



Municipality of Killarney

Notice to Residents: Municipal Re-opening

The following strategy will guide the Town's approach to the Re-opening of the Municipality of Killarney

The Municipality will re-open its operations and services when it is confident that the health, safety and well being of staff and the public can be maintained; and in a scale that is appropriate and fiscally responsible.

It is the primary focus of the Municipality to ensure that staff remain healthy so that they can continue to provide residents with the highest priority services such as emergency services, garbage pick up, landfill services, Public Works and Municipal Office services and governance.

To this end, the interior of the Municipal and Public Works Offices remain closed to foot traffic but will open for appointments only.

[ex. Commissioning of Documents/Payment Plan Arrangements/Cemetery Matters, etc.]

Tax, Water, Sewer invoices and any other fees can be paid by via:

- **Visa or Mastercard:** Please call the office at 705-287-2424 to make a credit card payment by phone.
- **Cheque:** Please insert into the lock box located by the office hall entrance or mail your payment.
- **Cash:** Must be given directly to staff so please call ahead.
- **Debit:** A wireless debit terminal is now available for accepting all payments so please call ahead.

Please Note: For any transaction or service that requires the assistance of staff, Please call ahead to 705-287-2424 to confirm someone will be available to serve you.



Masks are mandatory for all customers and staff

Preventative measures have been implemented in all Municipal owned buildings. Public Health protocols are being followed, including; increased cleaning and disinfecting, physical barriers, staff physical distancing and mandatory mask wearing

when distancing cannot be achieved, increased hand hygiene and the expectation that staff will not attend work if they are experiencing any symptoms of COVID-19.

Note: Attached is a document from the Ministry of Health on COVID-19 Testing & Clearance for your information.

FOLLOWING THE LEAD:

The Municipality will follow the lead of the Province of Ontario and take direction from the local Medical Officer of Health to determine what actions need to be taken to ensure a safe re-opening. Recovery planning is complicated due to so many unknown and changing variables. There is no precise information on when Provincial Orders will be lifted and no information or indication of what restrictions and/or protocols may be put in place that may affect how the Municipality is able to deliver services (i.e.: gathering sizes, disinfection standards, etc.)

The framework of the plan will generate an understanding of policies needed to deliver operations and services in a safe manner and the cost and staffing capacity required for their delivery, with the understanding that unplanned changes may be necessary. Especially now, with the resurgence of COVID-19's second wave, impending changes/orders from the Province may be announced at any time, as we have already witnessed last month, with the reduction in social gatherings and the closing of various businesses.

On September 19, 2020, the Ontario Government announced reductions in the number of people permitted to attend unmonitored and private social gatherings across the entire Province.

Effective September 19 the new limit on the number of people allowed to attend an unmonitored private social gathering across the Province is:

- **10 people at an indoor event or gathering (previous limit of 50); or**
- **25 people at an outdoor event or gathering (previous limit of 100).**

The new limits do not apply to events or gatherings held in staffed businesses and facilities, such as bars, restaurants, cinemas, convention centres, banquet halls, gyms, places of worship, recreational sporting or performing art events. Existing rules, including public health and workplace safety measures for these businesses and facilities, continue to be in effect. These restrictions have been implemented across the Province by the Government to slow the spread and limit new cases of COVID-19.

A chart on the Daily New Cases in Ontario is listed below dated October 2, 2020 and indicates the recent substantial surges in COVID-19 cases. This demonstrates that the threat of this virus remains a reality which compels us all to do our part and to be vigilant in our fight to keep each other safe and conquer this deadly virus.

MUNICIPAL RE-OPENING PLAN

There will be a gradual re-opening of the Municipality of Killarney. The Municipality is focused on continuing to deliver municipal services in a safe and responsible manner while the risk of COVID-19 infection remains in our community.

This plan may be lengthy and will continue until a COVID-19 vaccine or other treatments are available and are in widespread use.

During this phase we envision municipal operations as follows:

- Municipal facilities and offices re-open to the public with measures to enable physical distancing and health screening upon entry;
- Masks will be mandatory;
- Most recreation programming and events will return under enhanced health and safety guidelines;
- Staff will continue to work under enhanced health and safety guidelines;
- Outdoor Municipal amenities will open to the public;
- Many Municipal services are available over the phone, by email or in person (by appointment) with health and safety measures in place for staff and residents accessing services at Municipal facilities.

This plan is reviewed regularly and we will post updates and changes as they occur.

With the current spike in COVID-19 cases the Municipality will remain vigilant and prioritize the health and safety of our citizens and staff. We remain concerned about the wellbeing of all and will work together to prevent the spread of COVID-19 and minimize the negative impact it could have on the community.

Last updated: Oct 2, 2020 at 10:26 a.m.

Daily new cases

This data is not cumulative – each bar/number shows how many new cases were reported on a single day.

| Date | New cases | Change from last report |
|--------|-----------|-------------------------|
| Oct 2 | 732 | +36.06 % |
| Oct 1 | 538 | -13.92 % |
| Sep 30 | 625 | +12.82 % |
| Sep 29 | 554 | -20.86 % |
| Sep 28 | 700 | +42.57 % |
| Sep 27 | 491 | +12.87 % |
| Sep 26 | 435 | +6.36 % |
| Sep 25 | 409 | 0.00 % |
| Sep 24 | 409 | +22.09 % |
| Sep 23 | 335 | -29.92 % |

Note: *Attached is a document created by Public Health Sudbury & Districts and the Sudbury East Municipal Association outlining the Top 10 COVID rules to live by which we trust you will find informative.*

Council and Staff remain committed to keeping you informed. Your support and understanding during these turbulent times are deeply appreciated.

COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

This information can be used to help guide decision making on testing and clearance of contacts of cases or individuals suspected or confirmed to have COVID-19. This information is current as of July 29 2020 and may be updated as the situation on COVID-19 continues to evolve.

Who should be tested for COVID-19?

Please refer to the [COVID-19 Provincial Testing Guidance Update](#).

Diagnosing COVID-19

In a **symptomatic patient** in whom COVID-19 is suspected, only a single (1) NP swab is required for [laboratory testing](#). Laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target.

- A single positive result is sufficient to confirm the presence of COVID-19.
- In a patient with *no known exposures*, a single negative result is sufficient to exclude COVID-19, at that point in time. Depending on the clinical scenario (i.e. persistent, new or worsening symptoms), repeat testing can be considered.
- In a symptomatic patient *currently within their 14-day self-isolation as a result of a known exposure*, a single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual should remain in self-isolation for the remainder of their 14-day period, and if symptoms change or worsen, repeat testing.

In an **asymptomatic patient**, laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target.

- A positive test in an asymptomatic individual may represent two possible scenarios:
 - **current** infection that is asymptomatic or pre-symptomatic (i.e., the individual develops symptoms afterwards). OR
 - **prior** infection (with or without symptoms) as testing can remain positive for several weeks after infection.

- A single positive result is sufficient to confirm current or prior infection with SARS-CoV-2.
- **All asymptomatic individuals** who have a **first-time positive test** must be managed as if they have **current** COVID-19 infection in terms of immediate self-isolation until cleared, see below for details.
 - A positive result in an asymptomatic individual with low pre-test probability should be retested as soon as possible and may be cleared with a single negative retest, as per the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#).
- An asymptomatic individual who has been advised by local public health to get tested due to exposure to a case or as part of an outbreak investigation should be tested within 14 days from their last exposure.
 - A single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual must continue to follow public health advice provided to them based on their exposure risk for the rest of their 14 days from last unprotected exposure to the case, regardless of the negative result as they may still be incubating.
 - Re-testing after an initial negative test within the quarantine period is not recommended if the individual remains asymptomatic.
 - Re-testing should be conducted if the asymptomatic individual who initially tested negative develops symptoms.

An individual that has **previously had laboratory-confirmed COVID-19 AND was cleared**, should generally **not be re-tested** due to persistent shedding.

Serological tests are still in development and are currently not approved for the diagnosis of SARS-CoV-2 infection, and are not reportable to local public health. Any results of serological tests should not be used to inform public health management of individuals.

Management of individuals who have not been tested

- If individual is asymptomatic and has no known exposure risk
 - Provide reassurance and direct them to the [Ontario COVID-19 website](#) for further information
- If individual is asymptomatic, but has an exposure risk (for example: an individual who has refused testing)
 - Provide information on [self-monitoring](#) and [self-isolation](#) for **14 days from date of last known exposure**

Criteria for when to discharge someone with probable or confirmed COVID-19 from isolation and consider 'resolved'

- For each scenario, isolation after symptom onset should be for the duration specified **provided that the individual is afebrile, and symptoms are improving for at least 72 hours**. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.
- Once a case is discharged from isolation, their case status should be updated in iPHIS to 'resolved'.
- If an individual has tested positive but has never had symptoms, isolation recommendations should be **based on date of specimen collection**. After an individual completes their isolation period, they should continue to practice physical distancing measures as recommended for everyone at this time.
- If an asymptomatic individual has tested positive AND has a prior history of symptoms compatible with COVID-19, clearance should still be based on specimen collection date. At the discretion of the local public health unit, the period of communicability and clearance may be based on symptom onset date depending on timing of symptoms (e.g., recent symptoms) and likelihood that symptoms were due to COVID-19 (e.g., known exposure to a confirmed COVID-19 case prior to symptom onset).

Approaches to Clearing Cases

| Approach | When to Use | Instructions |
|--|---|---|
| Non-Test Based Waiting 14 days from symptom onset (or 14 days from when swab was taken if persistently asymptomatic) | All cases may be cleared by a non-test based approach | Can discontinue isolation at 14 days after symptom onset (or 14 days from positive test collection date if never had symptoms), provided that the individual is afebrile and symptoms are improving for at least 72 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. |

| Approach | When to Use | Instructions |
|---|--|---|
| <p>Test Based</p> <p>Two consecutive negative specimens collected at least 24 hours apart.</p> | <p>Not routinely recommended, but may be used at the discretion of a hospital to discontinue precautions for admitted patients</p> | <p>Continue isolation until 2 consecutive negative specimens collected at least 24 hours apart.</p> <ul style="list-style-type: none"> • Testing for clearance may begin after the individual has become afebrile and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. • If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart). • Tick the box labelled 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory. |

Recommendations for Health Care Workers Return to Work

- Health care workers (HCWs) should follow **isolation and clearance with a non-test based approach** unless they have required hospitalization during the course of their illness, in which case a test based approach may be used at the discretion of the hospital (see above). Some HCWs may be directed to have test based clearance by their employer/Occupational Health and Safety.
- Symptomatic HCWs awaiting testing results must be off work
- Asymptomatic HCWs awaiting testing results may continue to work using the appropriate precautions recommended by the facility, which will depend on the reason for testing (i.e., asymptomatic HCW is not on self-isolation following a high-risk exposure)

In **exceptional circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work under work self-isolation may be considered for an asymptomatic HCW who is self-isolating due to a high-risk exposure.

In **exceptionally rare circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 positive HCW that has not been cleared may be considered under work self-isolation recognizing the staff may still be infectious (see table below). Any COVID-19 positive worker who is, in an exceptionally rare circumstance, being allowed to return to work earlier than would otherwise be the case must not pose a risk to other workers or patients.

Work self-isolation means maintaining self-isolation measures outside of work for 14 days of self-isolation for those with high-risk exposures, or 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) for cases, to avoid transmitting to household members or other community contacts. While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until non-test based clearance (or test based clearance if required by employer/Occupational Health and Safety). The COVID-19 positive HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations.

| Symptoms at/around time of testing | Test Result | Instructions |
|---|--------------------|---|
| Yes | Positive | <ul style="list-style-type: none"> Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other symptoms |
| Yes | Negative | <ul style="list-style-type: none"> May return to work 24 hours after symptom resolution If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure |
| Never symptomatic at time of test | Positive | <ul style="list-style-type: none"> If there has been a recent potential exposure (e.g., tested as part of an outbreak investigation or other close contact to a case), work self-isolation (i.e., return to work) could start after a minimum of 72 hours from the positive specimen collection date to ensure symptoms have not developed in that time, as the positive result may represent early identification of virus in the pre-symptomatic period If there is a low pre-test probability (e.g., there has been no known recent potential exposures such as tested as part of surveillance and no other cases detected in the facility or on the unit/floor, depending on the facility size), see Public Health Management of Cases and Contacts of COVID-19 in Ontario for repeat testing guidance. If follow-up testing is negative, the HCW is cleared and can return to work as per usual. |

Recommendations for Return to Work in Non-Health Care Settings

- Return to work for workers who are confirmed or probable cases and work in non-health care settings requires clearance as outlined earlier in this document and in the Public Health Management of Cases and Contacts of COVID-19 in Ontario guidance.
- Workers are not required to provide proof of a negative test result to their employers in order to return to work. It is expected that workers who have tested positive abide by public health direction and advice on when they would be considered clear to return to work.
- Return to work for workers who are self-isolating due to a high-risk exposure can occur after the end of their self-isolation period.
- Work self-isolation should NOT be considered for confirmed or probable COVID-19 cases in non-healthcare setting (including asymptomatic positive workers within their isolation period), for large workplace outbreaks, for large numbers of exposed workers in a given workplace, or for any worker linked to an outbreak where workers also live in a congregate living setting.
- There may be exceptional circumstances where the Public Health Unit may consider work self-isolation for workers who are in self-isolation from a high-risk exposure, excluding the scenarios outlined above. This should be done in consultation with the Ministry Emergency Operations Centre, Public Health Ontario. Work self-isolation is generally **not** recommended for any workers in non-health care settings due to the potential for contacts with high risk exposures to be infectious, and barriers to ensuring appropriate and consistent infection prevention and control measures to prevent transmission.
 - o Considerations for exceptional circumstances should include: health and safety, and ethical and equity considerations (including with respect to whether the worker(s) serve a "critical" function, and promoting the wellbeing of and minimizing the harm to workers and the community); minimizing risk related to transportation to and from work (e.g., no carpooling / ride-sharing or public transit use); alternatives to work-self isolation (e.g., work from home, alternate staff); availability of Occupational Health or other similar resources that can support training and monitoring of PPE and non-medical mask usage, and other barriers to effective implementation of IPAC measures required for work self-isolation, including barriers to symptom screening, physical distancing, and appropriate PPE use and masking for source control. Employers must take into consideration the safety of other workers and compliance with the OHSA to ensure that the return of any worker is safe for both the returning worker and others in the workplace.

Top-10-COVID-Rules-to-Live-By: A joint statement on living safely with COVID-19

You cannot follow the rules if you do not know what they are.

With so many announcements about COVID-19—from stages of reopening to personal precautions—it can be hard to know what rules are currently in place. This statement clarifies common misperceptions and repeats basic actions that by now may be common knowledge. The *Top-10-COVID-Rules-to-Live-By* will keep us going for the long haul and will go a long way to protect our health, our health care system, our schools, and our jobs and economy. The virus simply cannot spread easily if everyone knows the basic rules and follows them.

To keep up-to-date and for more details on specific circumstances, visit phsd.ca/COVID-19.

Top-10-COVID-Rules-to-Live-By

1 **Stick to your social circle of no more than 10 people**

Your social circle can only include up to 10 people and must always be with the same people. These are the people who you can get close to without a face covering; they are the people who have all decided to be part of your social circle and only your social circle.

2 **Keep 2 metres distance from anyone not in your social circle**

Continue to practise physical distancing in all settings. For example, people at your table in restaurants and bars must be those in your social circle. Stay 2 metres away from everyone else, especially when it's not possible to cover your face.

3 **Use your face covering in enclosed indoor public spaces and when you can't keep 2 metres distance outdoors**

Keep a face covering (i.e. mask, scarf, bandana, etc.) with you so you can use it when you need it. Exemptions are in effect for multiple reasons, including medical and age-related, and no proof is required.



Public Health
Santé publique
SUDBURY & DISTRICTS

Sudbury East Municipal Association

Representing the Municipalities of
French River, Killarney,
Markstay-Warren and St.-Charles

4 Limit gatherings of any size

The provincial gathering limits have increased, but the public health measures haven't changed. Ask yourself if the gathering is necessary and if so, assess your risk and determine how you can make the activity safer.

5 Limit travel

As the province and country reopen, more area residents are being infected by being exposed to the virus through travel outside our region. Ask yourself if the travel is necessary and if so, plan ahead on how you will keep COVID-safe.

6 Wash your hands

Wash your hands often and when visibly dirty, for 15 seconds. Make a habit of carrying hand sanitizer with you.

7 Stay home when ill

The easiest way to reduce transmission is to stay home. If you have a COVID-19 symptom, get tested.

8 Get tested

If you have a COVID-19 symptom, if you are concerned that you may have been exposed to COVID-19, or if you are at risk of exposure to COVID-19 through your work, contact an assessment centre and get tested. Remember, you can still be infected after a negative test. A negative result should not be treated as a free pass to let your guard down. Continue to take precautions.

9 Work remotely

Continue to work remotely, where possible. Reducing our time in the workplace reduces the possibility of introducing the virus to new environments.

10 Practice kindness, patience, and gratitude—we are all in this together

Changing our behaviour and doing things in new ways takes planning and practice. Think ahead. Assess your risk and live by the rules. The Top-10-COVID-Rules-to-Live-By are simple yet powerful actions that will get us through this pandemic safely.

Together we learn, together we adapt, and together we will be proud of how we successfully pulled through the COVID-19 pandemic.

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