

Community Respite Care Infection Control Practices

Update: October 5th /2023

- 1) **ROUTINE MONITORING:** Staff and are expected to perform a health check prior to every scheduled nursing shift. Any of the below symptoms of illness should be reported to the on-call Nursing Supervisor for assessment.
- Staff who develop symptoms consistent with COVID-19 or other communicable respiratory illness are not to attend work. Contact client family and Nursing Supervisor as per “Calling in Sick” process.**
 - Families receiving service: if any household member including the client develops symptoms consistent with COVID19 or other communicable respiratory illness, contact your Nursing Supervisor for guidance.**

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

Secondary Symptoms (2 or more): 1. Sore Throat 2. Extreme fatigue 3. Body Aches 4. Diarrhea
5. Loss of appetite 6. Headache 7. Nausea/Vomiting

2) **ACTIONS:**

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

- You have completed your own health assessment and are symptom free.
- You have confirmed that the client/family has completed their health assessment and are symptom free. If you arrive on shift and someone in the household is unwell, utilize the DST below and you can contact your nursing supervisor to help assess the situation if you are unsure of how to proceed.

Families/Clients

- If a client or household member is unwell, the oncoming Nurse and the On Call Nursing Supervisor should be notified to avoid unnecessary exposure. Each situation will be assessed in accordance with public health guidelines. Household members who are unwell but able to self-isolate effectively should not negatively impact service. Basic PPE for the management of communicable respiratory and GI illnesses will be maintained in each client’s home. (Masks, gloves, eye protection, and hand sanitizer)

3) **PROCESSES:**

- Clothes:** 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 may also change into work clothes at the work site if they prefer.
- Hand Hygiene:** IMMEDIATELY upon entering a client’s home/school, staff must wash their hands with soap and water for a minimum of 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. **Also, before and after adjusting/touching your mask.** If using alcohol-based hand rub, a sufficient amount to wet all hand surfaces should be used, and hands rubbed until dry(~15sec)

- Masks:** (Effective Oct 3/2023)

Staff – PHO Dr Bonnie Henry has mandated that mask be worn in healthcare settings due to the increase in COVID-19 cases and respiratory illness. Our program falls under the “PHSA Contractors” section which requires our staff to comply with this mandate. Clients and family members who are well are not required to wear masks. This is to protect not only our clients, but to protect staff from becoming ill and being unable to support our clients. **(Please request supply of disposable medical masks from your Nursing Supervisor before you run out.)**

- 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. **Gloves are not a replacement for good hand hygiene.**

- e. **Eye Protection:** Eye protection should 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. **High Touch Surfaces:** 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. **Nurse Preparedness:** Medical masks, eye protection, gloves, and hand sanitizer should be maintained in the client home. 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).



5 Moments of Hand Hygiene



Proper Hand Hygiene



Mask Use

Returning to work after illness: BCCDC is now approaching COVID and other communicable diseases the same way. Stay home while you feel unwell. Once your symptoms have resolved and you feel well enough to resume regular activities like work and school, you can do so as long as you have been fever free (without medications) for 24h.

As 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 if 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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Helpful Links:

Cleaning and Disinfecting

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

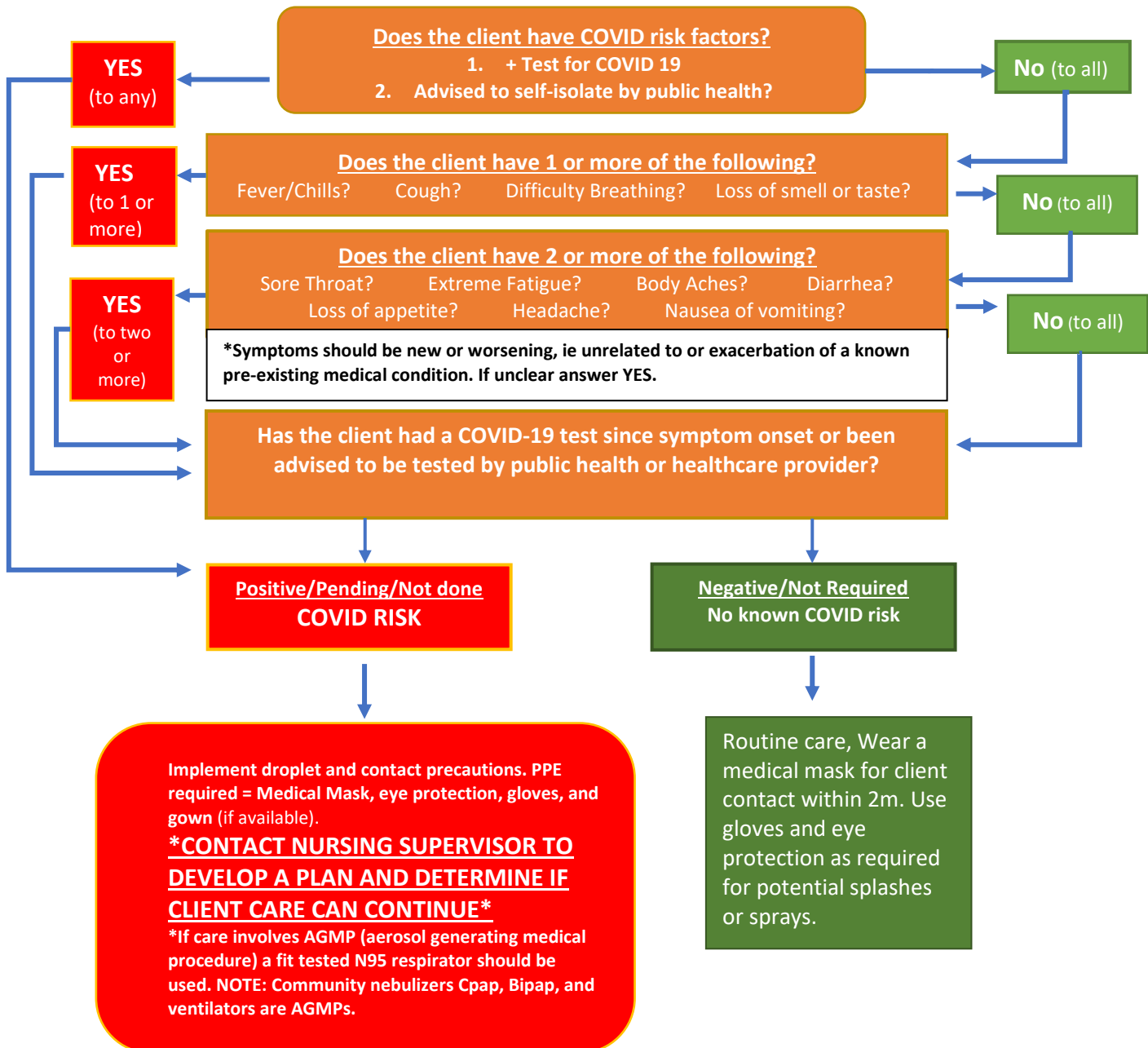
Prevention & Risks

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

Managing a client who develops symptoms during your scheduled shift

DECISION SUPPORT TOOL

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



BCCDC Mixing Household Bleach for use as a surface disinfectant.

<i>Recommended bleach, water ratios, and cleaning times needed for COVID-19 disinfecting</i>	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)

References:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_HomeCommunityCareIPCGuidance.pdf

http://www.bccdc.ca/Health-Professionals-Site/Documents/Mask_Use_Health_Care_Facilities.pdf

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/community-based-health-care>