

## Community Respite Care Infection Control Practices Update: January 9<sup>th</sup>/2025

### 1) ROUTINE MONITORING:

- a. Staff who develop symptoms consistent with COVID-19, other respiratory illness, or GI illness are not to attend work. Contact your Nursing Supervisor as per “Calling in Sick” process.
- b. Families receiving service: if any household member, including the client develops significant illness either respiratory or GI please notify your Nursing Supervisor so that precautions can be taken to prevent the transmission of illness to staff.

### 2) ACTIONS:

#### 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)

#### 5 Moments of Hand Hygiene



#### Proper Hand Hygiene



**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 (ABHR), use enough to wet all hand surfaces should be used, and hands rubbed until dry(~15sec)

- c. **Masks:** (Effective January 6<sup>th</sup>/2025)

**Staff –** The Ministry of Health has reinstated the use of medical masks in patient care areas. This includes client homes where services are being provided by employees of or contracted to a local health authority or PHSA. Please discuss mask use with your client’s family. Clients and family members who are well are not required to wear mask.

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

- d. **Gloves:** Standard precautions state that gloves should be worn during all care where contact with blood and/or bodily fluids is likely (except for sweat). 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 / prn. Counters, knobs, buttons, equipment, switches, anything that you encounter as part of your workflow. Talk to your families about cleaning toys, soothers, and other objects that the client touches and/or may put in their mouth.
- 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 available for use as needed with AGMP clients. (See attached Decision Support Tool for managing a client who becomes ill during your shift).

**Returning to work after illness:** BCCDC is now approaching COVID the same as other communicable respiratory diseases. 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 if you have been afebrile (without medications) for 24h.

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>

### **References:**

<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/proof#masks>

[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-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

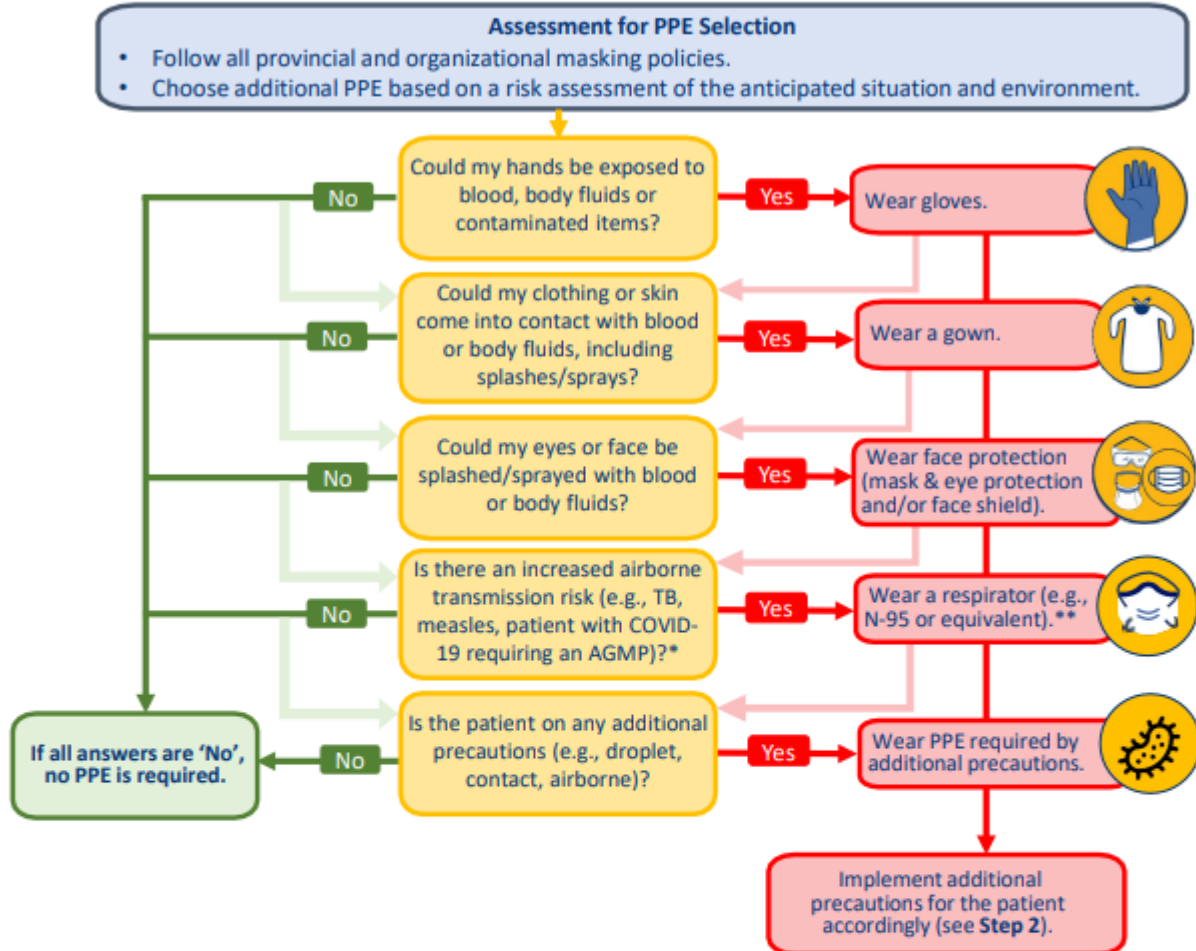
- Do I have easy access to the equipment and supplies needed to carry out IPC practices (e.g., a sharps container, waste disposal bin, hand hygiene station, PPE, soiled linen hamper, cleaning and disinfection wipes, and other supplies)?
- Are additional precautions, such as patient placement, ventilation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