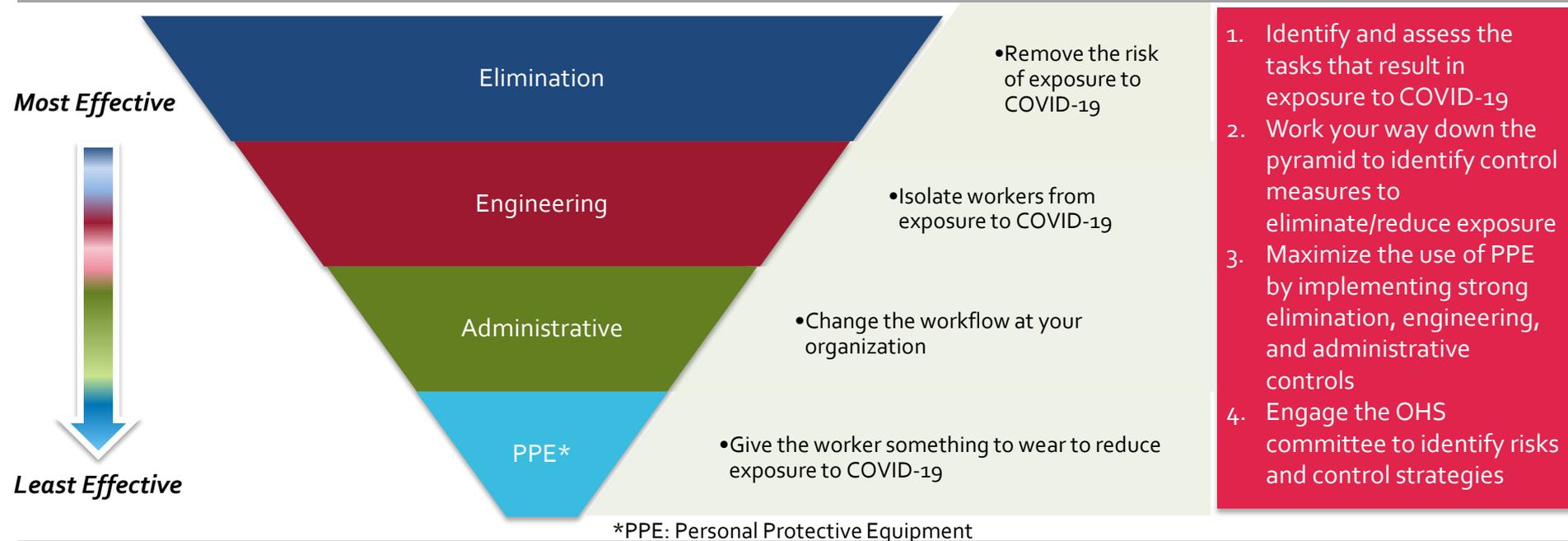


IMPLEMENTING CONTROL MEASURES TO REDUCE THE RISK OF EXPOSURE TO COVID-19 IN HOME AND COMMUNITY CARE

STEPS TO REDUCING EXPOSURE



RECOMMENDED ACTIONS (Examples)



- Provide virtual check-ins for families, where possible.
- Contact family members ahead of scheduled visit to determine if anyone is experiencing respiratory symptoms/illness. If someone is symptomatic and the visit can be delayed, reschedule the visit.



- Ensure physical barriers or social distancing is in place between sick family members and the client in care, and that sick family members are isolated from the client receiving care
- Implement electronic charts instead of paper binders
- Switch from nebulizers to metered-dose inhalers, if authorized by the physician



- Review organizational policies including pandemic response plans; illness and incident reporting
- Actively screen staff and clients, as well as their household members, for signs of illness
- Provide staff with training on hand hygiene, respiratory etiquette, proper use of PPE, and self-care
- Encourage staff to continuously assess and be on alert for risk (i.e. point of care risk assessment)
- Provide precautionary guidelines to all families, including:
 - Masking anyone living in the home if suspected or confirmed COVID-19 diagnosis, if tolerated
 - Practicing appropriate hand and respiratory hygiene by all persons in the home
 - Practicing social distancing, including when the caregiver is present in the home
 - Disinfecting surfaces and high-touch areas (i.e. door handles, light switches, bed rails)
 - Isolating sick family members away from the person receiving care
 - Ventilating the home, where possible, prior to the arrival of the caregiver
 - Limiting the number of people in the home to as few as possible when the caregiver is present
- Design set scheduling to avoid rotating staff among clients (i.e. one care provider works with one family); assign staff who have recovered from COVID-19 to provide care to COVID-19 clients (note – evidence suggests some, but not all, of those infected develop immunity. It is unknown how long immunity lasts).
- Have staff leave their belongings near the entrance of the home when conducting an in-home visit.
- Encourage staff to have separate clothing and shoes for work and for home



- Provide hand sanitizer to staff to use prior to entering and leaving a home
- Ensure clients who are suspected or confirmed to have COVID-19 are wearing a mask, as tolerated
- Direct staff to wear surgical masks, gowns, gloves, and eye protection when providing care to suspected or confirmed COVID-19 clients, or where otherwise indicated. For asymptomatic clients, have staff wear a surgical mask, eye protection, and gloves
 - N95 respirators, with appropriate fit testing, are required if care provided is an aerosol-generating medical procedure (e.g. nebulizer treatment, CPR, ventilation, BiPAP)
- Ensure staff perform proper donning and doffing of PPE, and proper hand hygiene
- Ensure face masks are removed and discarded if soiled, damaged, or hard to breathe through

Re-use a mask in crisis capacity only:

Face masks with elastic ear hooks may be more suitable for re-use. Remove mask carefully by handling ear hooks only, fold the outside surfaces inward and store the mask in a clean sealable paper bag or breathable container. Removal should be done outside of the client's home. Do not reuse if soiled or wet, or if used to provide care to a symptomatic client.