

## Community Respite Care Infection Control Practices

### Update: April 15/2024

- 1) **ROUTINE MONITORING:** Staff and are expected to perform a health check prior to every scheduled nursing shift.
  - a. **Staff who develop symptoms consistent with COVID-19 or other respiratory illness are not to attend work. Contact client family and Nursing Supervisor as per “Calling in Sick” process.**
  - b. **Families receiving service: if any household member including the client develops symptoms consistent with COVID19 or other 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. Congestion  
5. Loss of appetite 6. Headache 7. Nausea/Vomiting/Diarrhea

- 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. 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**

- a. If the client or household member is unwell, the oncoming Nurse should be alerted upon arrival so they can manage exposure. 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:**

- a. **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.
- b. **Hand Hygiene:** IMMEDIATELY upon entering a client’s home/school, staff must wash their hands with soap and water. Total time 40-60seconds (30sec hand on hand friction)

**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)

- c. **Masks:** (Effective Apr 15<sup>th</sup>/2024)

**Staff –** Now that “Cold and Flu Season” has ended, BC’s PHO has removed the mandatory mask use in healthcare settings mandate. We will support any family or staff member who wishes to continue using masks for personal reasons and expect everyone to respect each other’s wishes. Since masks are no longer mandatory, each Client/Team can choose whether masks will be used in their home. Please discuss mask use with your client’s family. Clients and family members who are well are not required to wear masks.

**(Please request supply of disposable medical masks from your Nursing Supervisor before you run out.)**

- d. **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 if available.(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 afebrile (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>

[https://cdn.who.int/media/docs/default-source/documents/health-topics/hand-hygiene-why-how-and-when-brochure.pdf?sfvrsn=9b52e145\\_2&download=true](https://cdn.who.int/media/docs/default-source/documents/health-topics/hand-hygiene-why-how-and-when-brochure.pdf?sfvrsn=9b52e145_2&download=true)

**References:**

[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_HomeCommunityCareIPCGuidance.pdf](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>

## Point-of-Care Risk Assessment (PCRA)

The PCRA is a routine practice that must be conducted by a health care worker (HCW) before every patient/client/resident (hereafter 'patient') interaction to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and personal protective equipment (PPE) to minimize the risk of exposure. This is a general tool. The questions and actions may need to be adapted for specific health care settings and/or roles.

### 1 Assess before each patient interaction



#### The patient

- What are the patient's clinical signs and symptoms related to transmissible infections (e.g., coughing, fever, diarrhoea, vomiting, rash, open wounds)?
- Does the patient have known conditions or risk factors that require additional precautions? If yes, what additional precautions are required?
- What is the patient's health status (e.g., are they clinically extremely vulnerable)?
- Is the patient able to practice personal infection prevention and control (IPC) measures (e.g., hand hygiene, respiratory etiquette) or follow simple instructions?



#### The task

- What type of task am I carrying out (e.g., personal care; a non-clinical interaction)?
- Am I providing direct face-to-face care (e.g., performing an aerosol generating medical procedure (AGMP)) or coming into contact with blood and body fluids?
- Am I trained, equipped and ready for the task?



#### The environment

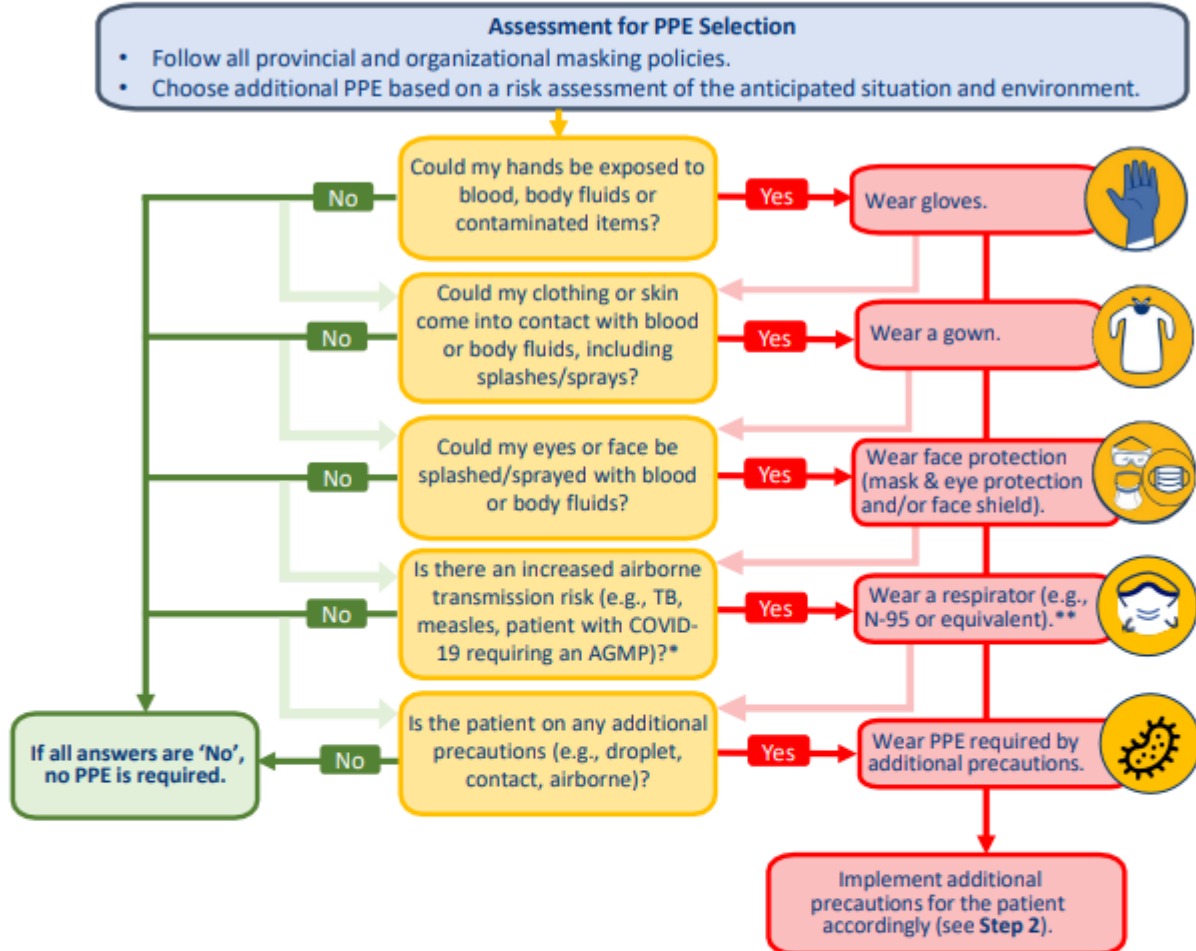
- Do I have easy access to the equipment and supplies needed to carry out IPC practices (e.g., a sharps container, waste disposal bin, hand hygiene station, PPE, soiled linen hamper, cleaning and disinfection wipes, and other supplies)?
- Are additional precautions, such as patient placement, ventilation or cleaning practices, required and in place?

### 2 Plan and implement your actions



- Ensure appropriate cleaning and disinfection of equipment and the environment.
- Clean your hands according to the 4 moments of hand hygiene and before donning/after doffing PPE.
- Select appropriate PPE (see **Step 3**).
- Support the patient in following personal respiratory hygiene and other IPC measures.
- Assess the need for any additional precautions, such as:
  - Patient placement and accommodation (e.g., single room, spatial separation, physical barrier).
  - Additional cleaning and disinfection.
  - Signage.

### 3 Choose appropriate PPE



\* Note: An organizational risk assessment is essential for evaluating the hierarchy of controls to minimize risk. The assessment must include reviewing and maintaining ventilation systems. Measures to improve indoor air quality and ventilation are important to decrease the risk of aerosol transmission. See IPC ventilation resources for more information.

\*\* Note: HCWs must only wear the respirator (i.e., N-95) that they have been currently fit-tested for and must perform a seal check prior to use. Other equivalent respirators, such as elastomeric half-face respirators (EHFRs if fit-tested) and powered air purifying respirators (PAPRs), may also be used if staff have been provided training on their appropriate use and if organizational procedures related to their use are followed. Respirators will be provided in circumstances where a HCW determines there is an elevated transmission risk through patient interaction.

Local organizational guidance may include additional precautions required by local epidemiology and other considerations. Please consult your IPC and/or workplace health & safety teams as needed.

Last updated: July 25, 2023

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

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