



Community Respite Care Infection Control Practices Update: Mar 10/2022

- 1) <u>ROUTINE MONITORING</u>: Staff and families are expected to perform a health check prior to every scheduled nursing shift. This applies to staff and all household members including the client.
 - a. Staff who develop symptoms consistent with COVID-19 or other contagious illness are not to attend work.
 - **b.** Families need to perform a health check prior to each shift. This includes all household members, in addition to the client.

Primary Symptoms: 1. Fever/Chills 2. Cough 3. Difficulty Breathing 4. Loss of taste or smell

Secondary Symptoms:1. Sore Throat2. Extreme fatigue3. Body Aches4. Diarrhea5. Loss of appetite6. Headache7. Nausea/Vomiting

2) ACTIONS:

When staff log in to a shift on ADP, you are verifying:

a. You have completed your own health assessment and are symptom free.

- b. You have confirmed that the client/family has completed their health assessment and are symptom free.
- **c.** If a staff member is symptomatic, advised to receive testing, or to self-isolate (by BC Health, 8-1-1, or other care provider), they are not to attend work, and <u>must notify the client and their nursing supervisor</u>.
- d. If a client or household member is symptomatic, advised to receive testing, or advised to self-isolate (by BC Health, 8-1-1, or other care provider), the family <u>must contact the oncoming Nurse and the On Call</u> <u>Nursing Supervisor</u> to avoid an unnecessary exposure. Each situation will be assessed and guided by the management team in accordance with public health recommendations. Household members who are symptomatic but able to self-isolate effectively should not negatively impact service.

3) PROCESSES:

a. <u>Clothes:</u> Staff are expected to wear clean clothes/scrubs for each shift. This means that you have not worn them to any other environment prior to work (ie the grocery store, daycare, schools etc...). Staff who prefer can change into work clothes at the work site. Shoes must be worn as per agency policy to comply with WorkSafe BC.

b. <u>Hand Hygiene</u>: IMMEDIATELY upon 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 and after direct client care, prior to aseptic/sterile procedures, whenever removing gloves, whenever hands are visibly soiled, before and after donning/doffing a mask. <u>Also, before and after adjusting/touching your mask.</u> If using alcohol-based hand rub, a sufficient amount to wet all hand surfaces should be used, and hands rubbed until dry(~15sec)

c. Masks:

<u>Staff</u> - A disposable medical mask is to be worn throughout your shift (Whenever within 2m of the client or household members). Cloth or reusable masks are only to be used in the event that medical masks are unavailable. (Please request supply from your Nursing Supervisor <u>before</u> you run out). If wearing a cloth reusable mask, these should be washed after every shift, 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. <u>Household and Family members</u> - are expected 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, travelling in a vehicle etc... Healthy household members are not required to routinely wear a mask, as long as physical distance can be maintained.





- d. <u>GLOVES</u>: 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. <u>Gloves are not a replacement for good hand hygiene</u>.
- e. <u>EYE PROTECTION:</u> 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...
- f. <u>HIGH TOUCH SURFACES</u>: High touch surfaces should be cleaned each shift with disinfectant wipes or diluted bleach: water solution (see appendix 1). 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 depending on the surface/object being disinfected. (See Appendix 1 below)
- **g.** <u>Nurse Preparedness:</u> Medical masks, eye protection, gloves, and hand sanitizer should be maintained in the client home. Cloth masks, N95 masks, and face shields or safety glasses should be readily available, for use as needed with AGMP clients. (See attached Decision Support Tool for managing a client who becomes ill during your shift).

IF A CLIENT BECOMES ILL WITH SYMPTOMS OF COVID19: (Note: Children have similar symptoms to adults but may demonstrate them differently ex. Fatigue may look like decreased appetite, less interest in play, changes in behavior/mood. Body aches may present as irritability, restlessness, behavior changes. Headache may present as intolerance of light or sound. Be mindful of the nonverbal cues your client is demonstrating.)

A. If a client develops symptoms during a nursing shift, staff should utilize the Decision Support Tool below. AND CONTACT your Nursing supervisor or the on-call supervisor to help you manage the situation appropriately with guidance from public health.

Due to the fact that we are not in control of the work environment (Family Homes/Schools), and the unique nature of each environment, there are multiple challenges related to providing care in the event that a client develops symptoms of, or tests positive for COVID19. Our primary goal is the safety of our clients and staff. With this in mind we will assess each situation independently and plan accordingly.

Thank you for keeping our clients, their families, and staff safe. If you have questions, please feel free to contact your Nursing Supervisor or Clinical Practice Leader.

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<u>Helpful Links:</u>

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

Prevention & Risks http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks

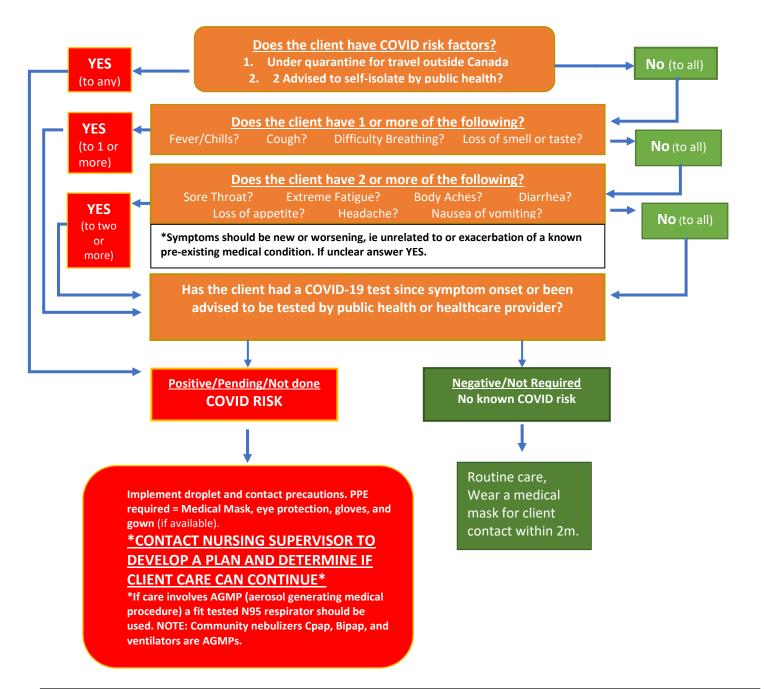




Managing a client who develops symptoms during your scheduled shift

DECISION SUPPORT TOOL

(Based on BCCDC Patient Screening Tool for Direct Care Interactions)



Collaborating with your Nursing Supervisor or the On-Call Supervisor will allow you to assess the situation and available resources. And in doing so, determine the best plan of action. Whether the shift needs to be cancelled or may continue is based on many factors that can only be assessed on an individual basis.





BCCDC Mixing Household Bleach for use as a surface disinfectant.

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

(Appendix 1)