

Public Health Guidance for Home and Community Care

June 22, 2020

Revised Sept. 18, 2020

Table of Contents

- 1.0 Introduction 1
- 2.0 Preventing the introduction of COVID-19 into the home environment..... 2
 - 2.1 Screening, Monitoring and Active Surveillance 2
 - 2.2 New Admissions and Re-admissions to Home & Community Care Services/Programs 4
 - 2.3 Minimizing Risk in the Home Environment..... 4
- 3.0 Identification of COVID-19..... 6
 - 3.1 Suspect Covid-19 Case 6
 - 3.2 Notification..... 6
 - 3.3 Contact Tracing by Public Health..... 6
- 4.0 Providing Care for COVID-19 Positive Client..... 6
 - 4.1 Home care agency staff on self-isolation 7
- Resources..... 8

1.0 Introduction

The goal of COVID-19 Management in Home and Community Care Guidance Document is to, as much as possible, prevent the introduction of the virus into households, maintain the health system capacity, and prevent transmission of illness to clients & staff of home and community care agencies.

All health care workers must follow the Public Health Order issued by the Chief Medical Officer of Health (CMOH), dated March 24, 2020, and any direction arising from that Order and directives given under the authority of the Health Protection Act (HPA).

This document provides guidance to health care workers (HCWs) for the prevention and control of COVID-19 in home and community settings. The document aligns with and is complementary to [Coronavirus Disease 2019 Infection Prevention and Control Guidelines for Home and Community Care](#). Staff must follow current infection prevention and control guidelines for use of personal protective equipment (PPE) while in the home.

Over the last few months, understanding of COVID-19 has rapidly expanded. COVID-19 is most commonly spread from an infected person through respiratory droplets generated through cough or sneezing, close personal contact such as touching or shaking hands, or touching something with the virus on it and then touching one's mouth, nose or eyes before washing one's hands. COVID-19 can also be spread through the air during aerosol-generating medical procedures (AGMPs).

There is evidence of unrecognized asymptomatic, pre-symptomatic or pauci-symptomatic transmission of this virus. Both staff and clients in home care settings may have COVID-19 infection without symptoms, or with undetected mild or atypical symptoms at the time of visits.

This document is based on the latest available scientific evidence about this emerging disease and may change as new information becomes available. The foundational document used in the development of this guidance includes the Public Health Agency of Canada [Infection Prevention and Control for COVID-19: Interim Guidance for Home Care Settings](#).

Home care organizations provide comprehensive services to clients in their homes and communities and therefore play a key role in individuals remaining in their own home, preventing unnecessary hospital and long-term care admissions. Home care is used to describe formal medical or personal care delivered in the home. This includes but is not limited to care delivered by nurses, physiotherapists, occupational therapists, respiratory therapists, and agency staff.

This guidance document applies to all home and community care providers funded by the Department of Health and Wellness.

This guidance document uses the term **client** to include individuals receiving home care services.

This guidance document uses the term **staff** to include those employed by a home care agency and anyone providing health care in the home.

2.0 Preventing the introduction of COVID-19 into the home environment

2.1 Screening, Monitoring and Active Surveillance

- Active screening of all **staff**:
 - Staff will conduct and document daily screening for signs and symptoms of COVID-19. Assessment must include:
 - In the past 48 hours have you had or are you currently experiencing:
 - Fever (i.e. chills/sweats)
OR
 - cough (new or worsening)
OR
 - Two or more of the following symptoms (new or worsening):
 - Sore throat
 - Runny nose/nasal congestion
 - Headache
 - Shortness of breath
 - Screening of all staff (including temperature checks) must occur at least once daily at the beginning of shift, and twice per shift if operationally feasible. If staff become symptomatic in the workplace, they should immediately perform hand hygiene, ensure that they do not remove their mask until they leave the home, inform their supervisor, avoid further client contact and go home to isolate.
 - Staff screening information must be reported to home care agency daily
 - Staff experiencing symptoms as outlined above must be tested for COVID-19, excluded from work and advised to follow local public health guidance.

- Active screening of all **clients**:

The goal of active screening is to have a very low threshold for detection of COVID-19 cases. Recognizing that in some populations, including the elderly, clear symptoms do not always present in the same way.

- Pre-screening of clients and household members prior to scheduled visits should include the following:
 - The client and household members are capable of adhering to the recommended precautions such as hand hygiene, respiratory etiquette, environmental cleaning.
 - Household members maintain a physical distance of 2 metres from staff during the visit.
 - Screening criteria of clients for signs and symptoms include:
 - In the past 48 hours have you had or are you currently experiencing:
 - Fever (i.e. chills/sweats) OR cough (new or worsening)
OR
 - Two or more of the following symptoms (new or worsening):
 - Sore throat
 - Runny nose/nasal congestion
 - Headache
 - Shortness of breath
 - Red, purple or blueish lesions, on the feet, toes or fingers without clear cause is sometimes referred to as 'COVID toes/fingers.' COVID toes/fingers are believed to represent a less common, late symptom of COVID-19 that occurs as a blood vessel/immune system response to the virus. It is seen primarily in children/youth but has been seen in adults. Please be aware of and watch for the new development of this symptom. It may be challenging to screen for this symptom on a daily basis however, if found, please contact local Public Health to determine what action should be taken.
 - Clients experiencing symptoms as outlined above must self-isolate and access testing for COVID-19 by contacting 811.
 - Clients (or household members) with signs and symptoms of COVID-19 must be advised to self-isolate and contact 811 for assessment.
 - Point of care risk assessments (PCRA) must be conducted by all staff prior to any interactions with a client or household member

2.2 New Admissions and Re-admissions to Home & Community Care Services/Programs

For information about new admissions or re-admission to programs, refer to the testing and isolation requirements outlined in the [Protocol – Admissions to Continuing Care Programs – COVID-19](#).

2.3 Minimizing Risk in the Home Environment

Client Education

Home care staff and agencies must provide educational material ([see Resources](#)) and assess the client's ability to comply with:

- **Physical distancing and self-isolation requirements** (if required).
- **Hand hygiene practices** – proper handwashing practices and how to safely use hand sanitizer
- **Respiratory etiquette** – covering their cough with a tissue or coughing into their elbow followed by proper hand hygiene
- **Client care** – how household members can safely care for the client with suspect or confirmed COVID-19 to prevent the infection from spreading within the household.
- **Environmental cleaning** – the client (household members) must be informed about environmental cleaning practices within the home. Surfaces that are frequently touched (door handles, railings, bedside tables, etc.) should be cleaned and disinfected daily by using:
 - Regular household cleaners, or
 - In the event that regular household cleaners are not available, use a diluted bleach solution to disinfect the environment,
 - Clean surfaces initially and disinfect with diluted bleach prepared according to the instructions on the label or in a ratio of 1 teaspoon (5 mL) per cup (250 mL) or 4 teaspoons (20 mL) per litre (1000 mL) assuming bleach is 5 % sodium hypochlorite, to give a 0.1 % sodium hypochlorite solution. (Health Canada's Hard-surface disinfectants and hand sanitizers for COVID-19).

Physical Distancing

During services provision, physical distancing measures must be followed **as per the Order by the Medical Officer of Health (March 24, 2020)**:

- All efforts to maintain physical distancing must be made by staff and home care agencies. Examples of physical distancing include, but are not limited to maintaining physical distance of two metres or six feet, restricting gatherings to 10 people, etc.
- Staff while working within the client's home providing care are exempt from physical distancing requirements.

Anyone else in the home will be asked to remain in another room during the home visit, regardless of the results of the COVID-19 screening unless their presence is necessary to support the care.

Provision of Care & Services

Home care agency staff providing the services listed below must be guided by the current version of [COVID-19 IPAC Guide for Home and Community Care.](#)

Client Care - Equipment

- Single-use disposable equipment should be used whenever possible. Single-use disposable equipment should be discarded into a no-touch waste receptacle after use.
- Only essential equipment should be brought into the home. When it is necessary to bring equipment into the home, a disposable barrier will be utilized (i.e., a plastic bag) to prevent placing equipment directly onto surfaces in the home. This equipment may be kept in a plastic bag and hung from a hook while not in use.
- All reusable equipment (e.g. blood pressure monitor, thermometer and supplies etc.) should, whenever possible, be dedicated for use by one client and stored at their home.
- Reusable client care equipment (e.g., blood pressure monitor, thermometer and supplies etc.) should be cleaned first and then disinfected after each use, with a hospital-grade disinfectant or disinfectant wipes according to manufacturer's instructions and organizational protocols for cleaning and disinfection of reusable equipment, to prevent transmission of COVID-19 or other pathogens between clients.

Cleaning

Clean all high-touch surfaces frequently.

- High-touch areas such as door handles, stairway railings, toilets, bedside tables and counters should be cleaned daily using a store bought disinfectant following the direction on the label or for household disinfection, a diluted bleach solution can be prepared in accordance with the instructions on the label, or in a ratio of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water. This ratio is based on bleach containing 5 % sodium hypochlorite, to give a 0.1 % sodium hypochlorite solution.
- High-touch electronics such as phones, computers and other devices may be disinfected with 70% alcohol (e.g. alcohol prep wipes) that remains wet for 1 minute if the item can withstand the use of liquids for disinfection.

Laundry

Use precautions when doing laundry.

- Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.
- Appropriate PPE should be worn when in direct contact with contaminated laundry.
- Clothing and linens and non-medical masks belonging to the ill person can be washed

together with other laundry, using regular laundry soap and hot water (60-90°C).

- Laundry should be thoroughly dried. Hand hygiene should be performed after handling contaminated laundry and after removing gloves.
- If the laundry container comes in contact with contaminated laundry, it should be cleaned and disinfected

Waste Disposal

There are no special precautions required for waste. Used disposable contaminated items can be placed in a waste receptacle with other household waste.

3.0 Identification of COVID-19

3.1 Suspect Covid-19 Case

If a client's pre-visit assessment indicates the individual may have symptoms suggestive of COVID-19, only essential care visits will be provided using appropriate PPE (contact and droplet precautions) as indicated by the point of care risk assessment (PCRA). Client should be advised to contact 811 to facilitate access to testing.

3.2 Notification

Staff who identify during the visit that they have provided care for a suspect or confirmed COVID-19 client (without contact/droplet precautions) must advise their Supervisor immediately.

3.3 Contact Tracing by Public Health

- Contact tracing will be conducted by Public Health for all positive results of COVID-19. This will determine the close contacts of the case including home care staff/clients who may have been exposed while providing care/receiving care up to 48 hours prior to symptom onset.
- Public Health will attempt to determine the source of COVID-19. This will include identifying staff who have provided care to the case, client location (discharge from facility/participation in day programs) within the last up to 14 days before symptom onset.
- Public Health will determine the need for COVID-19 testing for close contacts.

4.0 Providing Care for COVID-19 Positive Client

Clients

- COVID-19 positive clients will be instructed by Public Health about self-isolation measures they need follow.
- If transfer to the hospital or another facility is necessary, notify the hospital/other facility and Emergency Health Services (EHS) of the client's symptoms/diagnosis. If

the client requiring transfer is symptomatic, EHS should be notified prior to pick-up that the client will require droplet/ contact precautions.

Staff

- Agencies should review planned visits to minimize movement of staff between COVID-19 positive and negative clients.
- Pre-visit risk assessment will be conducted prior to home care services being provided.
- Practice strict hand hygiene between clients at all times.

4.1 Home care agency staff on self-isolation

During contact tracing of COVID-19, staff may be identified as close contacts and are instructed to self-isolate and monitor for symptoms.

For agencies experiencing staffing issues as a result of COVID-19, the following approach is supported in consultation with Public Health.

- Staffing assignments must be reviewed to maximize the utilization of existing staff.
- As a second measure, exposed staff may continue to work under 'work quarantine/work isolation' measures described below.

Work-quarantine (work-isolation) is implemented for staff who are asymptomatic but have had a high-risk exposure.

- Work-quarantine is implemented for staff who are deemed critical, by all parties, to continued operations, and it is therefore unfeasible to exclude the worker for the 14 days of quarantine following a high-risk exposure.
- All requirements must be met:
 - Staff is asymptomatic.
 - Staff completes regular twice daily screening of temperature and symptoms.
 - Staff must immediately leave the workplace if symptoms develop and self-identify to supervisor.
 - Staff must wear a mask during their shift.
 - Proper hand hygiene must be followed.
 - Staff must follow direction of public health with regard to multiple workplaces.
 - Self-isolation measures must be maintained outside of the workplace.

Resources

COVID-19 Individuals and Families Fact Sheet - <https://novascotia.ca/coronavirus/docs/COVID-19-Fact-Sheet-Families.pdf>

Staying Healthy: Habits – <https://novascotia.ca/coronavirus/docs/Staying-Healthy-Habits-EN.pdf>

Staying Healthy: Preparation - <https://novascotia.ca/coronavirus/docs/Staying-Healthy-Preparation-Fact-Sheet-EN.pdf>

Self-isolation Fact Sheet - <https://novascotia.ca/coronavirus/restrictions-and-guidance/#self-isolation-requirements>

Handwashing Poster – <https://novascotia.ca/coronavirus/docs/Hand-Washing-Poster.pdf>

Social Distancing Best Practices - <https://novascotia.ca/coronavirus/docs/social-distancing-best-practices.pdf>

How to Care for a Person with COVID-19 at Home: Advice for Caregivers - <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/how-to-care-for-person-with-covid-19-at-home-advice-for-caregivers/eng-caregiver.pdf>