# INFORMATION FOR VOLUNTEERS

|  |
| --- |
| KMHC RESPIRATORY ILLNESS Guidelines |
| Symptom Self-Monitoring | It is important to perform a self-assessment for symptoms PRIOR to entering KMHC. Please stay home and contact your volunteer coordinator if, in the last 24 hours, you develop any respiratory illness-like symptoms. For COVID-19-like symptoms, if you have **1 or more** of the symptoms listed on **Part A** or **2 or more** of the symptoms listed **on Part B** (see below). **DO NOT ENTER THE BUILDING**. Please contact Info-Santé 811 if you have any questions regarding your symptoms. |
| Presentation of COVID-19-Related Symptoms: | * If you develop COVID-19-related symptoms during the course of your volunteer work day, immediately inform the volunteer coordinator and the nurse manager of the unit. Leave the clinical area immediately, change into street clothes and go home. Book a PCR test appointment at a COVID-19 Testing Centre nearest you as soon as possible, especially if symptoms worsen after 24 hours.
	+ Once PCR test results have been received, contact your local CLSC for instructions to follow e.g. isolation Please inform your volunteer coordinator if you receive a COVID-19 positive result.
	+ You may also refer to our KMHC policy, *Healthcare Worker Isolation & Lifting of Isolation,* for further guidance..

PLEASE NOTE: As per INSPQ guidelines for healthcare workers, a PCR test is required for confirmation of COVID-19 illness. Results from a home-kit rapid antigen detection test is not considered for confirmation of diagnosis. |
| **PART A:*** Fever/chills
* Sudden taste of lack or smell without nasal congestion
* New or worsening chronic cough
* Difficulty breathing
* Sore throat
 | **PART B:*** Runny nose or nasal congestion of unknown cause
* New onset headache
* New intense fatigue
* New onset pain (muscular, chest, abdomen, joints) not related to exercise
* New severe loss in appetite
* Abdominal pain
* A gastrointestinal symptom (diarrhea, nausea or vomiting)
 |
| Presentation of Measles Symptoms | If you have symptoms of measles, please stay home, self-isolate and contact your healthcare provider for assessment. **DO NOT ENTER THE BUILDING.** You may contact Info-Santé at 811 for further guidance. |
| * High fever (≥38.3°C)
* Cough
* Runny nose, nasal congestion
* Red, watery eyes
* Small, white spots inside the mouth
* Rash starting 3-5 days after symptoms began
 |
| Household Members exhibiting COVID-19-related symptoms  | If a member of your household has COVID-19-related symptoms and he/she has tested positive for COVID-19, please refer to our KMHC policy, *Healthcare Worker Isolation & Lifting of Isolation*. Contact your volunteer coordinator and if needed, consult with Staff Health at 450-638-3930 ext. 2226 for triage and next course of action.You must notify your volunteer coordinator of your situation as soon as possible. |
| COVID-19 Vaccination | Please notify your volunteer coordinator of your COVID-19 immunization status. To enter the hospital setting, it is highly recommended to be fully vaccinated with **two** provincially-approved COVID-19 vaccines. |
| Use of Procedure Mask | Mask use is required in all clinical areas of Outpatient Services, Short-Term Care, Long-Term Care and Home Care. However, mask use is **no longer required**, but is **optional** in all Long-Term Care areas for all residents/patients, except as indicated or in the case of an outbreak on the unit Please refer to the attached procedure for details on how to conserve masks while taking a break. |
| N95 Masks  | If applicable, please inform your volunteer coordinator of any successful N95 mask fit testing conducted within the last 2 years, including N95 mask brand, model and size. If needed, one can be provided to you. KMHC’s N95 mask policy will be reviewed should the use of these masks be required. |
| Personal Items | Do not bring backpacks, jackets or any other extraneous objects to the units. Carry only necessary items that can be put in your pocket (e.g. pen) along with your lunch box and personalized water bottle. Please follow infection prevention & control guidelines during lunch and break times. Regularly disinfect items in contact with patients before and after use.  |
| **PLEASE NOTE**: The above guidelines are subject to change according to updated recommendations from Public Health and the Kahnawake Public Safety Commission. Please refer to the hospital’s volunteer program guidelines to familiarize yourself withyour responsibilities as a volunteer entering the hospital setting. |

|  |  |
| --- | --- |
| VOLUNTEER CHECKLIST |  |
| [ ]  | Perform a COVID-19 symptom self-assessment prior to leaving home | [ ]  | Ensure that hand hygiene is performed frequently between patients and after handling items shared by others |
| [ ]  | Once at the front entrance, answer the screening questions asked by Security. Don the procedure mask supplied by Security | [ ]  | When taking a break, conserve your procedure mask by following the Infection Prevention & Control procedure demonstrated by the IP&C nurse during orientation |
| [ ]  | Proceed to locker room to change into work clothes/uniform and work shoes (if applicable) | [ ]  | When your volunteer session has ended, proceed to change back into street clothes and street shoes with hand hygiene done prior to and after changing. Place used uniform and work shoes in separate bags and seal them. Wash hands. |
| [ ]  | Wear procedure mask prior to entering Inpatient Care, Outpatient Care or Homecare units  | [ ]  | Once at home, launder work clothes or dry in a hot dryer for 30 minutes |

# AGREEMENT TO ADHERE TO KMHC COVID-19 GUIDELINES

As a volunteer providing volunteer services at KMHC, I agree at all times to follow the provisions of the above-mentioned guidelines, and all other regulations/policies set forth by KMHC.

Failure to comply with the above guidelines may result in refusal of access to KMHC, and/or the cessation of your volunteer services.

Signed within the Mohawk Territory of Kahnawake on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Human Resources

**KATERI MEMORIAL HOSPITAL CENTRE**

**PROCEDURE TO TAKE A BREAK WHILE CONSERVING PROCEDURE MASKS**

|  |  |  |
| --- | --- | --- |
| **Prepared by:**Leslie Walker -Rice | Infection Prevention and Control Service | **Date:**April 6, 2020 |
| **Approved by:** | **SUBJECT****Procedure to Take a Break While Conserving Procedure Masks** | Review Date: |

**To Remove:**

* Prepare two (2) paper towels, one on top of each other, layered on a flat surface. Label with wearer’s name.
* Wash hands.
* Remove mask using two (2) hands on elastic ear pieces while face is poised over paper towels.
* Ensure outer surface is in contact with paper towels, drop ear loops at the side of the mask on the paper towel.
* Wash hands
* **Take your break, ensuring the mask is in your visual field at all times to prevent accidental dislodgment from the paper towel. Or, in a secure location where it cannot be disturbed (visual field is preferable).**

**To Re-Use:**

* Wash hands.
* Grasping ear loops, replace mask on face.
* Adjust nosepiece to fit securely.
* Wash hands.
* Slide hands under paper towels, fold, and discard into garbage.
* Wash hands.

Masks should be replaced if visibly soiled or damp.

Draft 06/04/2020LWR 1