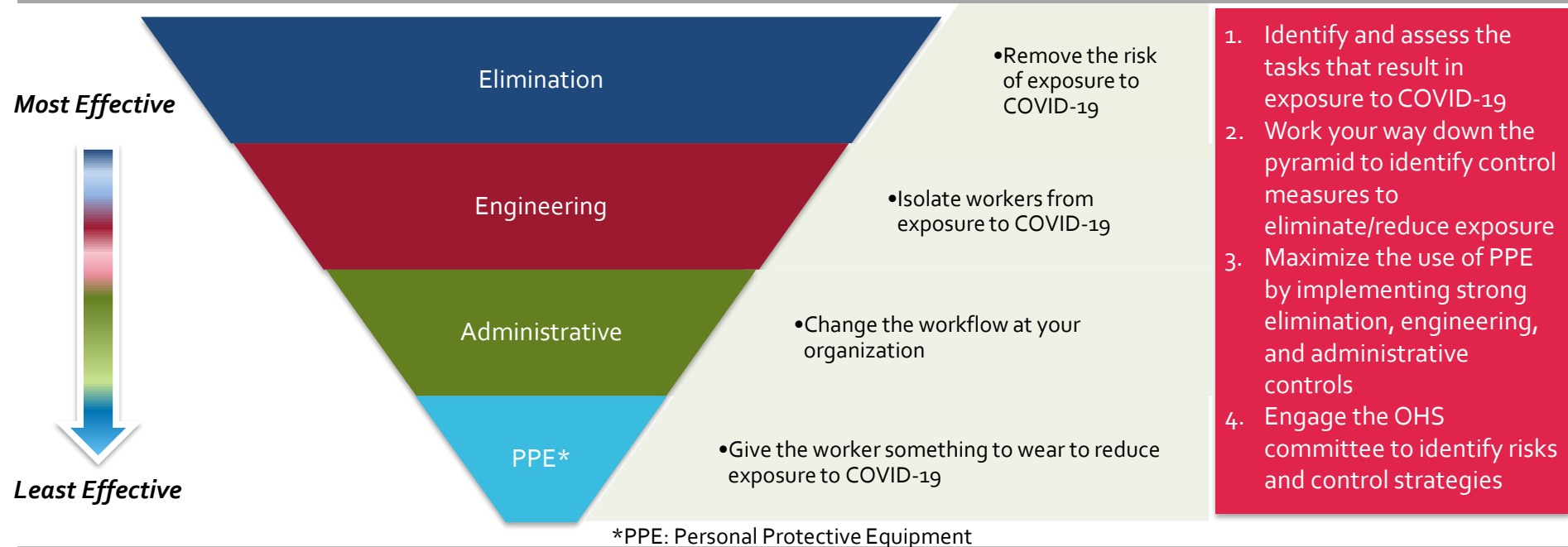


IMPLEMENTING CONTROL MEASURES TO REDUCE THE RISK OF EXPOSURE TO COVID-19 IN HOME AND COMMUNITY CARE

STEPS TO REDUCING EXPOSURE



RECOMMENDED ACTIONS (Examples)

Elimination

- 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.

Engineering

- Ensure physical barriers or 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.
- Increase ventilation, open a window to allow outside fresh air into your space, if available and appropriate.
- Switch from nebulizers to metered-dose inhalers, if authorized by the physician.
- Implement electronic charts instead of paper binders.

Administrative

- 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 physical 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 scheduling to minimize rotating staff among clients (i.e. one care provider works with one family) when feasible.
- 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.

PPE

- Provide hand sanitizer to staff to use prior to entering and leaving a home.
- Direct staff to follow current [provincial masking guidance](#).
- Before any client interactions, staff must conduct a [Point-of-Care Risk Assessment](#) to determine if additional personal protective equipment is required. Please refer to our [Personal Protective Equipment for Those Who Provide Direct Care resource](#).
- A respirator (e.g. N95) may be required when there is an airborne or increased aerosol transmission risk. Considerations for when to wear a respirator instead of a medical mask can be found from the BCCDC [here](#).
- N95 respirators require the wearer to be fit tested.
- Ensure staff perform proper donning and doffing of PPE, and proper hand hygiene.
- Ensure face masks are replaced if soiled, damaged or hard to breathe through.