



COVID-19 Service Delivery and Response Toolkit for Home and Community Providers

SENIORS AND LONG-TERM CARE

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PURPOSE

Across the province, Home Care Agencies, Home Oxygen Providers and Equipment Providers funded by Seniors and Long-Term Care provide care to many Nova Scotians with multiple chronic conditions and care needs. These clients are more susceptible to serious health consequences if they were to acquire COVID-19, due to the high prevalence of frailty and underlying chronic health conditions.

The *COVID-19 Service Delivery and Response Tool Kit for Home and Community Providers* has been developed to support home care agencies, home oxygen providers and Equipment providers if a staff member or client has suspect or laboratory confirmed COVID-19.

Please note that this supplements existing directives from the Department of Health and Wellness and the Department of Seniors and Long-Term Care. This document aligns with the [Health Protection Act Order](#) by the Chief Medical Officer of Health, the [COVID-19 Public Health Guidance for Home and Community Care](#) and the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#) guidelines and does not supersede them.

This resource is intended to provide directions to identify, report, request supports, and safely care for clients in the home and community setting. It is also intended to provide organizations with up-to-date knowledge on how to manage COVID-19, including timely coordination of response to minimize the ongoing risk of transmission.

This document considers several important contextual issues:

- Knowledge, evidence, and experience regarding SARS-CoV-2 continues to evolve, although much is already known more than one year into the pandemic.
- Immunization against COVID-19 is highly effective in reducing the number of new COVID-19 infections, as well as its severe consequences (hospitalizations and deaths).
- Clients may be elderly and/or medically frail individuals with multiple comorbidities, which can influence the severity of COVID-19.
- Appropriate public health, infection prevention and control practices, and immunization continue to be the best safeguards in preventing the spread of the virus. Clients who present with symptoms should be referred for testing and appropriate precautions taken.
- This document does not use the term 'recovered' from COVID-19. Rather, it refers to the discontinuation of additional precautions, which occurs when individuals are considered to no longer be at risk of transmitting COVID-19 to others. This is determined by Public Health. Individuals will be evaluated on a case-by-case basis to determine the duration and when to discontinue precautions.

SECTION 1: HOW TO PREPARE FOR A COVID-19 DIAGNOSIS AMONG STAFF OR CLIENTS

Update staff and client information

- ❑ Create and maintain a current staff list, including:
 - date of birth, email, cell phone number. Request that staff always carry their Health Card with them.
 - Dates of SARS-CoV2 (COVID-19) vaccine administration and proof of immunization held as part of their file. It is the responsibility of the employer/program/site to keep accurate and current SARS-CoV2 (COVID-19) immunization records for staff. See [SARS-CoV2 \(COVID-19\) Immunization](#) for additional information.
 - Other programs or facilities where the staff member is working (e.g., long-term care, home care agencies, hospitals, other)
- ❑ Compile up-to-date client information including:
 - Name, contact information (phone number and email address), and date of birth
 - Organizations may choose to request client COVID-19 immunization information. See [SARS-CoV2 \(COVID-19\) Immunization](#) for additional information.
 - Home Care Agencies will also assign each client an Emergency Response Level (ERL) based on the [Nova Scotia Home Support Emergency Response Level Guide during COVID-19 Pandemic](#). Client goals of care will be shared to support their understanding of what services are essential if a client becomes COVID-19 infected.
 - Note: ERL should be assigned to new clients during intake to services and must be updated as a client's situation and/or need for services change.

The above information is important to ensure providers are prepared to communicate with other staff, clients, families, Public Health, and Nova Scotia Health Continuing Care quickly and effectively in the event of a change in client or staff condition.

Prepare Your Employees for COVID-19

Staff

- ❑ Review current staffing needs and determine increased staffing needs should a client or staff acquire COVID-19. This is to ensure there is enough staff to manage clients and to cover staff who may need to be off work due to illness or isolation. Have a rapid hiring plan.
 - Compile a list of local agencies with the necessary staff (e.g., RNs, LPNs, CCAs, RT etc.) that you may be able to contact or recruit from, if needed.
 - Be prepared to accept other organizations' and/employer's staff should it be required to help you maintain critical staffing levels
- ❑ Develop policy and procedures for donning and doffing PPE in the home or community care setting.
 - Staff will wear a mask when entering the client's home and when providing care.

- Ensure all client's homes have a safe and secure place where staff can both don/doff and dispose of used PPE and create a plan for homes that do not.
- ❑ Review your PPE supply and ensure you have adequate supply of necessary PPE for all staff.
- ❑ Be prepared to onboard staff.
 - Compile a system to track new and unfamiliar staff working in your organization.
 - Create concise and relevant information that summarizes your organization and includes a brief orientation, services overview, safety precautions for staff, and key contacts
- ❑ Home Care and Home Oxygen providers should create summary sheets on all clients that contain information such as their allergies, medical conditions, medications, COVID-19 immunization status, goals of care, primary care provider, and contact information (address, phone number, and next-of-kin).
- ❑ Develop and consider proactively implementing a plan for minimizing movement of workers between clients. This should:
 - include, if possible, a plan for the provision of care/services to clients that are asymptomatic (i.e., who are not ill and are not demonstrating symptoms of COVID-19) and clients who are symptomatic. Follow Infection Prevention and Control Guidelines and following [Screening Protocols](#).
 - outline how to minimize movement of staff between COVID-19 infected and uninfected clients.
 - whenever possible, schedule visits for all asymptomatic clients before symptomatic clients.

Communication

- ❑ Establish a process to communicate COVID-19 exposures to staff, clients, and families, as appropriate. Prepare the message you will give using the communications tools provided in **Appendix A**.
- ❑ Establish a communication process should a client or staff become ill with symptoms of COVID-19. Prepare memos ahead of time, if possible, using the provided communications tools.
- ❑ Establish a process to communicate with clients and to Nova Scotia Health Continuing Care any necessary changes to the client's service due to the evolving COVID-19 situation and capacity to meet service demands.
- ❑ Appoint a person within your management team and establish a central email and/or phone line to direct all inquiries from concerned clients and caregivers.
- ❑ Clarify the process (who and how) to escalate urgent issues, both during and outside of regular weekday business hours.

Education and Training

- ❑ Implement COVID-19 response and management scenario-based training for all staff. Discuss scenarios specific to your organization and the clients you serve. Sample scenarios can be found in *COVID-19 Response Training Scenarios (Appendix C)*. This training should involve more than memos or written procedures and be updated and re-visited, as needed, to adapt and comply with changing guidance on COVID-19 management in the community setting. Ensure staff can ask questions and express concerns. Scenario-based training should cover the following:

- Mode of COVID-19 transmission, including the recognized potential for staff-to-staff transmission if physical distancing and masking are not adhered to.
- Infection prevention and control practices, including routine practices and additional precautions, point of care risk assessments (PCRA), cleaning and disinfecting processes, and hand hygiene protocols and procedures
- How staff can keep themselves, clients, and their families safe
- Properly donning and doffing personal protective equipment (PPE). Resources can be accessed online at the [Nova Scotia Health COVID Hub](#) and in **Appendix D**.
- Routes of communication if staff, client, or client family member is felt to have or confirmed to have COVID-19 infection.

SECTION 2: MINIMIZING THE RISK OF COVID-19 IN THE HOME

A client's exposure to COVID-19 may change as family members and/or others come into the home from the community. The best strategy for preventing spread and to protect staff and clients is consistent use of the Point of Care Risk Assessment and PPE as required.

All clients referred to home care agencies (nursing and home support) will have services initiated based on the Point of Care Risk Assessment and ERL code.

Clients who had an ED visit, outpatient surgery, or admission to hospital do not require COVID-19 testing unless screening indicates it is required.

Any **symptomatic** client should have a COVID-19 test, and its results shared with the organization. Home Care Agencies and Home Oxygen providers will initiate service before the test results are received and will use Contact and Droplet Precautions until results are received. A Point of Care Risk Assessment will be completed prior to entering the home or initiating services.

Current guidance on minimizing the risk of COVID-19 in the home setting can be found here: [COVID-19 Public Health Guidance for Home and Community Care](#)

To minimize the risk of introduction or transmission of COVID-19 in the client's home environment, staff **must** assess their client's ability to comply with the following:

- Physical distancing and self-isolation requirements (when required);
- Hand hygiene practices;
- Respiratory hygiene practices; and
- Environmental cleaning

Staff should provide education to clients and others in the home, if applicable, about respiratory hygiene, mask use, and hand hygiene, including a demonstration on how to clean their hands.

Wherever possible, only household members essential for communication with staff or to assist with care will be in the same room as staff during visits (as per the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#)). Staff will ask household members or anyone else in the home to remain in another room for the duration of the visit unless their presence is necessary to support care provision or communication. If their presence is essential, household members will maintain 2 metres distance from staff and mask wearing is strongly encouraged.

A resource for organizations to provide families on how to protect themselves in the home environment can be found in **Appendix E**.

SARS-CoV2 (COVID-19) Immunization:

Definition of fully immunized:

- A person is considered fully immunized against SARS-CoV2 (the virus that causes COVID-19) 14 days or more after receipt of the vaccine schedules listed below, following minimum dosing intervals:
 - 2 doses of a 2-dose series of a Health Canada authorized COVID-19 vaccine (Moderna, Pfizer/BioNTech, AstraZeneca/COVISHIELD). This is inclusive of mixed vaccine schedules.
 - 1 dose of a 1-dose series of a Health Canada authorized COVID-19 vaccine (Janssen/Johnson & Johnson).
 - Complete series of a non-Health Canada, World Health Organization authorized COVID-19 vaccine (e.g., Sinopharm or Sinovac)

Staff:

- All staff must be fully immunized by November 30, 2021.
- Staff who continue to choose not to get fully immunized by November 30, 2021, will be placed on unpaid administrative leave.
- Full SARS-CoV2 (COVID-19) immunization will be a hiring condition for new staff.
- The province has a medical exception process in place. Any employee who cannot get fully immunized will follow this process.

Clients:

- Organizations may choose to request client COVID-19 immunization information. If a client voluntarily provides the dates of their COVID-19 immunization they should be added to the client's health file to determine if they are fully immunized.
- Organizations that do not maintain a client health file will not request personal health information including immunization status.
- Clients who are not fully immunized against COVID-19 are at risk for developing severe COVID-19 disease and should be encouraged to seek information on the vaccine from their primary care provider and provided with immunization booking information.

A person is **not** considered fully immunized against SARS-CoV-2 if they have not received a COVID-19 immunization series as described above, including only one dose of any two-dose COVID-19 immunization series.

More information can be found at [Coronavirus \(COVID-19\): vaccine - Government of Nova Scotia, Canada](#)

Screening and Monitoring

Screening

Active screening of all **staff, clients, and other household members must occur** using the daily checklist found at: [Daily-COVID-checklist-en.pdf](#).

Staff Screening: Screening for signs and symptoms of COVID-19 must be conducted for all staff once daily prior to their shift. Staff must report their screening information to the organization daily.

Client screening: Screening for signs and symptoms of COVID-19 must be conducted for all clients and household members. Screening must occur just before the visit begins. Staff will complete screening using the above screening questions at the doorway at a 2-metre distance.

To find current guidance for active **monitoring** of symptoms, please refer to the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#)

For clients who screen positive refer to [Section 3: What to do if a client has suspect or laboratory confirmed COVID-19.](#)

Monitoring

Staff must continue to monitor themselves and their clients for symptoms of COVID-19 infection, as noted above using provided resources.

Point of Care Risk Assessment

Point of Care Risk Assessment supports staff in determining the appropriate Infection Prevention and Control precautions needed to provide care. Regardless of immunization status in staff or client, all staff must continue to practice recommended Public Health and IPAC measures for the prevention and control of COVID-19.

Point of Care Risk Assessments must be conducted for each visit, based on the interventions that are to be delivered to the client. A copy of the Point of Care Risk Assessment can be found in **Appendix F**.

To find current guidance for point of care risk assessments, please refer to the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#)

Supplies for Workers

Supplies must be made available for staff by the organization:

- Alcohol-based hand rub
- Disinfecting wipes for cleaning and disinfecting
- Paper bag(s) for mask storage
- Procedure/surgical/medical masks
- Gloves
- Contact and droplet PPE, as required (i.e., long-sleeved gowns, eye/face protection)
- N95 respirator, where required

Clients must also supply a Plastic lined waste disposal receptacle for staff.

Health Canada information regarding cleaning supplies can be found at:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/products-accepted-under-interim-measure.html>

PPE Education and Orientation for Staff

Staff must be provided with information and education on Routine Practices and Additional Precautions, including point of care risk assessment, hand hygiene, and proper use of PPE.

For information on how to wear a medical mask, please refer to **Appendix H**.

Aerosol Generating Medical Procedures (AGMPs)

Staff should avoid doing aerosol-generating medical procedures (AGMPs) in the home, unless medically necessary, and alternative therapy should be explored when possible. AGMPs should be avoided for clients with laboratory confirmed COVID-19.

If an AGMP is medically necessary, please refer to current guidance for performing AGMPs in the home and community setting at the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#)

SECTION 3: WHAT TO DO IF A CLIENT HAS SUSPECT OR LABORATORY CONFIRMED COVID-19

Reporting

If a client or their household member(s) has signs or symptoms of COVID-19 during a Point of Care Risk Assessment, staff must:

- Advise the client to follow Public Health Measures regarding self-isolation
- Direct the client to the [self-assessment tool](#)
- Advise their supervisor immediately

To find current guidance for reporting a client with symptoms of COVID-19, please refer to the [COVID-19 Public Health Guidance for Home and Community Care](#)

If you have concerns regarding a client accessing testing for COVID-19, please contact the local Public Health Office who can support with the assessment and facilitation of testing.

The [Home Care, Equipment & RCF Providers with a COVID+ Situation](#) poster and flow chart provides the contact names and numbers to call if you are caring for a client with suspect or laboratory confirmed COVID-19.

Providing care to a client with suspect or laboratory confirmed COVID-19

To find the current guidance for providing care to clients, please refer to the following [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#).

For clients or their household members who have suspect or laboratory confirmed COVID-19, staff must only provide visits that are essential for that client on that day. Clients will be provided with only services essential for them and will be cared for in the best possible manner. Services that are not essential for the client should be cancelled or rescheduled, if doing so does not risk the client's health or well-being. This should continue until advised by Public Health.

NOTE: Home Care Agencies will use the previously determined prioritization code (ERL code) for each client to support decision making.

Care for all clients is **NOT** to be prioritized. Refer to the most recent guidance on the prioritization of services in the [Nova Scotia Health - Home Support Prioritization Protocols During COVID-19 Pandemic](#).

Once there has been a laboratory confirmed case of COVID-19 in a client, minimize the number of staff supporting the client while they are COVID-19 infected. Staff must also do the following:

- determine appropriate client service provision based on results of COVID-19 testing;
- communicate to clients any changes to their services;
- continue to assess the PPE stock and replenish stock as needed;

- complete ongoing staff availability assessments for the next 7 days, based on results of contact tracing;
- continue to screen and monitor clients, both asymptomatic and symptomatic, for any changes to their health conditions;
- continue to implement screening and point of care risk assessment for all clients;
- continue to implement screening for staff; and
- continue to communicate with staff, clients, and families to provide updates.

Implement Droplet and Contact Precautions for a Client with Suspect or Laboratory Confirmed COVID-19

In the event of suspect or laboratory confirmed COVID-19, staff should implement Droplet and Contact Precautions. This will continue until the client meets the definition for discontinuation of precautions, as determined by Public Health.

To find the current guidance for universal masking, Droplet and Contact Precautions for providing client care, and disposal of PPE in the home and community setting, please refer to the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#).

A video for donning and doffing PPE can be found here: <https://vimeo.com/397525490>

For more information on masking in the home setting, refer to the [Home Care Worker Masking Protocol during the COVID-19 Pandemic - Frequently Asked Questions](#). A poster reviewing extended use of procedure masks in home and community settings, can be found in **Appendix H**.

Staff must:

- Ensure the care setting has a safe and secure place to put on and remove used PPE;
- Remove PPE when soiled/contaminated or at end of visit; and
- Carefully remove and dispose of used PPE as per guidelines. If staff are using a reusable face shield, it must be cleaned and disinfected for reuse prior to exiting the client's home

PPE must not be stored in a client's home.

Service providers must complete a PPE Request Form if they need additional supplies and email the form to HANS (PPErequests@healthassociation.ca). The request process is outlined in **Appendix I**.

Administrative Activities Required for Suspect or Positive COVID-19 cases

Assess PPE Supply

When a client has suspect or laboratory confirmed COVID-19 and a determination of what services will continue has been made, the organization must immediately assess their supply of PPE.

If the organization does not have enough PPE stock, staff will complete an Emergency PPE request. A copy of the Emergency PPE Request Form can be found in **Appendix I**. The completed Emergency PPE Request must be **emailed** to HANS: PPerequests@healthassociation.ca

Resources for Clients and Caregivers

Staff should refer household members, family members, and/or private caregivers who are involved with the client's care to the [Public Health Agency of Canada - How to Care for a Person with COVID-19 at Home: Advice for Caregivers](#) for information on measures that can be utilized in the home environment to prevent the spread of infection.

Client Care Equipment

To find the guidance on handling client care equipment, refer to the [Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Home & Community Care](#)

Laboratory Confirmed COVID-19 Case

Contact Tracing

Public Health will conduct contact tracing for all individuals with laboratory confirmed COVID-19 and identify their close contacts, including staff and clients. Public Health will determine the need for testing of contacts.

Reporting to NSHA Continuing Care

In the event of a positive laboratory confirmed COVID-19 test (staff and/or client), staff must contact Nova Scotia Health Continuing Care:

- Monday-Friday 8:30 am – 4:30 pm: Continuing Care Zone Director
- After Hours, Weekends, and Holidays: NSHA Management On-Call (1-877-408-4394, option 4)

See the Communications Protocols for Continuing Care Sector in **Appendix B**.

The organization will be provided a copy of the Daily Situation Report template (please see **Appendix G**) to be submitted the following day. The Zone Continuing Care Director will arrange a call with the Nova Scotia Health Continuing Care Outbreak Response Team.

Communication with Employees, Clients, Families, and the Public

In the event a client or staff member of an organization receives laboratory confirmation of COVID-19, Public Health will work with the organization to identify potential close contacts of the laboratory

confirmed case, determine whether additional communication to staff and/or clients is required, and implement appropriate Public Health measures to minimize transmission of illness.

Conduct a Staff Availability Assessment

Organizations must conduct a review of their current staff availability, considering any potential impacts on their operations and ability to cover shifts due to staff being required by Public Health to self-isolate.

Review Staff Assignments

To minimize the risk of transmitting COVID-19 between clients and staff, organizations should review their planned visits to minimize movement of staff between clients who have and do not have COVID-19 infection.

Management must follow the following steps to ensure they have adequate staffing during a COVID-19 outbreak involving the organization:

- Designate one primary lead contact for the staffing needs of the organization and one second in command or back up contact person.
- Identify minimum staffing requirements to meet client care.
- Attempt to expand staffing from within your existing staffing complement or from external sources. For example:
 - call in all casuals and offer them full time hours
 - increase part time staff hours to full time hours
 - if required and available, use provisions in your collective agreement or employee handbook to mandate overtime and use call back
 - be flexible - if you have nursing staff available but not CCAs, bring the nursing staff in to work the shift.

If there are any concerns regarding your organization's ability to meet staffing needs, you must work with the NS Health zone director, manager, and care coordinators to identify a solution.

Triggering the Use of ERLs across a Home Care Agency

Organizations impacted by staff shortages or PPE availability may need to determine which clients can safely have their services rescheduled.

Home Care Agencies:

If an agency's capacity to deliver services is impacted by factors such as staff shortages or availability of PPE to provide care safely, an agency may need to trigger the use of ERLs to determine prioritization of service delivery. In this case, agencies will review all clients in the lowest ERL who are still receiving services and determine what clients will need to continue receiving services and what clients may safely have their services rescheduled.

Home Care agencies must communicate with NSH Continuing Care as soon as it is determined that service levels will change and agency wide ERL codes are being triggered. Care Coordinators should be

informed as soon as possible and *before* services are reduced for each client within that ERL or service being impacted. This supports the most collaborative process possible and serves to preserve the relationships clients have with both the agency and Continuing Care.

Discontinuation of Additional Precautions

Suspect COVID-19

If a client who is symptomatic and considered a suspect case of COVID-19 receives a negative test result, continued use of precautions should be based on the results of the PCRA and screening history.

Laboratory Confirmed COVID-19

The duration of Droplet and Contact Precautions for clients with laboratory confirmed COVID-19 infection will be determined by Public Health.

Clients who are within 90 days of a prior laboratory-confirmed COVID-19 infection (from the date the test was taken) and have recovered from infection do not need to be cared for using Droplet and Contact Precautions. If there is any uncertainty about the prior COVID-19 infection, Droplet and Contact Precautions should be continued until the situation has been clarified.

Agencies may also choose to consult with IPAC or Public Health with any questions or concerns.

SECTION 4: SUPPORTS AND RESOURCES

Environmental Management

Refer to guidance on environmental management at the [COVID-19 Public Health Guidance for Home and Community Care](#)

Staff should provide education and guidance on environmental cleaning practices to clients and their household members. A resource for agencies to provide families on how to protect themselves in the home environment can be found in **Appendix E**.

Waste Disposal and Laundry Services

To find the current guidance, refer to the [COVID-19 Public Health Guidance for Home and Community Care](#)

Staff Supports and Resources

Agencies can access additional resources at the Continuing Care page of the [Nova Scotia Health Covid-19 Hub](#) and at [The Department of Health and Wellness: COVID-19 Resources for Continuing Care Providers Portal](#)

Appendix A. Public and Family Communication Messaging and Templates

KEY MESSAGES

- Our number one priority is the safety of our clients and staff.
- Today, we received notification from Public Health that one of our **employees or clients** has tested positive for COVID-19.
- We are following direction and advice from Public Health related to the care provided to those affected and are working diligently to adapt to our changing circumstances.
- We are committed to keeping staff, clients, and families informed.

MESSAGE FOR STAFF

Today we learned that a **co-worker or client** has tested positive for COVID-19. We want to reassure you that we are diligent in our infection prevention and control measures to prevent the spread of this virus. We are working closely with Public Health as they conduct their investigation.

We know this news can be upsetting, and we want you to know we are taking every measure necessary to protect the health and safety of our clients and staff. Here is what you need to know **[include the details obtained from Public Health and any operational details from the home]:**

- The **infected individual** is in isolation
- Public Health is involved and providing direction to us as they manage the situation.
- **[Add appropriate detail]** Public Health will follow-up with anyone deemed to have close contact with the infected individual. They will closely monitor the situation and test clients and staff where appropriate.
- Those who are close contacts have already been contacted.

As you know, privacy and confidentiality are critically important. We must always protect the privacy and health information of our clients and colleagues. Please refrain from discussing this situation with anyone else. Even if you are asked by friends or relatives who seem aware of the situation, politely decline the opportunity to discuss the matter.

We recognize this is a stressful time for all. We are here for you. If you have any questions or concerns, please speak with your supervisor or with me directly. We appreciate your hard work and unwavering commitment to our clients and your co-workers.

MESSAGE TO CLIENTS/FAMILY

Dear clients and families:

Today we learned that a **client or employee** at **[agency]** tested positive for COVID-19. We understand that this may be difficult news to hear, and we want to assure you that our first priority is **you/your** loved one's safety, as well as the safety of our staff.

We are working closely with Public Health as they conduct their investigation. Here is what you need to know:

- The infected individual is in isolation.
- Public Health is involved and providing direction to us as they manage the situation.
- **[Add appropriate detail]** Public Health will follow-up with anyone deemed to have close contact with the infected individual. They will closely monitor the situation and test others where appropriate.

As you know, infection prevention and control measures have been in place, and we are carefully following all Public Health advice to ensure we continue to provide safe care. We have been diligent, and we will continue to work hard to prevent the spread of this virus. We appreciate your understanding and cooperation in this effort.

If you have any questions pertaining to this, please do not hesitate to contact **[name] [contact information]**. We will keep you informed of the situation.

Sincerely,

PHONE SCRIPT AND GUIDE FOR FAMILY CALLS

Depending on the situation, it is appropriate to call family members or employees, especially if email is not a reliable or trusted source of communication.

- Good afternoon/morning. My name is **[full name]** and I am calling to speak with **[name of family member / substitute decision maker]**.
- Hi **[family/substitute decision maker name]**. I'm calling from **[organization]** to let you know that today we learned that an **employee or client at [organization]** has tested positive for COVID-19.
- We know this news may be upsetting and want you to know we are taking every measure necessary to protect the health and safety of our clients and staff.
- We have been diligent in our infection prevention and control measures and will continue to work hard to prevent the spread of this virus.
- We are working closely with Public Health as they conduct their investigation.
- The **infected individual** is in isolation.
- Public Health is involved and providing direction to us as they manage the situation.
- **[Add appropriate detail]** Public Health will follow-up with anyone deemed to have close contact with the individual with COVID-19. They will closely monitor the situation and test others where appropriate.
- We are committed keeping you updated on the situation and will call you back or send an email update if there is new information that you need to know. **[Do we have your current email address? Where would you like us to send an email?]**
- Do you have any questions? [Ensure they have a name and contact information to direct future questions/concerns.]
- Thank you for your support during this time. It is appreciated.

FRONT DOOR/SIGN IN POST

Dear Visitor,

Please be advised that there has been an exposure to COVID -19 at this location/office. All visitors are required to call this number prior to entering the building.

[Add Phone number]

[Add any additional requirements for entry]

We appreciate your understanding.

SOCIAL MEDIA

If an organization encounters negative posts on their social media sites, including those targeted at employees, consider the following guidelines, consistent with those followed by Nova Scotia Health Authority and the Government of Nova Scotia:

- Do not respond to posts that include personal attacks, inappropriate language, racism, sexism, etc., and take down any posts that include vulgar language (if posted on your site)
- Do not disclose or post information that would identify an individual client, family member, or staff person
- Answer legitimate questions to the best of your ability, staying within your areas of responsibility
- Increase internal employee communication, emphasizing how much their employer and their client's value them, how everyone is pulling together in this difficult time, etc., and offer supports that are available, such as EAP

Appendix B: Communication Protocols and Contacts

Communications Related to the Pandemic	
Category	Contact
Urgent COVID-19 issues (e.g., confirmed positive case or outbreak)	<p>Contact NSHA Continuing Care Zone Director Cell number, Monday - Friday 8:30-4:30 and NSHA Management On-Call after hours and weekends at 1-877-408-4394. Listing of Director contact numbers: http://www.cdha.nshealth.ca/node/20567</p> <p><u>Poster: Home Care, Equipment & RCF Providers with a COVID+ Situation</u></p> <p>Contact Public Health as per existing outbreak protocol. Nova Scotia Public Health offices: http://www.nshealth.ca/public-health-offices</p> <p>After Hours: contact the Medical Officer of Health (MOH) on call: 902-473-2222, ask for the MOH on-call OR The Health Duty Officer on-call: 1-877-408-4394, option #1</p>
Non-urgent COVID-19 (e.g., general information requests, best practices)	<p>Government of Canada: https://canada.ca/coronavirus toll-free information line 1-833-784-4397</p> <p>Government of Nova Scotia: https://novascotia.ca/coronavirus/</p> <p>COVID-19: resources for continuing care providers https://novascotia.ca/dhw/ccs/COVID-19-resources-for-Continuing-Care-providers/ Password: CCSCOV1D-19</p> <p>NS Health: https://covid19hub.nshealth.ca/covid-19 https://www.nshealth.ca/coronavirus</p>
COVID Screening & Testing for individuals	Follow 811 Online Screening questions, then if required, contact 811 for instructions.
Financial Reporting of COVID-19	https://novascotia.ca/dhw/ccs/COVID-19-resources-for-Continuing-Care-providers/
HHR issues	Contact Alex Smith, DHW at Alexandra.Smith@novascotia.ca
Infection Prevention & Control	https://novascotia.ca/coronavirus/ https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html and information line 1-833-784-4397 https://covid19hub.nshealth.ca/covid-19

	https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html COVID-19 IPAC Guide for LTC Guide to Influenza-like Illness for Long-Term Care COVID-19 IPAC Guide for Home and Community Care
Supplies & PPE Challenges	Emergency PPE Requests: PPerequests@healthassociation.ns.ca
Remaining Service Delivery Questions related to COVID-19 not covered in above categories	Contact NSHA: coronavirus@nshealth.ca Contact Department of Seniors and Long-term Care: LSSDHW@novascotia.ca

Regular Communications that Continue during Pandemic	
Category	Contact
Critical Incidents	Follow Policy and submit report via Fax: (902) 722-1239
HR/Labour Relations related Issues	Consult organizational policies, collective agreements, HANS, etc. as appropriate Contact Alex Smith, DHW at Alexandra.Smith@novascotia.ca
Licensing	Email: DHWICO@novascotia.ca
PPCA Reporting	Contact 1-800-225-7225 to report incident under PPCA
Major Event impacting Health System	Contact DHW Duty Line: 1-877-408-4394, option 1
Regular Operational Communications	
Client Issues	Contact local NSHA Manager/Director for your zone Listing available at: http://www.cdha.nshealth.ca/node/20567
Service Delivery Issues	Contact local NSHA Manager/Director for your zone Listing available at: http://www.cdha.nshealth.ca/node/20567
Operational Challenges requiring support/ guidance	<u>Home Care/Community:</u> Theresa Kelbratowski: Theresa.Kelbratowski@novascotia.ca
Funding Pressures/Challenges	<u>Home and Community:</u> Contact Theresa Kelbratowski at Theresa.Kelbratowski@novascotia.ca

APPENDIX C: COVID-19 Response Training Scenario Examples

Scenario 1: You are conducting a pre-screening for a client and the client has a fever and is coughing. How do you respond?

Scenario 2: One of your staff members informs you that they have tested positive for COVID-19 and are required to self-isolate for 10 days. How do you respond?

Scenario 3: Public Health notifies you that one of your client's has tested positive for COVID-19. After working with Public Health to perform contact tracing, you now have 4 clients and 2 staff who are required to be isolated and tested. How do you respond?

Scenario 4: Public Health notifies you that one of your staff has tested positive for COVID-19. In an effort to support contact tracing, Public Health requests you to identify any clients or staff that have been in close contact with the individual. How do you respond?

Scenario 5: You regularly provide home care to 3 individuals within the same condominium. One has tested positive for COVID-19 and still requires essential services delivered to them, while the other two clients are not exhibiting signs or symptoms of COVID-19. How do you organize your care provision?

APPENDIX D: Donning/Doffing PPE and Medical Masks

GUIDE TO PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions (Universal Masking)

1 Procedure/surgical mask



Process will depend on what face/eye protection is available

Scenario 1- If goggles or full-face shield is available, leave mask on and proceed to Step 2.

Scenario 2- If mask needs to be replaced with a mask with visor or N95, perform hand hygiene, remove original mask, and store as per guidance. Proceed to Step 2.

4 N95 Respirator (if applicable)



- Required for ACMPs for patients with unknown, novel or emerging pathogens.
- Refer to manufacturer for specific donning instructions.
- Perform a 'seal check' with each use.
- N95 respirators must be 'fit tested' prior to use.

2 Hand Hygiene



Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

5 Face/Eye Protection



- Put on mask with visor or goggles or full shield as available.
- Place over the eyes or face.
- Adjust to fit
- **NOTE:** Eyeglasses are not considered protective eyewear.

3 Long-sleeved gown



- Select level of gown based on fluid exposure risk.
- Make sure the gown covers from neck to knees to wrist.
- Tie at back of neck and waist.

6 Gloves



- Put on gloves.
- Pull the cuffs of gloves over the cuffs of the gown.

FOR NOVEL AND EMERGING PATHOGENS: Initiate Contact & Droplet Precautions and wear gloves, gowns, procedure/surgical mask and face/eye protection when within 2 metres of patient.

Developed by Infection Prevention & Control-
Last revised April 19, 2020



GUIDE TO REMOVING PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions (Universal Masking)

1

Gloves



- Outside of glove is contaminated.
- Use glove to glove, skin-to-skin technique.
- Discard in garbage

4

Hand Hygiene

Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hands are visibly soiled.

2

Hand Hygiene



Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

5

Face/Eye Protection



- Handle only by headband or earpieces.
- Carefully pull away from the face.
- Place non-disposable face/eye protection in designated area for disinfection & disposable items in garbage.

3

Long-sleeved gown



- Carefully unfasten ties. DO NOT rip off.
- Grasp the outside of the gown at the back by the shoulders and pull down over the arms.
- Turn the gown inside out during removal.
- Carefully fold into bundle.
- Place disposable gown in garbage or place non-disposable gown in laundry hamper.

6

Mask OR N95 Respirator



Scenario 1 - LEAVE MASK ON if wearing full face shield and mask is not visibly soiled or mask integrity is affected by moisture/ humidity. Proceed to Step 7.



Scenario 2: If you wore goggles or wearing mask with visor, mask must be removed. Do not touch front of mask, allow to fall away from face & discard.

N95 must be removed outside of room.

7

Perform Hand Hygiene

8

Exit Patient Room.
Remove N95 (if applicable).
Perform Hand Hygiene

9

If Applicable, Obtain
New Mask or Apply
Stored Mask



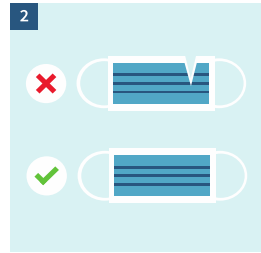
Developed by Infection Prevention & Control
Last revised April 19, 2020



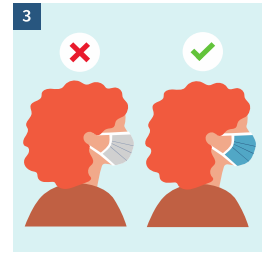
How to Wear a Protective Face Mask



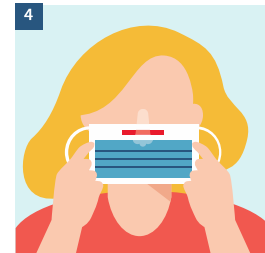
1
Wash your hands with soap and water for 20-30 seconds, or use alcohol-based hand sanitizer before touching the face mask.



2
Check the new mask to make sure it's not damaged.



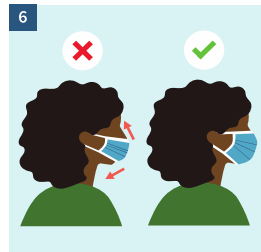
3
Ensure colour side of the mask faces outward.



4
Locate the metallic strip. Place it over and mold it to the nose bridge.



5
Place an ear loop around each ear or tie the top and bottom straps.



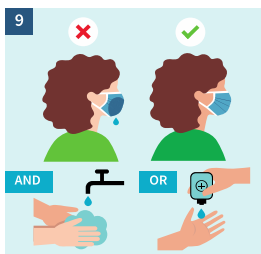
6
Cover mouth and nose fully, making sure there are no gaps. Pull the bottom of the mask to fully open and fit under your chin.



7
Press the metallic strip again to fit the shape of the nose. Wash hands.



8
Do not touch the mask while using it. If you do, wash your hands.

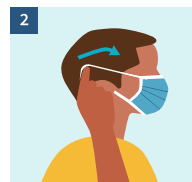


9
After you remove the wet or dirty mask wash your hands. Put the new mask on and wash your hands again. Do not reuse a mask.

Removing the Mask



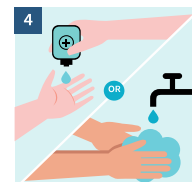
1
Wash hands, or use alcohol-based hand sanitizer.



2
Do not touch the front of your mask. Lean forward, gently remove the mask from behind by holding both ear loops or ties.



3
Get rid of the used mask in a waste container.



4
Wash hands, or use alcohol-based hand sanitizer.

These materials were adapted with permission from the BCCDC and the British Columbia Ministry of Health.

APPENDIX E: Cleaning Around Your Home Poster

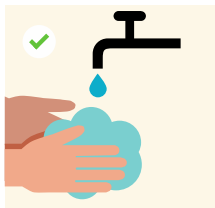


Cleaning around your home

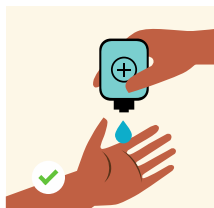


- Keep shared spaces (kitchen and bathroom) clean.
- Open windows to air out rooms.
- Use soap and water to clean dishes and utensils after each use.
- Clean surfaces every day.
- Wipe off your phone.
- Clean door handles, light switches and railings.
- Clean items such as remotes, keyboards and toilet buttons.
- Clean kitchen counters, taps, faucets by using soap and water on paper towel or a rag, then use a disinfectant.
- If you have small children, wash your floors more often.
- **DO NOT** share personal items such as cell phones, toothbrushes, clothes, drinks or food.

Protect yourself



Wash your hands often with soap and water. Make it bubble on your hands to wash away germs.



Or you can use alcohol-based sanitizer if you have it.



Cough into your sleeve or tissue and safely throw out the tissue right away.



Do not touch your eyes, mouth or nose.

Updated May 25, 2020



For information visit: novascotia.ca/coronavirus

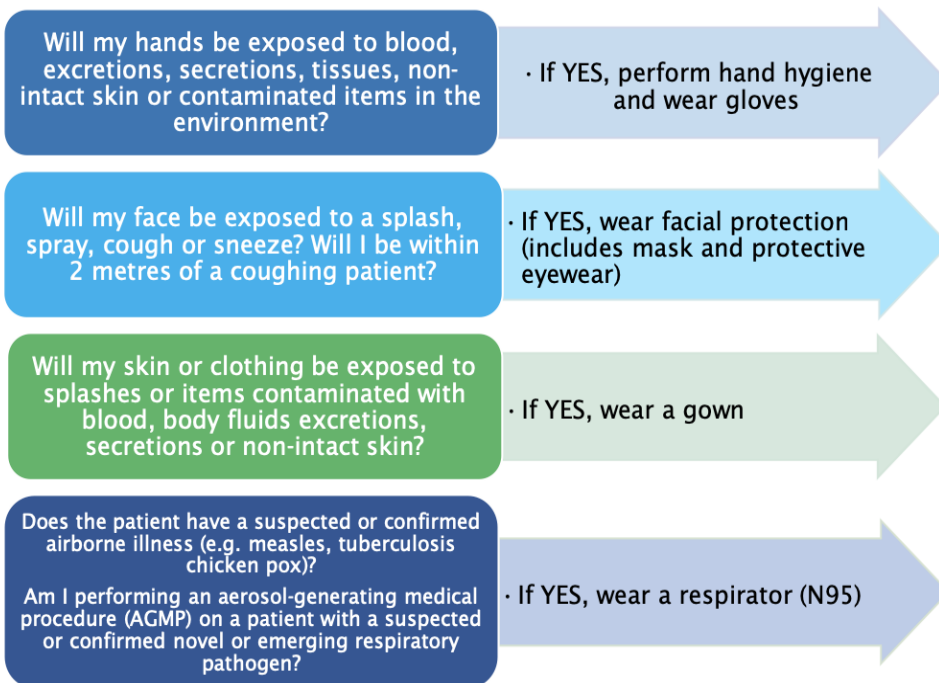
APPENDIX F: Point of Care Risk Assessment

Point of Care Risk Assessment

Before each patient/resident/client interaction, the health care worker completes a 'Point of Care Risk Assessment' (PCRA) by asking the following questions to determine the risk of exposure and appropriate Routine Practices and Additional Precautions required for safe care:

- What are the client's symptoms?
- What is the degree of contact?
- What is the degree of contamination?
- What is the client's level of understanding and cooperation?
- What is the degree of difficulty of the procedure being performed and the experience level of the care provider?
- What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin and mucous membranes?

The PCRA allows the health care worker to determine what personal protective equipment (PPE) is selected and worn for that interaction. PCRA should be performed even if the patient has been placed on Additional Precautions as more PPE may be required.



REMEMBER: Perform Hand Hygiene before and after PPE use.

APPENDIX G: Home Care COVID-19 Situation Report Form



Please submit report to the appropriate NSHA Continuing Care Response Team at:
wz.ccr@nshealth.ca, nz.ccr@nshealth.ca, ez.ccr@nshealth.ca, or cz.ccr@nshealth.ca

Home Care COVID SITUATION REPORT – please submit by 12:30			
Zone Location:	Choose an item.	Incident/Event:	COVID-19 Pandemic Response
Incident Start Date:	Click here to enter a date.	Report Date (today's date):	Click here to enter a date.
Agency Name:		Outbreak # Issued by PH:	
Public Health Contact person:		Public Health Contact information:	
Name of Person completing Report:		Position, Department & Contact Information:	
Site Lead/Most Responsible Person + contact number:			

CURRENT SITUATION (WHAT IS OCCURRING; KEY PEOPLE AND ORGANIZATIONS INVOLVED; NUMBER OF PEOPLE AFFECTED)									
<i>If no change from previous day, please confirm same</i>									
Clients				Staff					
Total # Clients	# active positive	# precautions removed	# isolation	Total FTE	FTE unable to work (COVID related)	# active positive	# precautions removed	# self-isolation	Daily # of staff deployed to other facilities/agencies
<p>Definitions:</p> <p>Total # Clients – current clients being provided care Positive – current number of all active positive cases Precautions Removed – # of individuals that have had isolation precautions removed (i.e. recovered) Isolation – # of people who are isolated due to suspected or positive COVID (not work isolation) Total FTE – full complement of staff (not daily) FTE unable to work – e.g. self-isolation, medical leave for COVID related stress, lack of child care</p>									
CURRENT ISSUES/CHALLENGES (WHAT ACTION NEEDS TO BE TAKEN? IF NONE, PLEASE INDICATE N/A)									
STAFFING ISSUES:	(If yes, please confirm if able to meet all high priority care needs)								
CLIENT IMPACT:	(Are all client ERL being met?)								
PPE SUPPLIES:									
GENERAL NAVIGATION NEEDS:									
PRIORITIES FOR THE DAY									

Version Date: May 14, 2020

Page 1 of 2



Please submit report to the appropriate NSHA Continuing Care Response Team at:
wz.ccr@nshealth.ca, nz.ccr@nshealth.ca, ez.ccr@nshealth.ca, or cz.ccr@nshealth.ca

OTHER COMMENTS/ISSUES (ANY OTHER MEDIA, SAFETY, OR OTHER ISSUES THAT NEED TO BE REVIEWED?)

APPENDIX H: Extended Use and Reuse of Masks in Home and Community Care Setting Poster



Quick Reference Guide for Mask Reuse & Extended Use for Home and Community Care Settings

Re-use is the practice of wearing the same facemask for repeated close contact encounters with several clients over a period of time and the mask is removed after each client and stored for re-use with another client.

Extended use is the practice of wearing the same facemask for repeated close contact encounters with several clients, over a period of time, without removing the mask between clients.

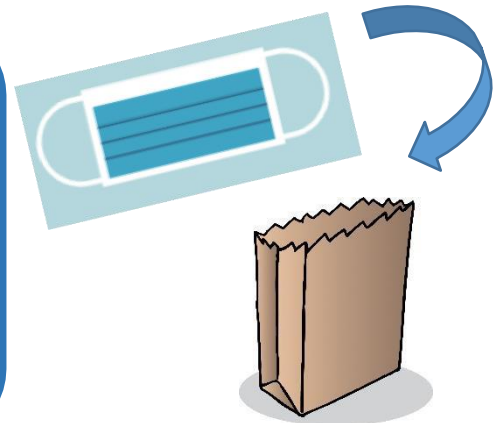


Removal of Mask

- Perform hand hygiene with alcohol-based hand rub (ABHR).
- Remove mask carefully as this is when self-contamination may occur.
- Grasping mask by loops or ties. If using a mask with ties, untie bottom ties first, then top ones.

Storage of Mask for Re-Use

- Take a clean, dry paper bag and leave it flattened. If you are working in a clinic, write your name on it, so it is clearly identified as yours.
- Grasp the straps or ties and fold mask in half lengthwise (from top to bottom) with the outer surfaces of the mask folded in and the inner side that was against your face out. Place folded mask into paper bag.
- Leave loops or ties outside of bag to allow easy access for re-use. Do not fold the end of the paper bag.
- Perform hand hygiene with ABHR.
- Store the paper bag in secure place and in a way that the bag does not become crushed.



Re-Use of Stored Mask

- Perform hand hygiene with alcohol-based hand rub (ABHR).
- Retrieve mask stored in paper bag. Grasping mask by loops or ties extended out of the bag.
- Unfold the mask by grasping the loops or ties. Remember to put the side facing out when folded against your face.
- Apply the mask using loops or ties. For masks with ties, tie top ties first, then bottom ties.
- Shape to fit nose.
- Perform hand hygiene with ABHR.

Guidance Adapted from VON- Quick Reference Guide Extended Use and Limited Re-use of Facemasks During COVID-19 Pandemic (Current as of April 15, 2020). Photos adapted from BC CDC
Developed by NSHA Infection Prevention and Control- April 2020

APPENDIX I: Emergency PPE Order Form

Is your facility, agency or organization currently experiencing an outbreak of COVID-19?

yes no

How many clients are in isolation? _____

Date:

Facility, Agency or Organization:

Zone: Western Northern Eastern Central

Information required for delivery	Weekday contact information	After hours contact information
Address		
Contact name		
Contact phone number		

Please briefly describe your current situation and complete the table. Please note that supplies will be released by the Department based upon availability and needs across the system. **This is to be attached in an email and sent to:**

PPErequests@healthassociation.ns.ca

- You will receive confirmation that your email has been received.

Part A: If you are experiencing an outbreak and/or isolation precautions, please include information related to current situation and issues below:

Number of Staff working in a 24-hour period	
Number of clients currently isolated (either as a new/re- admission or due to illness)	
Number of clients currently isolated as suspect or confirmed COVID-19 case	
Number of admin staff working in a 24-hour period (not providing client care)	

Part B: If you are NOT experiencing an outbreak and/or isolation precautions, but you require access to supplies because you cannot access them elsewhere, please fill out the table below:

Equipment being requested	Current supply: # of each item, or bottles	Number of days current supply will last	Amount on backorder # of boxes, bottles or packs	Supplier projected date of order arrivals	Supply required (specify quantity of each item, or bottles)	Manager 's recommendation for approval of #-day supply (<i>To be completed by DoSLTC staff</i>)
Procedure/surgical masks						
Face/eye protection						
Gloves						
Hand sanitizer (Various sized bottles available)						
Gowns (quantity)						
N95 masks required for aerosol generating medical procedures only on suspect or confirmed COVID-19 patients						