

### HS026-P: Hand Washing

<b>Procedure Number:</b>	HS026-P
<b>Procedure Name:</b>	<b>HS026-P: Hand Washing</b>
<b>Procedure Section:</b>	Health and Safety
<b>Impact Group:</b>	All Employees
<b>CARF Standards:</b>	Health and Safety
<b>Reviewed:</b>	18-Apr-2023
<b>Last Revised:</b>	14-Jun-2022

#### Purpose:

Hand washing is the single most important procedure to prevent infections and spread of disease. Therefore, all Nanaimo Association for Community Living (NACL) staff must wash their hands regularly.

#### Procedure:

##### When to Wash Your Hands

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- Upon entering and exiting the work environment;
- Before and after preparing, handling, serving, or eating food;
- After personal body functions;
- Before putting on any PPE including gown, gloves, facial, and eye protection;
- After taking off any PPE;
- Before and after engaging in group activities;
- Before contact with a person served or their environment;
- Before doing an antiseptic procedure;
- After contact with bodily fluids; and
- After contact with the person served and/or their environment.

##### Proper Method for Hand Washing

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When possible, use plain soap that does not contain antibacterial agents (plain soap removes the grease and dirt that attracts bad bacteria, while keeping good bacteria alive). Staff should refrain from wearing non-essential hand/arm jewellery.

- Collect equipment (soap, paper towels, wastebasket);
- Advance paper towel for easy access before and after hand washing;
- Wet your hands with warm water;
- Apply plain soap to your hands and rub together for 20 seconds (the length of time it takes to sing “Twinkle, Twinkle, Little Star”);
- Wash the front and back of your hands, as well as between your fingers and under your nails;
- Rinse your hands well for 10 seconds under warm running water, using a rubbing motion
- Wipe and dry your hands gently with a paper towel or a clean towel (drying them vigorously can damage the skin);
- Turn off the tap using the paper towel so that you do not re-contaminate your hands (when using a public bathroom, use the same paper towel to open the door when you leave); and
- If skin dryness is a problem, use a moisturizing lotion.

## HS027-P: Universal Precautions and Personal Protective Equipment

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<b>Procedure Section:</b>	Health and Safety
<b>Impact Group:</b>	All Employees
<b>CARF Standards:</b>	Health and Safety
<b>Reviewed:</b>	13-Jun-2023
<b>Last Revised:</b>	13-Jun-2023

### Purpose:

To ensure safety and health, and to prevent the spread of viruses and bacteria that could cause disease by hand washing and wearing personal protective equipment.

### Procedure:

NACL provides gloves, masks, safety glasses, gowns, shoe coverings, and ear protection as personal protective equipment during the provision of personal care or broad support of persons served.

### Personal Protective Equipment

When providing care to persons served, follow these guidelines:

PPE Item	How Long to Wear It?	When to Replace It?
<ul style="list-style-type: none"> <li>▪ Cloth mask</li> <li>▪ Disposable face mask</li> </ul>	<ul style="list-style-type: none"> <li>▪ For support of healthy/symptomatic/ill person(s) served as directed by the Program Supervisor, and then for the duration of your shift, when possible</li> </ul>	<ul style="list-style-type: none"> <li>▪ If it becomes wet</li> <li>▪ When removing for any reason (i.e. to eat, drink, smoke)</li> <li>▪ At the end of your shift</li> <li>▪ For symptomatic/infected person(s) served, between providing care to a different person(s) served</li> </ul>

PPE Item	How Long to Wear It?	When to Replace It?
<ul style="list-style-type: none"> <li>▪ Eyewear (i.e. face shield or goggles)</li> </ul>	<ul style="list-style-type: none"> <li>▪ For oral care of healthy person(s) served while performing such care</li> <li>▪ For direct care of health for persons served as directed by the Program Supervisor (assistance with hygiene, transferring, dressing, meals, or toileting)</li> <li>▪ For support of infected/ symptomatic person(s) served for the duration of your shift, when possible</li> </ul>	<ul style="list-style-type: none"> <li>▪ For healthy person(s) served, remove upon completion of oral care</li> <li>▪ For healthy person(s) served, as directed by the Program Supervisor, remove upon completion of direct care (assistance with hygiene, transferring, dressing, meals, or toileting)</li> <li>▪ For infected/symptomatic person(s) served, if it becomes wet and/or at the end of your shift</li> <li>▪ Between providing care to a different person(s) served, whether symptomatic/infected/ healthy</li> </ul>
<ul style="list-style-type: none"> <li>▪ Gown</li> </ul>	<ul style="list-style-type: none"> <li>▪ For support of infected/ symptomatic person(s) served for the duration of your shift, when possible</li> </ul>	<ul style="list-style-type: none"> <li>▪ If it becomes wet</li> <li>▪ At the end of your shift</li> <li>▪ Between providing care to a different person(s) served</li> </ul>
<ul style="list-style-type: none"> <li>▪ Gloves</li> </ul>	<ul style="list-style-type: none"> <li>▪ For oral care of healthy person(s) served while performing such care</li> <li>▪ For support of infected/ symptomatic person(s) served, while providing direct care</li> <li>▪ When there is potential for contact with bodily fluids (blood, semen, vaginal secretions, feces, urine, vomit)</li> <li>▪ When changing any dressings or performing treatments</li> </ul>	<ul style="list-style-type: none"> <li>▪ For oral care of healthy person(s) served after performing such care</li> <li>▪ For supporting symptomatic/ infected person(s) served, at the end of providing direct care, and before providing direct care to another person served</li> <li>▪ For bodily fluids, dressing changes, and treatments, when the function is complete</li> </ul>
<ul style="list-style-type: none"> <li>▪ Shoe covers</li> </ul>	<ul style="list-style-type: none"> <li>▪ For support of infected/ symptomatic person(s) served</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shoe covers will need to be put on prior to entering the area of the infected/ symptomatic person(s) served, and removed and disposed of when exiting the area of the infected/symptomatic person(s) served</li> </ul>

### Instructions for Glove Wear

Putting on Gloves	Removing Gloves
<ul style="list-style-type: none"> <li>▪ Slip each hand into a glove, pulling the cuffs up over wrists.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pull off the first glove by grasping it (dirty on dirty) on the outside of the glove.</li> <li>▪ Remove the second glove by inserting your non-gloved fingers inside the cuff (clean on clean) and pulling it down and off (outside of glove is considered dirty).</li> <li>▪ Dispose of soiled gloves in proper receptacles and wash hands.</li> </ul>

**Instructions for Donning and Doffing Full PPE When Persons Served are Symptomatic/III**

Donning PPE (Putting On)	Doffing PPE (Taking Off)
1. Perform hand hygiene	1. Remove shoe covers
2. Put on shoe covers	2. Remove gown and gloves together
3. Put on gown	3. Perform hand hygiene
4. Put on mask	4. Remove eye protection
5. Put on eye protection	5. Remove mask
6. Put on gloves	6. Perform hand hygiene

Each program will have a dedicated **Donning/Doffing Area**, which includes:

- A **PPE supply station**;
- A **“clean” chair for donning PPE** (particularly for shoe covers);
- A **“dirty” chair for doffing PPE** (particularly for shoe covers);
- A **PPE disposal bin**;
- An **eyewear sanitization station**; and
- **Hand sanitizer**.

The Donning/Doffing Area will need to be sanitized between each staff use.

**Ear Protection**

Ear protection is available in the event where noise at sites is beyond healthy levels.

**ShareVision Competency Training for PPE**

The following tutorials for PPE use are available in ShareVision:

- Personal Protective Equipment;
- WHMIS; and
- Infectious Disease Control.

**Conducting a Point-of-Care Risk Assessment (PCRA)**

Before every interaction with a person served, NACCL employees must ask themselves what tasks they are doing with the person served? The answer(s) will determine what PPE (if any) the employee should wear.

It is helpful to classify the support as either **direct** or **indirect**.

Most “hands-on” support would be considered **direct care**. Direct care would increase the risk of exposure to influenza or any communicable disease to the employee. Transporting a person(s) served may be classified as direct care also, depending on the level of support required.

**Indirect care** might include (but not be limited to):

- Accompanying a person(s) served on a walk (unless direct support is required);
- Preparing dinner in a staffed home;
- Setting the table for a meal and cleaning up after;

- On-the-job support; and
- Socializing with person(s) served, etc.

## Questions to Consider

### 1. What is the health status of the person(s) served?

Is the person(s) served symptom-free and healthy, or does the individual have symptoms associated with infectious disease?

### 2. Where are you performing the tasks, and are there any other people with symptoms present?

The risk of contracting a communicable disease may be increased if supporting persons served in confined spaces (i.e. bedroom, bathroom, or personal care room, and/or a space with poor ventilation). The risk of contracting a communicable disease may be decreased if supporting persons served outside or in larger, well-ventilated areas.

Consider whether or not the space where you are providing support has been sufficiently disinfected, and disinfect according to the guidelines contained herein, if necessary.

Based on the answers to the above two questions, you must determine:

- a. What actions to take; and
- b. What type of Personal Protective Equipment (PPE) you should use.

### HS028-P: Communicable Diseases and Parasitic Infestations

<b>Procedure Number:</b>	HS028-P
<b>Procedure Name:</b>	<b>HS028-P: Communicable Diseases and Parasitic Infestations</b>
<b>Procedure Section:</b>	Health and Safety
<b>Impact Group:</b>	All Employees
<b>CARF Standards:</b>	Health and Safety
<b>Reviewed:</b>	13-Jun-2023
<b>Last Revised:</b>	13-Jun-2023

#### Purpose:

To ensure the safety of persons served and staff when communicable diseases and/or parasitic infestations are present, and to prevent the spread of viruses and bacteria that could cause disease.

#### Definitions

A **communicable disease** is an illness caused by an infectious agent or its toxic product that can be transmitted in a workplace from one person to another. It can be spread from one person to another through a variety of ways, including through contact with blood and bodily fluids, breathing in an airborne virus, being bitten by an insect, and via bacteria that can cause disease.

How these diseases spread depends on the specific disease or infectious agent. Some ways in which **communicable diseases** spread are by:

- *Physical contact with an infected person, such as through touch (staphylococcus), or fecal/oral transmission (Hepatitis A);*
- *Contact with a contaminated surface or object (Norwalk virus), food (salmonella, E. coli), blood (HIV, Hepatitis B), or water (cholera);*
- *Travel through the air, such as tuberculosis or measles;*
- *Droplet transmission from close contact person-to-person, mainly via respiratory droplets produced when an infected person coughs or sneezes, which can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs (COVID-19, influenza, tuberculosis); and*
- *If a person touches something with droplets containing the virus and then touches their face, eyes, nose, or mouth.*

A **parasitic infection** occurs when parasites grow, reproduce, or invade organ systems in their host. Examples of parasitic infections more common in North America include pediculosis, trichomoniasis, giardiasis, cryptosporidiosis, and toxoplasmosis.

#### Procedure:

See **Procedures HS026-P (Hand Washing)** and **HS027-P (Universal Precautions and Personal Protective Equipment)** for essential preventative measures against the spread of communicable diseases.

See **Procedure HS029-P (Pandemic Event)** for more information on prevention and management of communicable diseases.

The CUPE Collective Agreement has very clear procedures regarding communicable diseases and parasitic infestations:

### 22.9 COMMUNICABLE DISEASES AND PARASITIC INFESTATIONS

- a) The parties to this agreement share a desire to prevent acquisition and transmission where employees may come into contact with a person and/or possessions of a person with a communicable disease or parasitic infestations.
- b) Where the Employer is aware of a client or resident with a communicable disease or parasitic infestation, the Employer will inform the primary caregivers about the inherent risk of the communicable disease or parasitic infestation.
- c) Where a vaccination is, or may become available as a preventative measure, such vaccination will be made available to all employees who may be at risk of contracting the disease, at no cost to the employee.
- d) Where an employee has contracted scabies, lice, or any other parasitic infestation as a result of direct exposure in the workplace, they will be entitled to leave without loss of pay for any scheduled shifts during the 24-hour period immediately following the detection to deal with personal matters arising from the exposure and will be provided with an appropriate treatment.
- e) The Employer will, in consultation with the Joint Safety and Health Committee, develop and implement a program and procedure to work to prevent acquisition and transmission where employees may come into contact with a person and/or the possessions of a person with a communicable disease.
- f) The Employer may provide, as needed, information sessions/in-services to educate employees regarding communicable diseases as part of the program. Time spent by employees at these sessions will be without loss of pay.

### **Additional Measures to Prevent the Spread of Communicable Disease**

#### **Cleaning and Disinfecting Surfaces**

- All equipment should be disinfected after every use, and before use by another person served/staff;
- High-touch surfaces (i.e. doorknobs, handrails, etc.) should be disinfected at least twice/day;
- Follow WHMIS guidelines for dilution and PPE instructions;
- Wash dishes in the dishwasher on “hot;” and
- Immediately upon soiling, machine wash laundry on “hot.”

#### **Vehicle Guidelines**

- Avoid using the recirculated air option for the vehicle’s ventilation; use the car’s vents to bring in fresh outside air, and/or lower the vehicle windows;
- Provide alcohol-based hand sanitizers in the vehicle, and require hand hygiene when entering and exiting the vehicle; and
- Disinfect the interior of the vehicle when performing the vehicle check, in preparation for use for the day and after each use.

#### **Ventilation**

NACL will ensure that all heating, ventilation, and air conditioning (HVAC) systems are designed, operated, and maintained as per ongoing standards and specifications for ongoing comfort. In addition, NACL will:

- Conduct regular maintenance of ventilation systems;
- Keep ventilation systems on while spaces are occupied; and
- Encourage staff to increase outdoor air intake as much as possible while maintaining comfortable indoor temperature and humidity (open windows and doors).

### Physical Distancing

It is not possible to observe physical distancing in all circumstances (i.e. when providing direct care). When it is possible, maintain physical distancing by:

- Keeping a physical distance of two (2) metres from others;
- Avoiding crowding in offices and common areas; and
- Arranging furniture to manage traffic flow and crowding.

With some positions, work-from-home accommodations may be available, notably during periods of elevated risk of communicable disease transmission. Such arrangements will be set between the employee and their direct manager.

### Barriers

Barriers can be made of any material that blocks the transmission of air. Where necessary, barriers may be installed in various areas of NACCL programs. When considering barriers, they:

- Will be transparent and made from a material such as plexiglass;
- Will be positioned to accommodate both the tallest and shortest people who will be near it;
- Will not impede air flow or escape in emergencies; and
- Will be secured so that they won't fall and injure anyone.

### Masking

Where deemed necessary (whether via documented site/individual **Risk Assessment** and/or via Public Health Order), staff will be required to wear a 3-layer mask while on shift. NACCL masking requirements will come from the Executive Director/designate for agency-wide directives, and/or the Program Supervisor/designate for program/home-specific directives. For further guidelines on masking, refer to **Procedure HS027-P (Universal Precautions and Personal Protective Equipment)**.

### Vaccination

NACCL follows guidance and direction from the Public Health Office regarding vaccination recommendation and/or mandates. Where there is a Public Health Order(s) for vaccination for communicable disease, NACCL will ensure agency compliance with the Order(s).

Where there is no Health Order/mandate, NACCL strongly encourages employees to follow recommendations for vaccination (i.e. getting the annual influenza shot for the typical flu season of October through May, and getting recommended booster shots for COVID-19).

NACCL may put risk mitigation strategies in place where employees opt not to get recommended vaccinations (such as requiring staff to wear a mask during influenza season if proof of the flu shot is not provided).

### When Symptomatic/Ill

If an employee is symptomatic of illness or is ill (i.e. tests positive for COVID-19), the employee should stay home and follow the guidance of the BC Centre for Disease Control, which includes the current testing protocol, self-assessment tool, and self-isolation procedures.



If a person served who lives independently is symptomatic/ill, support them to follow the guidance of the BC Centre for Disease Control as above. Where necessary, isolate them away from others until arrangements are made to help them get home.

If a person served who lives with a care provider is symptomatic/ill, report their illness to the care provider. Where necessary, isolate the person served away from others until they are picked up.

When a person served is symptomatic/ill in staffed homes, they will be encouraged to isolate in their rooms as much as possible, in line with the guidance of the BC Centre for Disease Control.

Staff supporting symptomatic/ill persons served will conduct a ***Point-of-Care Risk Assessment (PCRA)*** to determine the level of personal protection needed to provide support. The ***Point-of-Care Risk Assessment*** is contained in ***Procedure HS027-P (Universal Precautions and Personal Protective Equipment)***.

Visitors to programs should monitor themselves for symptoms of illness; and if symptomatic/ill, wait until they are no longer symptomatic/ill to visit, following the guidance of the BC Centre for Disease Control.

### **Periods of Elevated Risk**

The presence of communicable diseases, such as COVID-19, may elevate from time to time or on a seasonal basis. When such periods of elevated risk exist, NACL will:

- Follow the advice/directives of Medical Health Officers and the Public Health Office;
- Provide status updates to the agency on a regular basis and as needed; and
- Provide direction to the Association on how to respond to risk.

NACL may institute additional measures to reduce the risk (i.e. reinstating the COVID-19 Exposure and Control Plan, putting occupancy limits on work spaces, etc.).