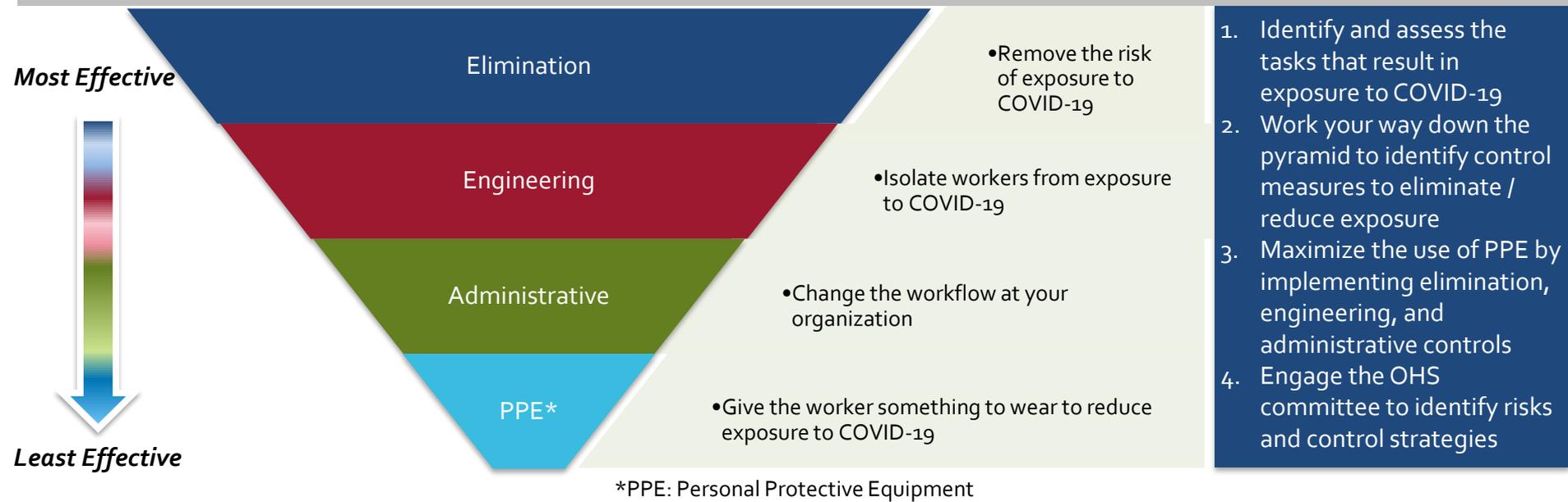


IMPLEMENTING CONTROL MEASURES TO REDUCE THE RISK OF EXPOSURE TO COVID-19 IN LONG-TERM CARE

STEPS TO REDUCING EXPOSURE



RECOMMENDED ACTIONS (Examples)

Elimination

- Post signage to prevent anyone with respiratory symptoms from entering the home.
- Triage all visitors immediately upon arriving at the home.
- Isolate residents with suspected or diagnosed COVID-19, encourage respiratory hygiene/cough etiquette, and provide tissues and individual receptacles.
- Eliminate the use of high-touch or shared items (i.e. palm readers for clocking in/out of shifts).
- Follow current [BCCDC guidelines](#) for LTC for limiting essential or social visitors.

Engineering

- Use physical barriers (i.e. tables) or reposition furniture to promote physical distancing.
- Consider the use of drop curtains or plexiglass to isolate spaces.
- Use markers (i.e. tape on the floor) to remind individuals to maintain 2m distance.
- Switch from nebulizers to metered-dose inhalers, if authorized by the physician.
- Ensure indoor spaces are adequately ventilated with fresh outside air.

Administrative

- Review organizational policies including pandemic response plans; illness and incident reporting.
- Actively screen staff and residents for any signs of illness.
- Provide staff 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).
- Increase frequency of disinfecting surfaces and high-touch areas, document using a log system.
- Provide soap, paper towels and hand sanitizer throughout the home, including at entryways.
- Assign roles to staff members to minimize movement throughout the home.
- Cohort COVID-19 positive residents.
- Limit number of staff who can be present in any shared spaces (i.e. break and change rooms).
- Encourage staff to have separate clothing and shoes for commuting to and from work.
- Provide masks to all residents who are suspected or confirmed to have COVID-19, as tolerated.

PPE

- Direct staff to follow current [provincial masking guidance](#).
- Before any resident 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.

The above are examples of control measures that could be considered for each step in the hierarchy of controls, and act only as a guidance for possible controls measures that may be suitable for your organization. You are still required to minimize workplace hazards through an organization-specific risk assessment. The information in this document does not override the current provincial measures or guidance from your local health authority.