



# COVID-19 exposure and control plan

Nanaimo Association for Community Living (NACL) is committed to providing a safe and healthy workplace for all persons served, staff, families, and stakeholders. A combination of measures will be used to minimize exposure to COVID-19 in the workplace, including the most effective control technologies available. Our work procedures address specific procedures and practices in all NACL services: staffed residential, day services (Actions/NACL Employment Services/Snoezelen), and home share.

As an agency, NACL complies with all Provincial Health Office (PHO) guidelines and orders regarding COVID-19, and expects the same from all associated with us.

## **Residences and Day Services**

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All staff must follow the procedures outlined in this plan to prevent and/or reduce exposure to COVID-19.

## **Home Share**

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Home Share Providers are required to incorporate this control plan into their services, including all procedures listed herein. Home Share Managers will continue to work closely with providers to ensure that the necessary supports are in place, for both providers themselves and the persons they serve.

In critical and/or unique home share circumstances, NACL may need to:

- Provide specific direction to Home Share Providers; or
- Assume the care of persons served.

Courses of action related to the two circumstances above will be decided on in collaboration with the Home Share Provider, person(s) served, family (where available), the Home Share Manager, and the Executive Director.

## **Employee Responsibilities**

### **ALL NACL EMPLOYEES WILL:**

- Follow control measures including:
  - a. Universal safe work procedures;
  - b. Point-of-care risk assessments; and
  - c. Personal protective equipment procedure.
- Complete the required training provided by NACL.
- Provide proof of vaccination against COVID-19 in line with applicable Public Health guidelines and/or mandates.
- Check the NACL ShareVision site and NACL e-mail regularly for updates on the COVID-19 situation (every shift, at minimum).



- Stay home if you are feeling unwell for any reason, and/or have symptoms of COVID-19 (follow the BC Centre for Disease Control guidelines for seeking medical attention, and contact your Program Manager/SRW/PC1/PC2/Deputy Executive Director for further direction).
- Prepare in advance for your personal life in the event of a COVID-19 outbreak (e.g. childcare, schools closing, quarantine of yourself and/or a member of your family).
- Follow Island Health recommendations for entry and exit of programs.

**FURTHER, OBSERVE AND FOLLOW THESE PROCEDURES (FOUND IN THE P&P MANUAL ON SHAREVISION):**

- “Pandemic Event” (HS029-P);
- “Hand Washing” (HS026-P);
- “Universal Precautions and Personal Protective Equipment” (HS027-P);
- “Disinfecting of Equipment” (HS035-P);
- “Media Relations/Social Media” (GA010-P); and
- the COVID-19 Training Plan (included in this document).

**ALSO, OBSERVE AND FOLLOW THESE GUIDELINES FROM THE EMERGENCY PROCEDURES BINDER (AVAILABLE IN ALL PROGRAMS/RESIDENCES/SHAREVISION):**

- Media Relations During Emergency Situations; and
- Shelter in Place.

Where information/directives in existing NACL procedures/protocols/plans conflict with the information contained in this COVID-19 Exposure and Control Plan, the COVID-19 Exposure and Control Plan supersedes (replaces) such information/directives.

**CONTACT YOUR PROGRAM MANAGER/SRW/PC1/PC2 IF:**

- You suspect a person(s) served has symptoms of COVID-19;
- You suspect a family/stakeholder/co-worker has symptoms of COVID-19; and/or
- You have symptoms of COVID-19.

Symptoms are listed in the NACL Pandemic Plan.

**Manager Responsibilities**

**PROGRAM, COMMUNITY SERVICES, HOME SHARE, AND EMPLOYMENT SERVICES MANAGERS WILL:**

- Ensure that all staff have reviewed and are following this Exposure/Control Plan;
- Ensure that all staff have reviewed the Pandemic Plan;
- Ensure that an adequate supply of Personal Protective Equipment (PPE) is available;
- Manage all staff coverage and communicate to the Deputy Executive Director regarding staffing challenges;
- Work with the appropriate Health Authority to organize the testing and coordination of medical treatment for persons served;
- Comply with reporting obligations with the appropriate Licensing authority; and
- Managers will communicate on a regular basis with their direct supervisor.



### **Executive Director and/or Deputy Executive Director Responsibilities**

#### **THE EXECUTIVE DIRECTOR AND/OR DEPUTY EXECUTIVE DIRECTOR (AS NECESSARY), WILL:**

- Send memorandums to the agency with COVID-19 updates;
- Communicate with all family/Ministries/Health Authorities/Stakeholders;
- Make decisions regarding essential services and service closures; and
- Liaise/meet with stakeholders (funders, licensing, other agencies).

### **CRITICAL STAFFING LEVELS**

Where reasonable, NACL will endeavor to maintain all locations during a pandemic; however, closures or partial closures may be necessary.

### **Staffed Residential Services**

NACL considers staffed residential homes to be essential services, and will prioritize these to maintain service delivery and staffing during a COVID-19 outbreak. Program Managers will determine the staffing levels necessary to ensure the safety of the persons served under emergency conditions, in conjunction with the Executive Director and CUPE Local 606.

If necessary, excluded management (administrative) staff may be required to provide front-line support and/or purchase supplies necessary for the residential homes to continue operation, such as groceries and medications.

### **Day Services (Actions/Snoezelen)**

In consideration of public safety and providing services to persons where deemed essential, NACL will modify day services to minimize COVID-19 risk, while serving those with the greatest need.

The Community Services Manager/PC1 has contacted each family/caregiver to assess:

- Which family/caregivers are opting to keep the individual they support at home; and
- Which family/caregivers require continued support during this time.

In cases where day services are deemed essential, the Community Services Manager will work with the person served, family/caregiver, and Executive Director to create customized services while following the recommendations of local Health Authorities.

### **NACL Employment Services**

NACL understands that maintaining employment is critical for the people we serve. To follow consistent practice with day services, the Employment Services Manager/PC1 will contact persons served/family/caregivers to assess:

- Who is opting to keep the individual they support at home; and
- Who requires continued support during this time.

Those requiring service may need customized supports. These will be determined with the Employment Services Manager, person served, family/caregiver, employer of the person served, and the Executive Director.

In addition to observing recommendations of the local Health Authority, NACL Employment Services will:



- Observe social distancing while providing support; and
- Provide support remotely wherever possible (i.e. via telephone, video conference).

### Home Share

Home Share Managers will work closely with Home Share Providers to ensure that persons served receive adequate support, and will provide guidance direction where necessary in circumstances where alternate/adapted accommodation is necessary.

When alternative/adapted accommodation is necessary, plans will be developed by the Home Share Manager in conjunction with the Executive Director and Community Living British Columbia (CLBC).

### FOR FURTHER INFORMATION

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It is important to get information from credible health and news agencies.

Regular internal updates will be posted:

- on **ShareVision**;
- to **NACL employee e-mail**; and
- on **NACL's website** ([www.nanaimoacl.com](http://www.nanaimoacl.com)).

Additional questions/concerns about COVID-19 can be answered by contacting the following numbers:

- **HealthLink BC at 8-1-1.**
  - This line is open 24 hours a day, seven days a week.
- The **COVID-19 Information line at 1-888-COVID19.**
  - This line is open from 0730-2000, seven days a week.

More information on the Novel Coronavirus (COVID-19) can be found at the Public Health Agency of Canada websites:

- <http://covid-19.bccdc.ca>
- <http://www.HealthlinkBC.ca>



## **PERSONAL GATHERINGS FOR PERSONS SERVED IN STAFFED RESIDENTIAL SERVICES**

When PHO guidelines approve of a “return to usual for indoor and outdoor personal gatherings, including sleepovers,” persons served wishing to visit the homes of their friends and/or families (and vice versa) will be supported to do so in a way that observes the health and safety of all persons in the staffed residential program.

### **Criteria for a Person Served Visiting the Home of Their Friend(s)/Family**

- Completion of a COVID-19 Risk Assessment that has mitigation strategies;
- Signing of a Personal Gathering Agreement by the friend(s)/family; and
- Approval of the Program Manager.

### **Criteria for Friend(s)/Family to Visit a Person Served in the Staffed Residential Program**

- Completion of Risk Assessments for all persons served and staff in the residential program at risk of COVID-19 exposure, that has mitigation strategies;
- Approval of the Program Manager for the visit; and
- Satisfactory completion of a COVID-19 screening at the residential program prior to entry.

### **THE PERSONAL GATHERINGS RISK ASSESSMENT**

The Risk Assessment will factor risk to not only the person served whom is being considered for a visit in/away from the staffed residential program, but for all persons served and staff who live and work in the program.

### **Risk Assessment Considerations for the Person Served Wishing to Have a Social Gathering (in the Staffed Residential Program or in the Home of the Friend(s)/Family**

- The risk a diagnosis of COVID-19 would pose to them (based on age, health, etc.);
- Their understanding of COVID-19 preventative measures (physical distancing, hand hygiene, cough/sneeze etiquette, mask use where required);
- Their ability to adhere to these preventative measures;
- Their ability to self-isolate in the staffed residential program upon their return, should it be necessary to do so;
- The ability of the family/friends to understand and abide by PHO orders and restrictions during the visit; and
- Vaccination rates of persons served and staff in the residential program.

### **Risk Assessment Considerations for Other Persons Served in the Staffed Residential Program**

- The risk that an exposure to COVID-19 would present to them (based on age, health, etc.), should the visiting person served return and be asymptomatic/symptomatic/ill of COVID-19;
- Their understanding of COVID-19 preventative measures (physical distancing hand hygiene, cough/sneeze etiquette, mask use where required); and
- Vaccination rates of persons served and staff in the residential program.



### **Risk Assessment Considerations for Employees in the Staffed Residential Program:**

- That there is a sufficient supply of PPE in the program for whichever situation they may encounter when the person served returns from their visit;
- The risk that an exposure to COVID-19 would present to the staff;
- Vaccination rates of persons served and staff in the residential program; and
- The risk that a COVID-19 exposure would place on the program (i.e., sustaining sufficient staffing levels).

### **PERSONAL GATHERING APPROVALS**

When personal gatherings in the home of the friend(s)/family of the person served are approved, the friend(s)/family member(s) will sign a **COVID-19 Personal Gatherings Family/Friend Agreement** and provide to the Program Manager prior to the visit.

When personal gatherings are approved in the staffed residential program, they will be arranged between the Program Manager and the friend(s)/family.

In case the visit is not approved, the Program Manager will inform the person served and their family/friends of the reason(s) for this disapproval, and/or inform the person served/family/friends of what they can do (if anything) to obtain approval.

### **Visitors to NACL Programs and Residences**

With the exception of persons served by NACL, all visitors to programs and residences must provide proof of vaccination against COVID-19 plus approved government-issued photo identification prior to entry. These vaccinations must be approved by the PHO.

Visitors are defined as (but are not limited to):

- Family;
- Friends;
- Contractors (plumbers, electricians, maintenance people, etc.);
- Paramedical professionals;
- Therapists;
- Stakeholders (MCFD/CLBC representatives);
- Practicum students; and
- Internship students.

Each program/residence will have the BC COVID-19 Vaccination QR Code Scanning Application downloaded for use on their respective smartphone. It will be the responsibility of the person receiving the visitor to scan the visitor's QR code, and verify the identity of the person via reviewing the visitor's government-issued identification.



## COVID-19 TRAINING PLAN

Symptoms of Novel Coronavirus (COVID-19) include: **respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties.**

### Contact Transmission

- **Droplet transmission:** spread from person-to-person; happens among close contacts. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs.
- **Direct contact:** The virus can spread by touch. This may happen if a person touches something with droplets containing the virus and then touch their face, eyes, nose, or mouth. The most important thing you can do to is to wash your hands regularly, and avoid touching your face.

Both coughs and sneezes produce large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods, and can be inhaled. In addition, large droplets can evaporate quickly to form inhalable particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced, but can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. As the number of infected people in a room increases, all things equal, the risk of infection can increase.

### Control Measures

All NACL staff are required to follow the control measures outlined in the following three procedures contained within this document:

- Universal Safe Work Procedures/Prevention;
- Quarantine Measures During a COVID-19 Outbreak; and
- Point-of-Care Risk Assessment/Personal Protective Equipment Procedure.

### UNIVERSAL WORK PROCEDURES/PREVENTION

Continue to follow routine practices, which include hand hygiene (hand washing is the simplest, most effective means of controlling the spread of COVID-19) and the use of Personal Protective Equipment (PPE) such as gloves, eye protection, and gowns.

### Hand Washing

Washing your hands not only prevents you from getting sick, but it also reduces the risk of infecting others. If you don't wash your hands properly before coming into contact with others, you can infect them with the germs on your hands. Other people can also get sick from the germs unwashed hands leave on shared objects like doorknobs, keyboards, and other equipment in the home or workplace.



### When to Wash Your Hands

- 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 Methods of Hand Washing

Where possible, use plain soap that does not contain anti-bacterial 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 during the COVID-19 pandemic.

- 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” or “Happy Birthday”) twice;
- 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.

### Respiratory Hygiene (Cough/Sneeze Etiquette)

Respiratory hygiene refers simply to covering your mouth and nose with a tissue when you cough or sneeze. Throw tissues away immediately, then wash or sanitize your hands. If you don't have a tissue, cough or sneeze into the bend of your elbow, or into your upper arm or sleeve (not your hands).

### Transporting People (Staff, Persons Served, Families, Stakeholders) in Vehicles

#### Driver/Passenger Guidelines

- Where possible, minimize the number of people in a vehicle. Use a seating configuration that maximizes distance between people: one person per row, and seated in alternating seats and rows on the diagonal. For example, in a passenger car, the driver is in the front left of the car, and the other person is in the back right passenger seat.
- Residents and staff in the same “core bubble” may be able to ride together with more than one person per row and directly in front of/behind each other, if there has been a Risk Assessment completed and where approved by the Program Manager. For example, multiple Maxey Road Home staff and persons served may be able to ride in the same vehicle together.





- Program participants and staff (Uplands, Actions, and NACL Employment Services) may be able to ride together with more than one person per row and directly in front of/behind each other, if there has been a Risk Assessment completed and where approved by the Manager. For example, multiple staff and persons served of Actions Day Program may be able to ride in the same vehicle together.

### **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.
- Ensure a supply of tissues are available and are disposed of in a sealable plastic bag, if needed while in transport.
- Ensure a spare supply of PPE is available in the vehicle (enough disposable face masks for each passenger in case replacement is needed, and at least one (1) each of: gown, gloves, face shield, and/or goggles).
- Provide alcohol-based hand sanitizers in the vehicle, and require hand hygiene when entering and exiting the vehicle.
- Disinfect the interior of the vehicle when performing the vehicle check, in preparation for use for the day. Then, clean and disinfect between each use of the vehicle.
- All persons in the vehicle (where tolerated for persons served) should wear a cloth or disposable face mask.

### **Cleaning and Disinfecting During an Outbreak**

- All equipment should be disinfected after every use, and before used by another person served/staff;
- High-touch surfaces (e.g. doorknobs, handrails, etc.) should be disinfected at least twice per 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."

### **QUARANTINE MEASURES DURING A COVID-19 OUTBREAK**

For residents who exhibit signs of/test positive for COVID-19, protections need to be put in place to help them heal as soon as possible, protect other persons served and staff from infection, and inform external stakeholders of the potential/realized outbreak of COVID-19.

### **For COVID-19 Infected/Symptomatic Person(s) Served in Staffed Residential Services**

In case a person(s) served becomes symptomatic of illness and/or receives a positive COVID-19 diagnosis, it is important to remain calm and follow the steps outlined below.

#### **Program staff will inform the Program Manager (On-Call Manager after hours), who will:**

Phone 8-1-1 to report the symptomatic person(s) served and follow any directives given. From that point:

- Inform the appropriate Licensing Officer, and follow any directives given;
- Inform the appropriate government Ministry, per reporting guidelines;
- Provide information/direction to program staff, based on consult as above; and



- Make a determination as to whether or not additional staffing is needed; and if so, for how long.

**Program staff will then:**

- Follow the direction of the Program Manager (On-Call Manager after hours);
- Where tolerated, have the infected/symptomatic person(s) served wear a disposable face mask to minimize droplet transfer;
- Isolate and provide as much care/meals as possible to infected/symptomatic person(s) served in their rooms;
- If leaving the room is necessary, have the person(s) served (where tolerated) wear a disposable face mask, and observe a minimum two-metre distance from other person(s) served, staff, and visitors; and
- Restrict participation in any group activities.

**For COVID-19 Infected/Symptomatic Person(s) Served in Day Services (Actions/NACL Employment Services/Snoezelen)**

Program staff will inform the appropriate Manager (Community Services Manager for Actions, Employment Services Manager for NACL Employment Services), who will determine which course of action to take with/for the person(s) served.

**When the person(s) served live(s) alone:**

Support the person(s) to phone 8-1-1 to report their symptoms and to get guidance from the Health Officer, and support the person(s) served to follow that guidance. Have the person to go home to self-isolate, and/or make arrangements for the person(s) to be brought home.

**When the person(s) served does not live alone (i.e. lives with parents, caregivers, home share provider, residential staff, etc.):**

Phone the appropriate support for the person served to inform them that the person(s) served are symptomatic. It will be the responsibility of that support person to make contact with 8-1-1 and seek guidance on what to do for that person(s) served.

**The Manager will then follow these steps:**

- Inform the appropriate government ministry, per reporting guidelines;
- Make a note in the Communication Book for staff to self-monitor for symptoms per BCCDC guidelines;
- Inform persons served and appropriate supports (family, caregivers, home share provider, residential staff, etc.) to self-monitor for symptoms per BCCDC guidelines; and
- In conjunction with the Executive Director, make a determination whether to close the program or keep it open.

**Program staff will then:**

- Follow the direction of the Manager;
- Isolate the infected/symptomatic person(s) served to an appropriate room/area away from others until they are picked up and/or arrangements are made for them to return to their home;
- Where tolerated, have the infected/symptomatic person(s) served wear a disposable face mask to minimize the risk of virus transfer to others; and



- Where isolating isn't possible, have infected/symptomatic person(s) served maintain a minimum of two (2) metres distance from others.

#### **For COVID-19 Infected/Symptomatic Staff in Any NACL Service**

Staff exhibiting any symptoms of illness will follow the guidelines set by the BCCDC, including:

- Using the Self-Assessment Tool (<https://bc.thrive.health/covid19>);
- Phoning 8-1-1 and/or a health care provider for guidance;
- Self-isolating; and
- Self-monitoring.

These guidelines can be found at the following link:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

When staff are instructed to self-isolate and/or get a COVID-19 test, the staff will do so and report this immediately to their Program Manager. If an employee tests positive for COVID-19, they will follow the directives of the Health Officer/medical practitioner.

#### **When there are staffing shortages and essential service levels cannot be met, staff who have tested positive for COVID-19 may return to work if:**

- They work only with fully vaccinated persons served and co-workers; and
- They wear full PPE for the entirety of their shift.

Approvals for staff working while COVID-19 positive will come from the Senior Program Manager and Deputy Executive Director/designates.

In such circumstances, programs/residences should call back COVID-positive staff in order of longest period of self-isolation (i.e. bring back staff who have completed four days > three days > two days > one day).

When possible, staff who have COVID-19 will work preferentially with residents/participants who are also COVID-19 positive.

#### **Reporting of COVID-19 Exposures to those around the COVID-19 Positive Staff and/or Person Served**

When there has been an exposure in any NACL program/residence to a staff/person served who has tested positive for COVID-19, staff and person(s) served will need to be notified so they can self-monitor for symptoms per the BCCDC guidelines, found at the following link:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation/close-contacts>

This may involve putting a note in the Communication Book and, where applicable, phoning relevant parties to inform of the potential exposure.



Staffed residences have been identified as being a high-priority setting, and will need the involvement of Health when there is a positive case of COVID-19 in a person(s) served. The Program Manager will need to phone 8-1-1 for guidance, and follow any directives given.

**Based on the 8-1-1 call, A Health Officer may follow up with the Program Manager and take any of the following actions:**

- Contact the Program Manager directly and instruct them on how to proceed; and/or
- Initiate contact tracing independently or in conjunction with NACL Management.

Program Managers who have questions about any Health Officer directives can call the Public Nurse Health Line at **250-755-3388**.

**For Staff Supporting COVID-19 Infected/Symptomatic Person(s) Served**

- Where possible, dedicate one staff to work with the infected/symptomatic person(s) served, to minimize risk of transfer to multiple persons;
- When not possible to dedicate staff, care will be provided first to the non-infected/non-symptomatic person(s) served, to minimize risk of transfer;
- Wear appropriate PPE (cloth/disposable face mask, eye protection, gown, gloves, shoe covers) while providing support to persons served; and
- Staff who begin to exhibit signs of illness and/or COVID-19 will immediately self-isolate in a designated area of the residence, and will report to their Program Manager/SRW/PC1/PC2.

**For Families/Friends of COVID-19 Infected/Symptomatic Person(s) Served**

- Non-essential visits will not be permitted to person(s) served unless specifically identified in their Person Centered Plan (on the approval of the Senior Program Manager and Executive Director), and/or until advised by a medical practitioner and/or Health Authority and/or Licensing and/or Ministry body that it is permitted to do so;
- Families/friends will observe the same universal precautions/pandemic event procedures as NACL staff for essential visits, including wearing a cloth/surgical/procedure mask for the duration of their visit; and
- Families/friends of person(s) served exhibiting signs of and/or who have tested positive for COVID-19 will not be permitted into the residence until such time that they are well, unless authorized by the Senior Program Manager in conjunction with the Executive Director.

**POINT-OF-CARE RISK ASSESSMENTS/PERSONAL PROTECTIVE EQUIPMENT PROCEDURE**

All staff in every NACL program (staffed residential, day services, employment services, and administration) are required to wear, at minimum, a mask (cloth mask or disposable face mask provided by NACL) at all times on shift, and also while providing indirect and direct care to healthy and/or infected/symptomatic persons served.

Exceptions to this are:

- Staff in residential programs working a night shift when not providing direct care;
- Staff working remotely/alone and not providing direct/indirect care to persons served; and
- Administrative staff who are working remotely/alone.



The difference in the type of mask and related PPE worn for different aspects of care will depend on the health status of the person(s) served.

Prior to any interaction with a potentially contagious individual, all employees have a responsibility to assess the infection risk posed to themselves and to other individuals, visitors, and co-workers. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific residence has designed and implemented various controls, along with the availability and use of Personal Protective Equipment (PPE).

### When Should a Risk Assessment Be Conducted?

The Point-of-Care Risk Assessment (PCRA) is an assessment that must be performed by every NACL employee before every interaction with a supported individual who is exhibiting symptoms of infectious disease. This can be performed at the person(s) served's home, his or her day program, and/or prior to providing transportation for the individual.

The PCRA is designed to help NACL employees decide what level of risk they are exposed to by the tasks done throughout the day, as well as what actions or precautions they should take in order to reduce the risk of exposure to infectious disease.

### How to Conduct a Point of Care Risk Assessment (PCRA)

#### **STEP 1** Before every interaction with a person served, NACL employees must ask themselves the following three questions:

#### **1. What tasks are you doing with the supported individual?**

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 infectious 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 the residence;
- setting the table for a meal and cleaning up after;
- on the job support; and
- Socializing with person(s) served, etc.

#### **2. 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?

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

The risk of COVID-19 is increased if supporting persons served in confined spaces (e.g. bedroom, bathroom, or personal care room, and/or a space with poor ventilation).



The risk of COVID-19 is 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.

**STEP 2**

**Based on the answers to the above 3 questions, you must determine:**

**a. What actions to take; and**

**b. What type of Personal Protective Equipment (PPE) you should use.**

**Indirect Care/Direct Care Healthy Person(s) Served**

Basic PPE is required for all indirect/direct care (cloth mask or disposable face mask). In addition, all hand hygiene and cough/sneeze etiquette should be followed, including the use of hand sanitizers as necessary.

When performing direct, close-proximity care with a person served (assistance with hygiene, transferring, dressing, assistance with meals, or toileting) staff will wear a cloth mask or disposable face mask *and* eye protection (such as face shield or goggles). For direct care/assistance with flossing and brushing teeth, staff will also wear gloves.

**Indirect Care/Direct Care to COVID19 Infected/Symptomatic Person(s) Served**

If tolerated, have the person(s) served wear a disposable face mask. Person(s) served who are symptomatic of/have COVID-19 will be isolated to their bedrooms.

When providing direct care, staff will wear:

- **A cloth mask or disposable face mask;**
- **Eye protection** (such as a face shield or goggles);
- **Gloves;** and
- **Gowns.**

**Approved/Non-Approved Cloth/Disposable Face Masks**

Any cloth/disposable face mask must have at least three (3) layers of protection to be approved for NACL use (all disposable face masks supplied by NACL meet this requirement). If a two-layered cloth mask has an opening to insert a filter, then a filter must be inserted to make it a true three-layered mask or it cannot be used. If a two-layered cloth mask does not have an opening to insert a filter, it is not approved for NACL use.

All staff must take the competency training posted on ShareVision re the proper donning/doffing of PPE.

Each program/residence 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.

Further instructional resources for the donning and doffing of PPE can be found here:

- [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_MOH\\_BCCDC\\_Donning.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf)
- [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_MOH\\_BCCDC\\_Doffing.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf)

**How Long Should I Wear the Same PPE?**

In order to preserve PPE as much as possible, the following guidelines will be applied:

<b>PPE Item</b>	<b>How Long to Wear It?</b>	<b>When to Replace It?</b>
<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/infected 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>• When removing for any reason (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>
<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 healthy person(s) served (assistance with hygiene, transferring, dressing, assistance with 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, remove upon completion of direct care (assistance with hygiene, transferring, dressing, assistance with meals, or toileting)</li> <li>• For infected/symptomatic person(s) served, if it becomes wet or and 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>

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<b>PPE Item</b>	<b>How Long to Wear It?</b>	<b>When to Replace It?</b>
<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></ul>	<ul style="list-style-type: none"><li>• For oral care of healthy person(s) served while 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></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>