

# COVID-19 prevention and control preparedness

Given community spread of COVID-19 within Canada and evidence that transmission may occur from those who have few or no symptoms. Masking and face shielding for the full duration of visits for all staff is recommended. The rationale for this is to reduce the risk of transmitting COVID-19 infection from staff to clients or other household members, at a time when no signs or symptoms of illness are recognized, but the virus can be transmitted.

- We call and pre-screen clients prior to scheduled visits
- Staff conducting telephone screening are provided with appropriate guidance on how to screen for signs and symptoms of COVID-19
- Staff must properly perform Routine Practices, including hand hygiene, mask wearing, and face shield
- All our staff ensure that:
  - Before visiting client, they self-monitor and immediately report any new signs or symptoms to care manager
  - Prior to working every shift, they report to care manager if they have had potential unprotected exposure to a case of COVID-19
  - They are knowledgeable about:
    - Routine Practices and Additional Precautions
    - The use and limitations of the specific PPE available for their use
    - Provincial/territorial online assessment/telephone tools for COVID-19 screening
    - Where to get tested if they become symptomatic or if requested by local public health authorities or Reassurance Home Care
    - They understand and participate in programs to conserve PPE

## Our Staff

We ensure self-assessment for exposures, signs and symptoms of COVID-19 and a daily temperature check.

- We ensure to conduct active screening of staff and clients for symptoms or signs of COVID-19 as needed.
- If a staff member develops signs or symptoms of COVID-19 at work they immediately perform hand hygiene, ensure that they do not remove their mask, inform their supervisor, avoid further client contact and leave as soon as it is safe to do so
- Staff experiencing any signs or symptoms (including mild respiratory symptoms) must be tested for COVID-19 and excluded from work, and advised to follow local public health guidance with regard to testing and further management.
- We work with public health authorities to manage and monitor exposed staff

## **Our Clients**

We do pre-visit screening for all our clients and their household members by calling prior to every visit. This include asking whether the client or any other member in the home has signs or symptoms of COVID-19 or is under investigation or confirmed to have COVID-19.

## **Client care and infection control measures**

Prior to any client interaction, all staff have a responsibility to assess the infectious risks posed to themselves, the client, and any others from a client, situation or procedure.

## **Hand hygiene**

Staff are required to perform hand hygiene:

- On entry to and exit from the client's home
- Before and after contact with a client, regardless of whether gloves are worn
- After removing gloves
- Before and after contact with the client's environment (e.g., medical equipment, bed, table, door handle) regardless of whether gloves are worn
- Any other time hands are potentially contaminated (e.g., after handling blood, body fluids, bedpans, urinals, or wound dressings)
- Before preparing or administering all medications or food
- Before performing aseptic procedures
- Before putting on PPE and during removal of PPE
- After other personal hygiene practices (e.g. blowing nose, using toilet facilities, using tissues, etc.)
- Adhering to respiratory hygiene (i.e., covering a cough with a tissue or coughing into elbow followed by performing hand hygiene)

Our staff are encouraged to train our clients as needed to perform hand hygiene and be assisted with this if they are physically or cognitively unable. Clients should perform hand hygiene:

- Upon entering or leaving their home
- Prior to eating, oral care, or handling of medications
- After personal hygiene practices or use of toileting facilities
- Any other time hands are potentially contaminated (e.g. after handling wound dressings or bodily fluids, etc.)

Hands may be cleaned using ABHR containing 60-90% alcohol or soap and water. Washing with soap and water is preferable if hands are visibly soiled, or when caring for clients with *Clostridium difficile* infection.