



June 16, 2020

UPDATE TO ALL FAMILY AND FRIENDS

Hello, there are no positive test results once again today.

There have been a number of calls for booking the garden visits, and we continue to fill in the available spots for all of the resident's families. Just a reminder to bring your mask and be prepared to answer a screening questionnaire prior to the visit. A sample of the questionnaire is attached so you are aware of what questions will be asked at the screening.

The outbreak is over however, life is not back to 'normal' at St. Pat's as the pandemic and related directives are still in place.

There are a number of limitations related to physical distancing requirements.

1. Meal service is still both in the dining room and in resident rooms so that we can maintain a 2m distance between residents.
2. Residents can leave their rooms but we ask that they maintain a physical distance from others and wear a mask if they can tolerate it.
3. Residents who are independent can go outside, but asked to stay on the property and not interact with any visitors or other residents.
4. We are asking that only one resident at a time be in the elevator, however if there is a staff member accompanying the resident and all residents are wearing a mask there can be more than one resident with the staff member in the elevator.

Physiotherapy has returned as of today. The physiotherapy aides will be doing one to one visits in resident rooms to resume some physical exercise. Each of the aides will be assigned to one floor, alternating days between the 2 home areas.

Be well,

Janet Morris
President & CEO

Date:	Name:	Temperature:	
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1. I attest that I have been tested for COVID-19 within the last two weeks and tested negative (not detected). Signature: _____

2. Do you have any of the following symptoms or signs?

Symptoms	YES	NO	Symptoms	YES	NO
New or worsening cough			Difficulty swallowing		
Shortness of breath			New smell or taste disorder(s)		
Sore throat			Nausea/vomiting, diarrhea, abdominal pain		
Runny nose or sneezing			Unexplained fatigue/malaise		
Nasal congestion			Chills		
Hoarse voice			Headache		
Have you travelled or had close contact with anyone that has travelled outside of Canada in the past 14 Days?					
3. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19? CLOSE CONTACT MEANS LIVES WITH, CARES FOR OR EXTENDED CONTACT If Yes – go to question 4 If No – screening complete					
4. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs) when you had close contact with a suspected or confirmed case of COVID-19?					