I am pleased to announce that we too will move forward. We are currently working through the logistics of implementing our own plans to re-open which will be in stages. Stage 1 will commence with lunch in the Dining Room beginning July 21st. Details will be finalized and communicated to you prior to the date.

I reiterate, while the protective measures being put in place may seem excessive to you, it is imperative that we continue to be diligent in our efforts to keep COVID-19 out of our building. Your health and safety are always our top priority. I urge you to be cautious and mindful of your actions.

Please be patient as we roll-out new processes. We all look forward to seeing everyone in the dining room again! Stay tuned for further updates.

With continued hope towards a healthier future,

General Manager



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COVID-19 TESTING

Joseph Brant Hospital
1245 Lakeshore Blvd
Burlington, ON
L7S 0A2

Phone number

[905-632-3737, ext. 6550](tel:905-632-3737)

Hours

Monday - Sunday: 8 a.m. to 7 p.m.

Details

Appointment Only

Before you go

All assessment centres will test you if you would like to be tested. Testing is a free service.

Bring your Ontario health card and a pen
(you may need to fill out a paper form).

Call the assessment centre or your [local public health unit](#) if you have questions

COVID-19 Test Requisition

All sections outlined in **red** MUST be completed

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)

cc **Hospital Lab (for entry into LIS)**

cc **Other Clinician or ICP:**

Surname, First Name: _____
 OHIP/CPSO/Prof. License No.: _____
 Address: _____
 Postal code: _____
 Phone: (###) ###-#### Fax: (###) ###-####

Enter name and license number for clinician ordering the test (for license numbers refer to [practitioner extract](#))

ALL fields in Box 2 Patient Information MUST BE ENTERED.

Note:

- **Health Card No.:** when unavailable, enter a MRN
- **Address:** FULL address of location where patient is residing
- **Phone number** – of the shared living facility to facilitate PHU follow-up
- **Investigation/Outbreak No:** facility specific

Enter name of **Primary Care Doctor in Other Clinician** so they can be authorized to receive results electronically (i.e., HRM) if enabled. Use accepted values as outlined in [practitioner extract](#).

Provide details on **Travel and Exposure History** if available

2 - Patient Information

Health Card No.: _____ Medical Record No.: _____

Last Name: _____

First Name: _____

Date of Birth: yyyy/mm/dd _____ Sex: M F

Address: _____
4151 Kilmer Drive, Burlington, ON

Postal Code: L7M 5A9 Patient Phone No.: (###) ###-#### _____

Investigation / Outbreak No.: **RHR - 1349**

3 - Travel History

Travel to: _____

Date of Travel: yyyy/mm/dd _____ Date of Return: yyyy/mm/dd _____

4 - Exposure History

Exposure to probable, or confirmed case? Yes No

Exposure details: _____

Date of symptom onset of contact: yyyy/mm/dd _____

5 - Test(s) Requested

COVID-19 Virus Respiratory viruses check ONLY if required for hospitalized patient or those in group setting)



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All sections outlined in red MUST be completed

7 - Patient Setting / Type	
<input type="checkbox"/> Assessment Centre	<input type="checkbox"/> Family doctor/clinic
<input type="checkbox"/> Outpatient/ER not admitted	<input type="checkbox"/> Outpatient/ER not admitted
Only if applicable, indicate the group:	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Institution / all group living settings
<input type="checkbox"/> Inpatient (hospitalized)	<input type="checkbox"/> Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG/POS/or IND)
<input type="checkbox"/> Inpatient (ICU/CCU)	<input type="checkbox"/> For clearance of disease
<input type="checkbox"/> First Nations / Inuit	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Unhoused / shelter	
<input type="checkbox"/> ER - to be hospitalized	
<input type="checkbox"/> Deceased / Autopsy	

All sections: Patient Setting and Type boxes MUST BE COMPLETED to support organizing and reporting of data.

- Patient Location – select where the patient/worker was tested, or specify 'other' location
- Group – select most appropriate group for the patient

6 - Specimen Type (check all that apply)	
Specimen Collection Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (required)	
<input type="checkbox"/> NPS in UTM	<input type="checkbox"/> if possible: BAL
<input type="checkbox"/> Throat Swab in UTM	<input type="checkbox"/> Sputum
<input type="checkbox"/> Other (Specify):	
8 - Clinical Information	
<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Symptomatic
Date of symptom onset: <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Fever / temperature, if known:	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Pregnant / also check if in labour:	<input type="checkbox"/> Cough
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Sore Throat

Specimen Collection Date and Symptom Status MUST BE COMPLETED

If patient is symptomatic, enter date of symptom onset, select all applicable symptoms and enter Other symptoms or additional details (e.g., temperature)

Practitioner extract available at:
<https://www.ehealthontario.on.ca/en/practitionerextract/request>