

## **NSS Respite Care Infection Control Practice** **Update: Feb 16/2021**

- 1) **SYMPTOM MONITORING:** As per our agency COVID-19 Safety Plan, Staff and families are expected to perform a health check prior to every scheduled nursing shift. The BC Health Self-Assessment Tool is available online or via app on your mobile device. <https://bc.thrive.health/>  
**When logging in to a shift on ADP, staff are verifying:**
  - 1) **They have completed their own health assessment**
  - 2) **They have confirmed that their client/family has completed their health assessment**
  - a) If a staff member is ill, is advised to receive testing, or to self-isolate (based on the self-assessment tool), they are not to attend work, and must notify the client and their supervisor as per agency policy.
  - b) If a client or household member is ill, is advised to receive testing, or advised to self-isolate (based on the self-assessment tool), the family must contact the oncoming Nurse and Nursing Supervisor to avoid an unnecessary exposure. Each situation will be assessed and guided by the management team in accordance with public health recommendations.
  - c) Staff are to verbally confirm with families at the beginning of each shift, that a health assessment has been performed for each household member.
- 2) **CLOTHES:** "Street clothes" are to be worn to and from work. Nurses should change into their Work Clothes upon arrival at the client home. Work clothes are to be washed in between shifts even when working with the same client. **BCCDC:** Use hot water >60c and dryer on high if possible. Ironing also kills viruses and bacteria due to the extreme heat.
- 3) **INITIAL HAND WASHING: IMMEDIATELY** upon initially entering a client home/school, staff must wash their hands with soap and water for minimum 20 seconds.  
**Routine Hand Hygiene:** Appropriate hand hygiene is expected throughout your shift, prior to procedures, after direct care, whenever removing gloves, whenever hands are visibly soiled, etc. If using alcohol-based hand rub, sufficient amount to wet all hand surfaces should be used, and hands rubbed until dry(~15sec) \*\*Before and after donning/doffing a mask. **Also, before and after adjusting your mask. \*\***
- 4) **Masks:**
  - a) **a medical mask is to be worn throughout your shift (Whenever within 2m of client or household members).** Due to supply shortages, BCCDC currently recommends masks may be worn for a single shift. Cloth or reusable masks are only to be used in the event that medical masks are unavailable. **(Please request supply from your Nursing Supervisor before you run out).** If using a washable mask, these should be washed between uses in hot water(>60c) and dried in the dryer on high heat for min 20mins. Or ironed if not dried in dryer. Masks should be replaced during a shift if visibly soiled or wet.
  - b) Household members are asked to wear a mask in situations where physical distance of 2m cannot be maintained from Resource Ability staff. Ex. Two person procedures such as trach changes, Trach tie changes, Central line dressings... healthy household members are not required to routinely wear a mask, as long as physical distance can be maintained.
- 5) **GLOVES:** **Gloves should be worn during all care where contact with blood and/or bodily fluids is likely.** Diaper changes, airway care, suctioning, dressing changes, etc.... If families do not have gloves encourage them to order from the at home program. If gloves are not on their order list, contact your supervisor/manager to assist with having them added, or supplied. **Gloves are not a replacement for good hand hygiene.**
- 6) **EYE PROTECTION:** Eye protection must be worn during AGMPs (Aerosol Generating Medical Procedures) and any procedures where there is risk of splashing or spraying of bodily fluids or secretions. Ex. Trach suctioning, trach dressing changes, nebulized meds, chest physio, cough assist, vomiting patient etc...

- 7) **HIGH TOUCH SURFACES:** High touch surfaces should be cleaned each shift with disinfectant wipes or diluted bleach: water solution. (see BCCDC guide attached) Counters, knobs, buttons, equipment, switches, anything that you encounter as part of your work flow. Talk to your families about cleaning toys, soothers, and other objects that the client touches and/or may put in their mouth. Note: if using diluted chlorine bleach, there are different concentrations and processes. **(See Appendix 1 below)**
- 8) **Nurse Preparedness:** Medical masks, eye protection, gloves, and hand sanitizer should be maintained in the client home. Cloth masks, N95 masks (if fit tested), and face shields or safety glasses should be readily available, for use as needed. (See attached Decision Support Tool for managing a client who becomes ill).

**IF A CLIENT BECOMES ILL WITH SYMPTOMS OF COVID19:** (Note: Children have similar symptoms to adults but are less likely to have significant fever, shortness of breath, and cough) (BCCDC)

**Any ONE Key Symptoms:** (Updated Jan 18th/2021) **Any TWO of Less Common Symptoms:**

- |  |                                 |                    |
|--|---------------------------------|--------------------|
| • Cough                                    | - Sore Throat?                  | - Loss of appetite |
| • Fever / Chills                           | - Extreme Fatigue or Tiredness? | - Headache?        |
| • Shortness of breath/Difficulty Breathing | - Body Aches?                   | - Nausea/Vomiting? |
| • Loss of sense of smell or taste          | - Diarrhea?                     |                    |

- 1) Families are to screen using the COVID19 Self-Assessment Tool prior to each scheduled nursing shift. If a family identifies symptoms consistent with COVID19 infection or an exposure risk from the COVID Self-Assessment Tool prior to the start of a scheduled shift, they should notify the on-call Nursing Supervisor, AND the oncoming Nurse to avoid an unnecessary exposure. Nursing Supervisors will direct the family to contact public health for screening and next steps.
- 2) If a client becomes ill during a nursing shift, utilize the attached Decision Support Tool. This, along with the BC Self-Assessment Tool should help to determine if symptoms are consistent with COVID-19, and what actions to take.

Due to the fact that we are not in control of the work environment (Family Homes/Schools), there are multiple challenges related to providing care in the event that a client tests positive for COVID19. The goal of our current practice is to reduce the risk of an unplanned exposure to COVID19. The secondary goal is to provide support in managing a situation where the client becomes ill with symptoms consistent with COVID19, and keeping our clients and staff as safe as possible.

We know these changes may prove challenging, but we all need to do our part to protect each other! Due to the uniqueness of each clients care needs and environment, it will be necessary for Nursing Supervisors to assist in problem solving with staff and families, in cooperation with public health in each individual situation.

Thank you for keeping our clients, their families, and staff safe. If you have questions please feel free to contact me or your supervisors.

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**Helpful Links:**

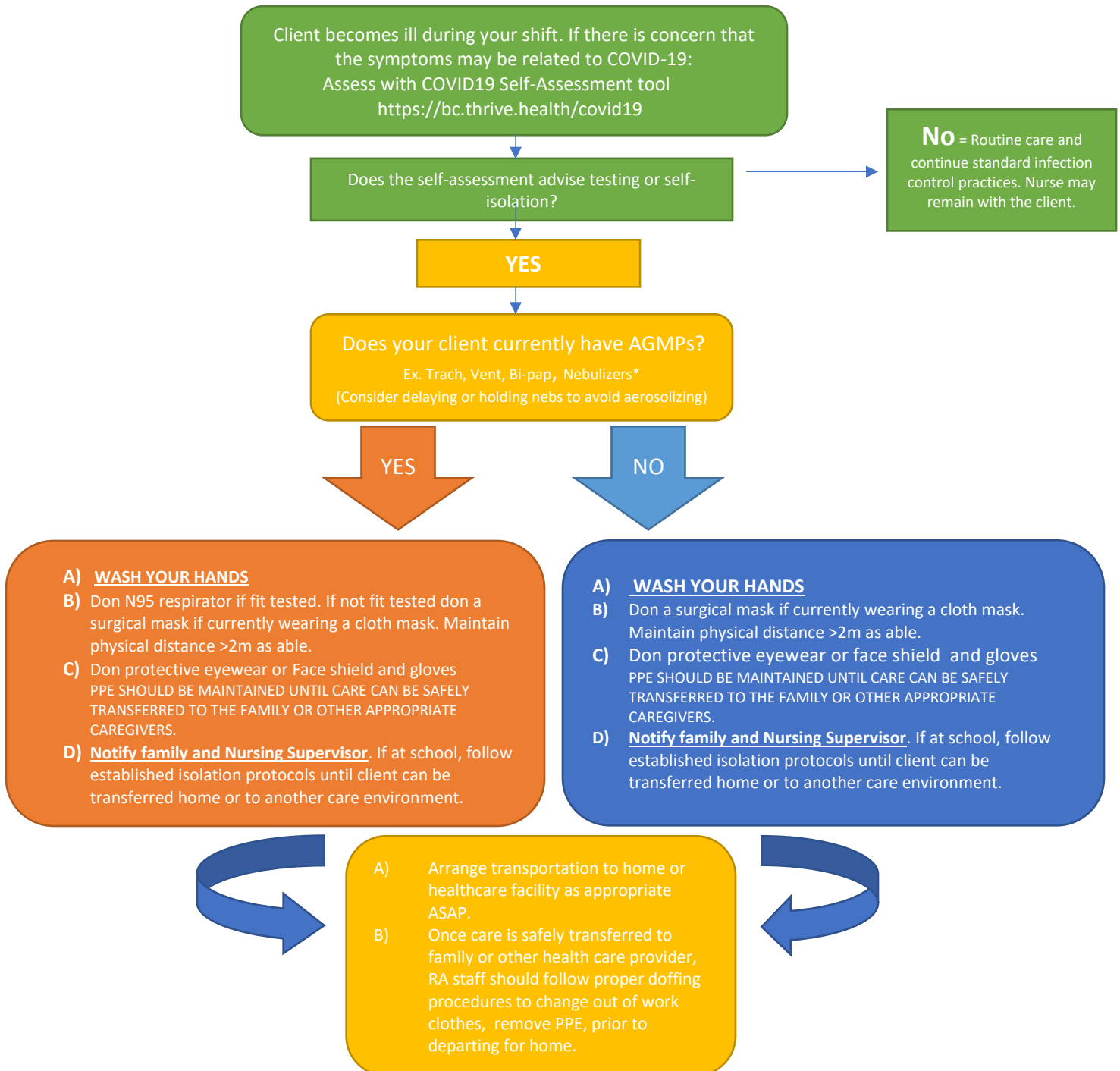
**Cleaning and Disinfecting**

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting>

**Prevention & Risks**

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks>

**Managing a client who becomes ill during a Resource Ability nursing shift**  
**DECISION SUPPORT TOOL**



Provided nurses are wearing the appropriate basic PPE (mask/Eye protection for AGMPs) then according to the BCCDC/BC Ministry of Health assessment tool, the above exposure scenario would result in a low risk classification and would only require the nurse to self-monitor for 14 days. Work and other activities would not be restricted during the monitoring period.

## **BCCDC Mixing Household Bleach for use as a surface disinfectant.**

<b><i>Recommended bleach, water ratios, and cleaning times needed for COVID-19 disinfecting</i></b>	<b>High touch and heavily soiled areas</b> (appropriate for households with illness)	<b>All other surfaces</b>	<b>Food contact surfaces</b>
<b>Example areas and surfaces</b>	Toilets, light switches, door knobs, cell phone, TV remotes, bathroom faucets	Tables, counters, floors, chairs, cribs	Any surface or equipment that contacts food
<b>Bleach concentration in ppm</b> (refers to the % ratio of bleach to water)  OR 1 part bleach diluted in ## parts of water	1000ppm 0.1% (1:49)	500ppm 0.05% (1:99)	100ppm 0.01% (1:499)
<b>Time to leave wet, rinsing and drying</b>	Allow 1 minute then rinse with clean water	Allow 5 minutes, no rinse required, let air dry	Allow to air dry, no rinse required
<b>Frequency if everyone in household is well</b>	Once every few days	Once per week	After each use
<b>Frequency if someone in household has COVID-19 or symptoms of illness</b>	Twice per day	Once per day	After each use