



# **Pandemic Continuity Plan**

**Last Updated  
February 10, 2021**

***REPLACES ALL PREVIOUS VERSIONS***

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## SECTION 1: Introduction

### Purpose:

This Pandemic Continuity Plan has been developed to ensure the critical business functions of MACL can be maintained in the event that up to 35% of our staff is incapacitated during a pandemic emergency.

### Definitions:

- Pandemic** A pandemic is an epidemic of infectious disease spreading over a large geographic region such as a continent or worldwide. In contrast to seasonal influenza epidemics, the anticipated/current influenza pandemic has the potential to spread very rapidly infecting larger numbers of people and leading to serious illness or death. Immunity people may naturally have to seasonal influenza will not protect them during an influenza pandemic outbreak.
- Influenza** Symptoms of influenza include fever, fatigue, muscle aches and pains, lack of appetite, coughing, sore throat and possibly headache, vomiting and diarrhea. The majority of Canadian cases of influenza experience mild illness and recover at home.
- The influenza virus can live outside the body on hard surfaces, such as stainless steel and plastic, for 24-48 hours and on soft surfaces, such as cloth, paper, and tissues for less than 8-12 hours; however, it can only infect a person for up to 2-8 hours after being deposited on hard surfaces, and for up to a few minutes
- Antivirals** Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza. Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus. The influenza virus is treated with two different antivirals: oseltamivir (Tamiflu) and zanamivir (Relenza).
- Vaccines** Vaccines are preparations intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines are the primary means to prevent illness and death from influenza. They stimulate the production of antibodies against the flu virus components included in the vaccine, providing immunity against the virus. In order to provide the best protection, a vaccine is tailored to fight off specific strains of influenza.

**Critical Business Functions**

Critical business functions are those activities which must be performed in order for the organization to remain in operation. Identifying our critical business functions and planning for their continuation will ensure that the essential services we provide directly to our person served will continue during a local outbreak. Refer to MACL Pandemic Plan for Administrative positions.

**Critical Services**

Critical Services are the services we must provide to our persons served as they are required to sustain life. Identifying our critical services and planning for their continuation during an outbreak is essential to ensure the lives of those who rely on these services for survival.

**Essential Services**

Essential services during a pandemic are those that are cannot be completely closed or eliminated completely. Essential services may be reduced or temporarily paused but will not cease to be provided.

**Components of the Plan**

1. Identify critical business functions and resources to draw upon during an outbreak.
2. Identify critical and essential services and the staffing levels necessary to continue to provide the services.
3. Develop and deliver an education program to staff and persons served focusing on prevention and infection control.
4. Provide guidelines for responding to suspected incidents of Covid amongst persons served and/or staff.

## PREAMBLE:

The World Health Organization (WHO) defines a pandemic as a “sustained community level outbreak in at least two WHO regions.”

Both Canadian and British Columbia governments have established authorities to coordinate and manage such an event. In BC, these authorities include the British Columbia Centre for Disease Control (BCCDC), BC Emergency Health Services (BCEHS) and Regional Health Authorities. These bodies will assume much of the mandate and provide the direction on how to prevent, prepare, respond and recover from such a pandemic.

MACL will follow any instructions and directives that come from these bodies and apply them to our organization.

Within MACL, we have two primary considerations under pandemic conditions:

- The care of vulnerable individuals. By definition, this could include a significant number of individuals we support.
- Deploying available staff and providing instructions to staff who are at risk of infection, and/or who are already infected.

To that end, the CEO, in collaboration with the Management Team and Program Supervisors, is responsible for successful implementation of this plan. This plan will be regularly reviewed annually, and daily throughout periods of pandemic as leadership staff triage need for response. It will be revised and updated to reflect current circumstances.

**On March 12, 2020, the World Health Organization declared the global COVID-19 a pandemic. This plan has been updated to reflect COVID-19 specific information.**

**Coronavirus COVID-19**  
BC Centre for Disease Control | BC Ministry of Health

**Key Facts**

- We are focused on slowing the spread of COVID-19 in our communities.
- A sudden increase in people becoming infected with COVID-19 may impact the capacity of our health system to provide care to everyone who needs it.
- By slowing the spread of the virus, our most vulnerable will be able to access care when and where they need it.

80% of people who are infected will have mild symptoms that will not require care outside of the home.

Around 1 out of 6 people who get COVID-19 may become seriously ill and develop difficulty breathing.

Older people, and those with preexisting medical conditions such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

**WHAT YOU CAN DO TO SLOW TRANSMISSION**

- Take care of others by taking care of yourself.
- Wash your hands, don't touch your face, and stay home if you are sick.
- Monitor yourself.
- If you have a fever, a new cough, or difficulty breathing, call 8-1-1 for guidance.

**What is coronavirus/COVID-19?**

Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The new coronavirus has been named COVID-19. While many of the characteristics of COVID-19 are still unknown, mild to severe illness has been reported for confirmed cases.

Novel coronavirus (COVID-19) information for patients with chronic health conditions  
March 13, 2020

The best source of up-to-date information on the novel coronavirus (COVID-19) in British Columbia is the BC Centre for Disease Control (BCCDC): [www.bccdc.ca](http://www.bccdc.ca). This document provides answers to additional questions from patients with chronic conditions.

Retrieved March 15<sup>th</sup>, 2020 from [www.bccdc.ca/diseases-conditions/covid-19](http://www.bccdc.ca/diseases-conditions/covid-19)

## TIMELINE OF KEY DATES:

**March 11, 2020:** The World Health Organization declared COVID-19 a global pandemic.

**March 17, 2020:** Provincial Health Officer Dr. Bonnie Henry declares a public health emergency in B.C., giving herself power to make verbal orders to the public that are immediately enforceable.

**March 26, 2020:** An emergency order was issued by British Columbia's Ministry of Public Safety and Solicitor General, deeming MACL's Services as essential services.

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/essential-services-covid-19>

**April 4, 2020:** The BC Provincial Health Officer issued the following guidance to Social Service Providers for prevention and Control of COVID-19 in our programs:

[https://www.communitylivingbc.ca/wp-content/uploads/Reducing-transmission-of-COVID-19-in-social-sector-settings-April-4\\_FINAL.pdf?mc\\_cid=704fc876dd&mc\\_eid=25466f8be8](https://www.communitylivingbc.ca/wp-content/uploads/Reducing-transmission-of-COVID-19-in-social-sector-settings-April-4_FINAL.pdf?mc_cid=704fc876dd&mc_eid=25466f8be8)

**May 4, 2020:** The BC Provincial Health Officer provided guidelines for each phase of the pandemic. Read more here:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>

**May 19, 2020:** The BC Provincial Health Officer announced that BC was moving to Phase 2 pandemic response. Read the CLBC instructions regarding Phase 2 here:

<https://www.communitylivingbc.ca/wp-content/uploads/Stage-2-Recovery-Self-Assessment-for-Service-Providers-FNL.pdf>

**June 21, 2020:** The BC Provincial Health Officer announced that BC was moving to Phase 3 pandemic response. Read more here: <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/phase-3>

**November 7 & 21, 2020:** Dr. Henry announced a step back from restart Phase 3 activities in the Fraser and Vancouver Coastal health regions, specifically restricting social gatherings to immediate household only, suspending group physical activities and stating that workplaces must ensure that all workers and customers maintain appropriate physical distance and wear masks when appropriate.

**On Nov 24, 2020** the Provincial Health Officer announced a Public Safety Order around the mandatory use of masks. <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/restrictions#masks>

**As of Feb 3, 2021** the Federal Government announced travel restrictions for **air travel** and **land border travel**.

<https://www.canada.ca/en/transport-canada/news/2021/01/government-of-canada-introduces-further-restrictions-on-international-travel.html>

## **MACL CRITICAL SERVICES AND POTENTIAL PROGRAM CLOSURES:**

MACL considers staffed Residential Homes, Supported Living, Homeshare Services and certain administrative positions to be critical services, and will prioritize these to maintain service delivery and staffing during pandemic outbreaks.

Where reasonably possible, MACL will work to maintain all programs during a pandemic threat, however service suspensions, and/or reductions, relocations of sites and transferring/cross-training of staff may be necessary. The support, well-being and health of people receiving services will be paramount in these decisions. Information about the pandemic status from Fraser Health or Health Canada, and about program or staffing changes will be provided to employees as quickly as possible from the CEO in cooperation with the Program Directors.

Programs that are most subject to service suspension and/or reductions include Sandcastle Preschool, Employment Services, Bridge Training Services, Community Development Program, Individual Support Services, Supported Child Development, and Child and Youth Activity. The decision to suspend or otherwise adapt programs or services, either proactively (including anticipation of disease or outbreaks), or more typically reactively (in response to disease or outbreaks), lies at the discretion of the Association and appropriate local authorities and would typically be based on considerations such as local public health concerns, local community concerns, and/or staffing shortages. MACL will remain vigilant and follow instructions from local authorities while maintaining essential service levels. Should a change in non-essential service delivery occur, staff from the affected program(s) may be deployed/temporarily transferred to an essential service. In such cases, deployed staff will support the residential staff with cooking, cleaning, and other duties that do not require additional training. They will not be required to complete personal care or administer medications unless they have been trained to do so.

Directors will determine staffing levels necessary to ensure safety of persons served under emergency conditions, and have authority to refer or transfer an individual to a medical care facility if warranted.

Should a pandemic outbreak impact the administrative staff the CEO will determine whether administrative office closure is warranted. Staff payroll and scheduling will not be interrupted in the event of an office closure.

MACL has the following procedures in place to address leaves related to the pandemic:

- Employees who become ill or are symptomatic with flu-like symptoms are entitled to be compensated from their sick bank.
- Employees who are medically unable to attend work due to underlying health concerns are required to provide medical verification from their physician.
- Employees who are directed to self-isolate due to exposure or international travel that began prior to March 13, 2020.
- Employees may be granted a temporary unpaid childcare related leave of absence if it is operationally possible. Such leave must be applied for on the *Covid-19 Child Care Leave Application Form*.

## SECTION 2: Training and Education

### EDUCATION:

All staff will be provided with training focusing on prevention and control of an infectious disease outbreak. Training will include the following components:

- Information about the virus
- Information about infection control and universal precautions
- MACL Policy 9.1 INFECTION CONTROL, IMMUNIZATIONS AND STANDARD PRECAUTIONS
- WorkSafe BC Site Safety Plans
- Protocols
- Safe use of Personal Protective Equipment (PPE)

1. MACL will provide posters to hang in all public areas to remind all staff, visitors and person served of proper handwashing, coughing/sneezing etiquette on an on-going basis. A poster for hanging on the exterior door of the home/program reminding everyone to wash their hands before visiting can be found in Appendix A.
2. All staff must attend all training sessions related to infection prevention and control. Training sessions will include information on infection control in the workplace, including hand washing procedures, covering coughs and sneezes, not attending work if ill, cleaning and disinfecting, and safe use of PPE.
3. All staff must read, and provide their signature to verify they have read, all printed training materials.
4. All staff will be encouraged to be vaccinated for influenza. The vaccine is free for direct care workers; for those who are not direct care workers, cost will be covered by MACL.
5. Latex and non-latex gloves will be available at all times for the use of all staff if so desired. Staff may be required to wear gloves at all times during their shift. Training on proper use of gloves will be provided to all staff.
6. Staff will be instructed to reassure persons served about their personal safety and health. Telling those we serve that it is okay to be concerned is comforting. Staff will reassure them they are safe and there are many things they can do to stay healthy, including:
  - Hand washing: Wash hands often with soap and warm water for at least 20 seconds, or use an alcohol based hand sanitizer, especially after coughing or sneezing.
  - Cough/sneeze etiquette: Cough and sneeze into arm or tissue.
  - Stay home when sick: Students/children should tell parents if not feeling well, and together, make a plan to stay home from school.
  - Keep clean: Keep hands away from face and mouth.
  - Stay healthy by eating healthy foods, keeping physically active and getting enough sleep.



## INFORMATION ABOUT THE VIRUS

### Symptoms

People respond to influenza in different ways, but the most common symptoms include fever, cough, muscle aches, difficulty breathing. Symptoms can rapidly increase in severity, and persist for a week or two. Some people, who are sick with influenza and therefore contagious to others, show few or no symptoms throughout their illness. **Staff who feel sick and/or are symptomatic should call in sick and must not come to work. If you are unwell, stay home.**

#### COVID-19 Transmission:

Retrieved September 24, 2020 from: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/how-it-spreads>

The coronavirus that causes COVID-19 is spread by liquid droplets when a person coughs, sneezes or sometimes talks or sings. If you are in close contact with an infected person, the virus can enter the body if droplets get into the eyes, nose or throat. The evidence suggests that COVID-19 is transmitted by droplets.

It can be spread by touch if a person has used their hands to cover their mouth or nose when they cough. That's why we recommend you cough or sneeze into your arm and wash your hands regularly. Droplet Contact: Some diseases can be transferred by large infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two meters and are too large to float in the air (i.e. airborne) and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. Currently, health experts believe that coronavirus can also be transmitted in this way.

Efforts to stop the spread of COVID-19 should focus on reducing droplet contact:

- Keep practicing physical distancing
- Stay home if you are sick and limit your contact with others
- Wash your hands often with soap & water or an alcohol-based hand sanitizer containing at least 60% alcohol
- Cough and sneeze into a tissue or the bend of your arm
- Avoid touching your face with unwashed hands
- Clean and disinfect surfaces and objects
- Wear a mask or face covering when needed

### Infectious Period

The BC Centre for Disease Control suggests the incubation period for COVID-19 is up to fourteen days prior to the on-set of symptoms, and can last approximately seven to twelve days afterwards. This means MACL cannot rely solely on sending sick staff or persons served home to control the disease. By the time their illness becomes obvious to them and to others, many people may have been infected.

### Self-Isolation

Anyone feeling unwell should stay home until they feel better. For MACL staff who have symptoms of COVID-19 they must stop working, get tested for COVID-19, and self-isolate while awaiting test results. (See Protocol in section 3)

## Vaccine

Currently, the treatment of COVID-19 includes providing supportive care and treating secondary infections, such as pneumonia. As yet, no drugs or vaccines have been authorized to prevent, treat or cure COVID-19 in Canada.

## Recognizing the Difference between a Cold and the Flu

Flu symptoms typically appear so quickly that people can recall the exact moment they first felt sick. A cold usually comes on more gradually. Regardless of whether you have a cold or the flu, it is important not to come to work, to self-isolate so that you do not make others sick.

SYMPTOM	ALLERGIES	COLD	FLU
Onset of illness	Often seasonal	Sudden	Sudden
Duration of symptoms	3+ weeks	2 weeks or less	2 weeks or less
Itchy / watery eyes	Likely	Less likely	Less likely
Fever	None	Possible	Frequent
Fatigue	Possible	Possible	Frequent
Muscle aches	Unlikely	Possible	Frequent
Chills	None	Possible	Frequent
Headache	Possible	Possible	Possible
Runny nose	Frequent	Frequent	Frequent
Sneezing	Frequent	Frequent	Frequent
Coughing	Possible	Frequent	Frequent
Sore throat	Possible	Frequent	Frequent

Retrieved Sept. 22, 2020 from <https://wexnermedical.osu.edu/blog/fall-allergies-cold-or-flu>

## Impervious to Anti-Bacterial Medications

Covid-19 does not respond to antibiotics. The common medications used for bacterial infections such as penicillin and streptomycin have no effect on the Coronavirus. Some recently developed antiviral medications can inhibit the dispersal of viral particles inside the body, but there is no medical cure for Covid-19. This means that the most effective way to combat the disease is to avoid exposure to the virus.

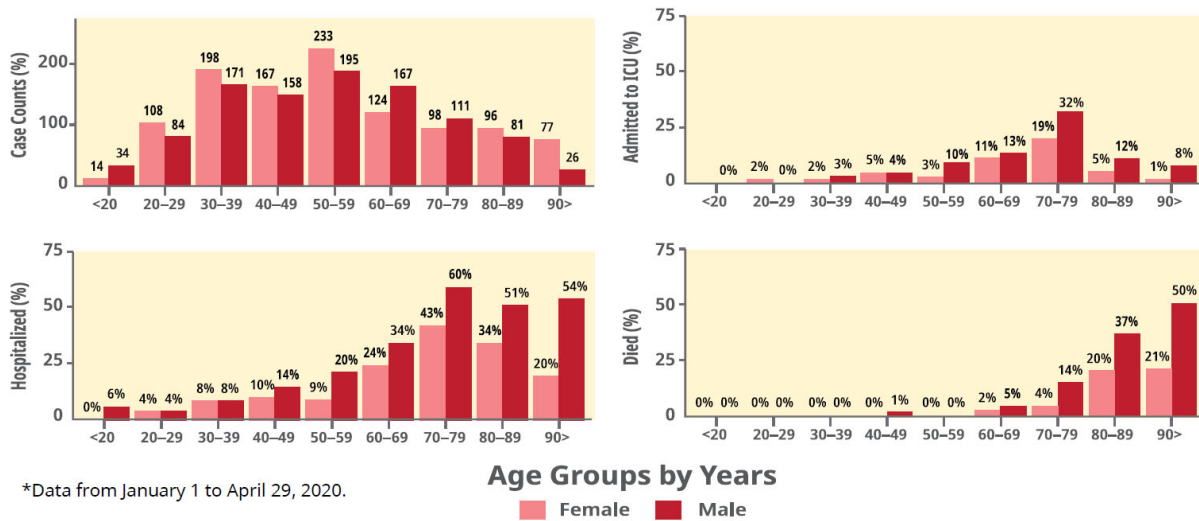
## Complications

A major threat in past influenza pandemics has been the tendency for the viral infection to exhaust the body's immune capacity. This opens the door for other diseases. Most notable among these complications is pneumonia, a bacterial infection that causes the build-up of fluid in the lungs and bronchial passages. Even if treated with appropriate medications, complications from a viral infection can result in prolonged illness or death.

## Potential for Death

It is difficult to predict the likelihood of death among pandemic influenza victims. Much depends on the nature of the viral sub-type, how readily it resists the body's many immune system defenses, and the physical condition of those infected. Historic outbreaks of influenza have shown, however, that death can come within hours of the first symptoms, or after a prolonged battle with complications over many weeks. The risk of death due to pandemic influenza is far higher for people who are older and those who have other underlying medical conditions such as heart or lung disease, of compromised immune systems. The below is data provided by the Provincial Health Officer on May 4<sup>th</sup> and shows outcomes in British Columbia between January 1 and April 29, 2020.

## Outcomes By Age And Gender



## Who is at higher risk for COVID-19 complications?

For people infected with COVID-19, there is a wide range in infection severity from no symptoms to severe pneumonia and risk of death. According to the Public Health Agency of Canada, there are people who are at a higher risk of developing more severe illness or complications from COVID-19.

Although most people with COVID-19 recover, people with chronic diseases are also at higher risk of death if they become ill. This includes:

- People with medical conditions such as heart disease; hypertension (high blood pressure); lung disease; diabetes; and cancer.
- People with weakened immune systems from a medical condition or treatment, such as chemotherapy
- Older adults, seniors and Elders.

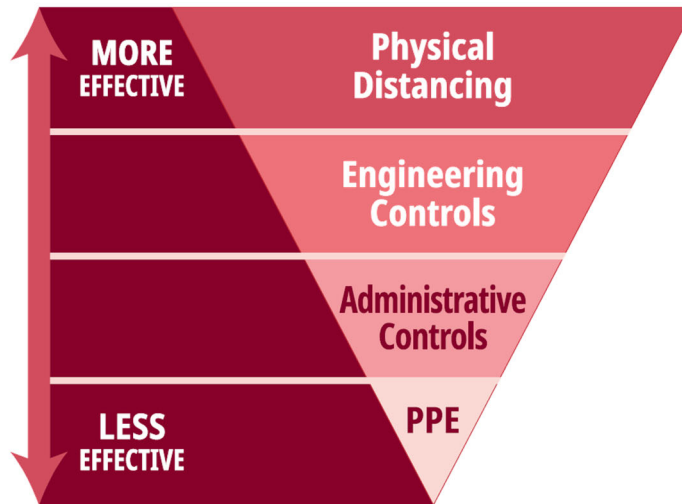
Learn more about COVID-19 and chronic health conditions here:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/vulnerable-populations>

# Hierarchy of Controls For COVID-19

The hierarchy of controls is a framework for reducing transmission hazards. The most effective controls are at the top of the pyramid.

Source: Koehler, K, Rule A. Can a mask protect me? Putting homemade masks in the hierarchy of controls. [Internet] 2020 April 2. Johns Hopkins Education and Research Center for Occupational Safety and Health.



## Physical Distancing

Physical distancing works to reduce the spread of Covid. It means keeping a distance of at least 6 feet/2 metres (approximately 2 arms lengths) between you and other people. It means avoiding common greetings, like hugs or handshakes. In MACL programs, seating should be arranged 6 feet apart to maintain physical distancing. Keep physical distancing, as much as possible when in the community and where not possible, wear a non-medical mask or face covering.

## Occupancy Limits:

To eliminate risks of COVID transmission, spaces in MACL sites have been assessed and a maximum number of occupants (combination of staff, people served and others) has been identified. Staffing levels and participant group ratios have been modified to support working within the maximum capacity. Occupancy limits can be found in the Worksafe safety plan, posted in each location.



### Practice good hygiene, including:

- Regular hand washing
- Avoiding touching your face
- Covering coughs and sneezes
- Disinfect frequently touched surfaces

Retrieved June 25, 2020 from <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/phase-3>

## **Personal Protective Equipment (PPE):**

### **Gloves:**

Gloves will be provided and are required to be used by employees for procedures/tasks that involve contact with areas of the body that may carry blood borne, saliva bourn or mucus bourn disease or protection. Such procedures/tasks include (but are not limited to):

- Personal care
- Assistance with mealtime
- Cleaning contaminated articles of clothing or surfaces
- Administering medication

### **Facemasks for Healthy/Asymptomatic people:**

Wearing a non-medical, cloth mask, or face covering is now required in indoor public spaces and in all MACL programs where more than 1 person is in the room/area to help protect you and those around you. This is because some people can spread the virus when they have very mild symptoms or may not know that they are infected. In this case, wearing a mask can help protect others by containing your own droplets when talking, laughing, singing, coughing, or sneezing. Wearing a cloth mask is also required at shopping malls, grocery stores, community centres, on transit, and other public indoor spaces. Homemade masks should have at least three layers to make sure that droplets don't pass through the fabric. The most important thing is having these three layers with a mask that fits well. People who cannot wear a mask or who cannot put on or remove a mask on their own are exempt from wearing one.

*Information retrieved November 9, 2020 from:*

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

If you are caring for someone who is sick in a residential program: (supported individuals who become ill in non-residential programs will be immediately isolated and sent home) MACL requires that you wear a medical/surgical mask if you are caring for a person with symptoms of COVID-19, especially if you will be in direct contact with a sick person's droplets, saliva or body fluid.

### **If supporting someone who has been diagnosed with Covid-19**

The following personal protective equipment will be provided and required:

- Gloves
- Mask
- Face Shield
- Gown

Employees who use PPE will receive Training on Donning and Doffing.

**To learn how to wear a reusable mask safely:** [https://www.youtube.com/watch?v=AE\\_4B7yNw\\_Q](https://www.youtube.com/watch?v=AE_4B7yNw_Q)

**Donning and Doffing a surgical mask:** <https://www.youtube.com/watch?v=etZK-GrUYgM>

**Donning and Doffing gloves:** <https://www.youtube.com/watch?v=KHR5do-b7zY>

**Donning and Doffing gown and gloves:** <https://www.youtube.com/watch?v=6OVMetPKo90>

**Donning and Doffing a visor:** [https://www.youtube.com/watch?v=dtYCyBG\\_NCw](https://www.youtube.com/watch?v=dtYCyBG_NCw)

## SECTION 3: Protocols

### PROTOCOL: How to Manage Pandemic Risks: Protection for MACL Staff and Person Served

#### Foundational Documents:

To reduce the risk of infection MACL has implemented the following guiding policy and procedure:

- **Pandemic Continuity Plan:**  
<http://missionacl.org/wp-content/uploads/2020/03/MACL-Pandemic-Continuity-Plan-Sept-24-2020.pdf>
- **MACL Policy 9.1 INFECTION CONTROL, IMMUNIZATIONS AND STANDARD PRECAUTIONS: (found in Appendix A)**
- **WorkSafe BC Site Safety Plans** developed to comply with orders from the Provincial Health Officer and WorkSafe BC and located at each site.

#### **Disclosure/Notification of Suspected or Confirmed Influenza Infection amongst Staff**

- Staff, supervisors or MACL leadership cannot determine the need for quarantine. This is a medical decision. If quarantine is needed, MACL staff are required to follow the instructions of medical professionals.
- All staff must notify their Supervisor or On Call Supervisor immediately upon suspected or confirmed infection with influenza, including contact with a household member who has been diagnosed with Covid-19.
- All staff must notify their Supervisor or On Call Supervisor immediately upon suspected or confirmed infection of a MACL person served with influenza; the Supervisor or On Call Supervisor will notify the Program Director.
- All families/caregivers must notify the Program Supervisor or Director immediately upon suspected or confirmed infection of a Persons served with influenza.

#### **Prevention – Before and During an Influenza Pandemic**

Staff and person served awareness is the first stage of pandemic planning. It is important to educate staff in the various ways that they can protect their own health as well as the health of our persons served. This includes:

#### **Proper Hand Washing**

Hands play a significant role in acquiring and in transmitting a virus from one person to another. Hand hygiene is accepted as the single most important practice to prevent the spread of infections. **Good hand washing habits are more likely to prevent infections than excessive cleaning and disinfection of surfaces.**

- Proper Hand washing must occur often, including:
- Before, during, and after preparing food
- Before preparing medication
- Before eating
- After using the washroom
- After sneezing, coughing or blowing/wiping one's nose
- After smoking

- Assisting another person who has sneezed, coughed or blow/wiped his nose
- Assisting another person with personal hygiene
- After handling animals or animal waste
- When hands are dirty or whenever in doubt
- More frequently when someone in your workplace or home is sick.

Most people do not wash their hands for long enough or in the correct manner. A Vancouver Coastal Health poster showing proper hand washing is found in Appendix A.

### **Refrain from Unnecessary Touching of One’s Eyes, Nose or Mouth.**

Avoid touching your face unless you have just washed your hands. It is especially important when using contact lenses that your hands have been washed well.

### **Use Single Door Entry**

Identify one point of entry/exit per program or home, and disinfect the door handle and locking mechanisms frequently. Hang the STOP posters found in Appendix A on the outside of the entry. Entry doors to residential programs must be kept locked and staff should answer the door for all visitors to the home, highlighting the information on the stop posters.

### **Use Cough Etiquette**

Turn your head and cough or sneeze inside of your elbow or into a disposable tissue. Use disposable tissues only once and throw it away immediately so that they do not contaminate surfaces. Tissues will also be made available in high-traffic staff areas and, associated side effects, etc).

### **Apply Social Distancing Principals**

Once a pandemic has been declared reduce the time spent in large, crowded settings. When there is an option to do so, encourage persons served to maintain 2 meter (6 feet) from others. Avoid hugging, kissing and hand shaking.

### **Open Air is Better than Close Quarters**

Where possible, MACL’s group programs should choose outdoor activities for smaller groups verses large-group indoor activities. Sandcastle may wish to include increasing outdoor play time.

### **Eliminate Sharing where Possible**

Reinforce “no food sharing” practices. Though in general, these are put in place in an effort to reduce potential exposures to allergens, the practice of not sharing food will support the efforts of reducing within the drop-in for persons served.

A poster showing how to cover your cough can be found in Appendix A and also at the following website: Cover your Cough: <https://www.health.state.mn.us/people/cyc/cycpgeneng.pdf>

### **Use Proper Procedures at the Sink**

Use a paper towel to turn off the tap at the sink after you have washed your hands so that you do not contaminate your hands again. Use the same paper towel to open the door of the washroom and other doors that you may have to open to get back to your work area. Posters will be created and posted in washrooms, high traffic areas to remind all staff and persons served on an on-going basis.

Posters showing proper hand washing and hand rubbing are found in Appendix A. They are also available at the following websites:

Hand Washing: <http://www.vch.ca/Documents/How-to-handwash-poster.pdf>

Hand Rubbing: [https://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf?ua=1](https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1)

### Get Flu vaccination

Seasonal flu shots or nasal spray vaccine are recommended for most people over the age of 6 months, except where there are severe allergies or underlying health issues. While MACL does not have a mandatory immunizations policy, we strongly recommend that all staff consult with their local health care provider with regard to obtaining your flu shot (e.g. locations, your risk category virus transmission between people. Individuals should also be supported not to share utensils, dishes, and water bottles/drink containers.

### Shared Work Areas

During a pandemic, additional measures including more frequent cleaning and disinfecting of worksites are needed to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. countertops, sinks, faucets, appliances, doorknobs, railings, medical equipment, toys, toilets, phones, electronics, television remotes, objects and countertops).

### Travel

#### Current travel restrictions in place:

- Any international air travel requires travelers to quarantine in a government approved hotel for 3 nights and receive a Covid test at their own expense upon their return.
- Any travelers to the US upon return need to provide proof of a negative Covid test done within 72hrs. Travelers who come to the border without showing proof of a negative Covid 19 test could be refused entry or face fines up to \$3000.

### Visitors to Programs

Visits to MACL programs are restricted to essential visitors only and with the approval of the Supervisor or Director. Family members must call the program before visiting to ensure that no restrictions are in place and that the timing of the visit can be accommodated safely. **NOTE: MACL will follow the directives of the Provincial Health Officer and the Fraser Health Authority to restrict visitors when indicated.**

Essential Visitors include but are not limited to:

- Family members of residents
- Licensing Officers
- Contractors
- Delivery personnel
- Emergency equipment inspectors
- Fire Department personnel

### Providing Services in People's Homes and Childcare Centres

Before entering a home or childcare centre the following assessment questions must be asked:

- If anyone in the home is exhibiting cold or flu-like symptoms: cough, sneezing, fever, sore throat and difficulty breathing/shortness of breath;
- If anyone in the home has recently travelled outside of Canada in the last 3 weeks, or been exposed to anyone who has recently travelled from an area identified by the WHO as being high risk.
- *If the answer to any of these questions is YES, MACL staff will not enter the site until two weeks has passed.*



## **PROTOCOL: Managing Persons Served Who Are Ill**

*If a person served in a MACL program becomes ill-with pandemic-like symptoms, the Program Director should be immediately contacted.*

### **Critical Programs/Services**

- The Program Director should be notified immediately regarding of any person served who arrives at the program exhibiting signs of suspected influenza, or becomes ill during program hours. In such cases, the Supervisor or Director will make arrangements to have family member/caregiver immediately pick the person up. In such cases, the person will be isolated from others while waiting for a family member/caregiver to arrive to take them home. When the family arrives please ask the family if they know how to access the testing centre and provide them with the phone number should they need to go for testing: Mission COVID Response 604-302-7885
- If many people (staff and/or persons served) become ill or the illness becomes highly prevalent in the Mission community, non-critical programs may be closed. Program Staff who are not ill will be deployed to other MACL programs which require staffing assistance.

Limited options to support persons served by non-essential may be available depending on the number of person served and staff who become ill with influenza in MACL's essential services. Such direct support will be reserved for the very urgent situations (e.g. when someone is at risk of death, serious injury or mental health crisis).

### **Residential Services:**

- Where possible, persons served in residential services who are ill and suspected to have a contagious disease, should be assessed by a medical practitioner immediately.
- Where possible, immediately isolate all individuals with any new or worsening respiratory symptoms, even if there is just a single person who is ill.
- Call the Program Director IMMEDIATELY for further direction on next steps.
- If the infected person can tolerate mask wearing, they should be supported to wear a mask. If they are unable to wear a mask, Caregivers providing care within 2 metres of them should wear a mask.
- Where possible there should be a minimum of 2 meter distance between ill people and others except when providing personal care including hygiene, toileting, mealtime supports and medication administration.
- If an outbreak occurs in the home, routine social visits will be limited or restricted and only essential visits/appointments will take place.

## **PROTOCOL: How to support in-home COVID testing for Persons Served in Residential Services**

### ***Who can recommend COVID Testing for a supported individual?***

Staff must only arrange for COVID testing of a person served at the direction of the Vinge Nurse, HSCL Nurse, a Doctor or the Program Director. Should the supported individual present COVID symptoms, immediately follow the isolation procedure and notify your supervisor or the on-call supervisor.

**Before you call:** Be Prepared - have the individuals Date of Birth as well as Care Card Number ready before you call.

### ***How to book the test:***

1. Tests must only be booked upon the direction of the Vinge Nurse, HSCL Nurse, a Doctor or the Program Director. (You will need a doctor's referral to be able to arrange a home test so try to get this arranged prior to calling the home health nurse)
2. For MACL individuals in Residential Services contact the Mission Home Health Office at (604) 814-5520. You will need to have the individual's Care Card number, date of birth and home address ready to give to the nurse when you call.
3. Clearly identify you are sharing information on behalf of the individual and why. You will also need to make it very clear that they live in a MACL group home that is staffed 24hrs to ensure you get the soonest testing time possible. If there are medically fragile individuals in the home you need to be sure to mention that as well.
4. They will give you an appointment time with instructions and the day and time they will arrive at the home to do testing.
5. If there are specific supports the nurse needs to be aware of prior to testing ensure they are made aware during that initial phone call. We are NOT asking them to provide any specific supports outside of testing but rather making them aware of what the individual may need as extra support from their staff so everyone is on the same page.

### ***How to support the person during their test:***

1. Supervisors need to clearly communicate with their staff teams when an HSCL nurse will be coming to the home to carry out testing and what the expectations for support are based on the individual's needs. (if possible the supervisor should attend)
2. When the nurse arrives please ask them to wash her hands and ask where they would like to carry out testing. Please ensure you have the persons served care card ready and another piece of ID should they need to see it.
3. *If the individual won't wear a mask please communicate respectfully to the tester why they aren't wearing one as they may be concerned by that.*
4. Please be sure to explain to the supported individual that the testing staff is wearing gear to keep everyone safe. Let them know that the testing staff needs to take a test in their nose. It won't be pleasant and you need to calmly and kindly explain and support as needed. If you are concerned an individual may not respond well to testing and it could become an unsafe situation please bring a second staff to support if needed.

5. It's important to note that the tester will may be brisk and efficient and possibly come across as sharp but they have very clear instructions on how to proceed with large amounts of testing and need to be able to quickly assess every situation.

***During the test:***

1. It's important to note that the tester may be brisk and efficient and possibly come across as sharp but they have very clear instructions on how to proceed with large amounts of testing and need to be able to quickly assess every situation.
2. Do your best to be reassuring for the individual(s) being tested.
3. When they are done they will let you know how long you will wait for results.
4. Please be sure to thank them before you leave as they are also putting themselves at risk to ensure testing can be completed for the community and are working hard to meet the needs in Mission.



Image Retrieved June 30, 2020 from

<https://twitter.com/ucdavishealth/status/1239996631941955584>

***After the test:***

1. After the test, talk to the persons served about their experience and how they are feeling about it, even if they don't seem upset or anxious. It's an odd and invasive sensation to have your nose swabbed and it's appropriate to acknowledge that with the person.
2. When testing has been completed be sure to clearly communicate with your Supervisor and Director how it went and when results can be expected.
3. Be sure to set up the individual in their space with lots of explanation, care and attention to their needs. Ensure that there is a system in place that will ensure staff are continuing to engage with the person in a socially distanced way in their space. Reassure and engage in a way that helps to make the individual feel included even though they have to be isolated from others in the home.
4. The individual with remain in isolation until the test results come back. If the result is positive, or the person is really ill/contagious the person should remain in their room where possible. If the test is negative, and the person appears well, they will not need to remain in their room or the space determined as their isolation space.
5. If you are facing challenges with a specific individual and their isolation, please contact your director to help problem solve this.

## How to support supported Individuals at the Covid testing site.

### *Who can recommend COVID Testing for a supported individual?*

Staff must only arrange for COVID testing of a person served at the direction of the Vinge Nurse, HSCL Nurse, a Doctor.

**Before you Call** : Be Prepared - have the individuals Date of Birth as well as Care Card Number before you call.

### *How to book the test:*

1. Go to the online assessment tool at **missioncovidresponse.com** and follow the prompts and answer the questions.
2. When filling out the contact information you are to be filling it out for the individual **BUT** the contact information should be the Supervisor or Program Director's name and cell number.
3. When you receive a call back from the response team provide them with the individuals Date of Birth as well as Care Card Number.
4. Clearly identify you are sharing information on behalf of the individual and why.
5. What you must tell them:
  - A. That the person lives in a group home that is staffed 24hrs to ensure you get the soonest testing time possible.
  - B. If there are medically fragile individuals in the home you need to be sure to mention that as well.
5. They will give you an appointment time with instructions.
6. If you have an individual in a wheelchair you need to make them aware you are coming in a modified vehicle and the individual will be in the back.

### *How to take the person for their test: Remember to take Care Card and ID*

1. The testing site is at the Mission Hospital 7325 Hurd St. If you enter at the Emergency entrance you will go right into the lower parking lot and there will be signs to show you where to go. Staff will see you arrive and direct you to the tent for further instructions.
2. When you get there- **Ask them for direction regarding whether or not you need to get the person out at the testing site.** *(If you have a modified van with the raised roof you will NOT fit under the tent at the site. As such ask direction on what to do regarding that when you arrive.)*
3. Arrive 5-10 min early. You should wear a mask and gloves when you go and the individual should as well if they will tolerate it. *If the individual won't wear a mask please communicate respectfully to the tester why they aren't wearing one as they may be concerned by that.*
4. Please be sure to explain to the supported individual that the testing staff is wearing gear to keep everyone safe. Let them know that the testing staff needs to take a test in their nose. It won't be pleasant and you need to calmly and kindly explain and support as needed. If you are concerned an individual may not respond well to testing and it could become an unsafe situation please bring a second staff to support if needed.
5. When you pull up you will need to be clear that you are communicating for the individual about their symptoms not your own, and indicate they are in the back as they likely can't see them. They may not realize the individual is in the back of the vehicle and think you are there for yourself.

6. The testing staff will ask you if you have any symptoms. You need clearly state that you are symptom free (If you are working you shouldn't have symptoms and don't need to be tested, it's not an opportunity for staff to get tested "just in case")
7. Repeat clearly that you are a support staff paid to bring the individual who has symptoms (be clear on what symptoms they are presenting e.g. Fever, cough, difficulty breathing)
8. **If you are in a wheelchair van with the individual loaded in the back:** You will need to ask if they would like the individual taken out of the van for testing as they may not want to enter the van.

***During the test:***

1. It's important to note that the tester will be brisk and efficient and possibly come across as sharp but they have very clear instructions on how to proceed with large amounts of testing and need to be able to quickly assess every situation.
2. Do your best to be reassuring for the individual(s) being tested.
3. **If you have the supported individual in the backseat of a vehicle with automatic windows to roll down:** Be prepared to roll the window down so that the testing staff can take the swab. You will likely not be permitted to get out of the vehicle yourself.
4. When they are done they will let you know how long you will wait for results. This is a good time to mention again they live in congregate care with 24hr rotating staffing and if it's possible to rush the results we would greatly appreciate it.
5. **Please be sure to thank them before you leave as they are also putting themselves at risk to ensure testing can be completed for the community and are working hard to meet the needs in Mission.**



***After the test:***

1. Once you have left please be sure to talk to the persons served about their test and how they are feeling about it. Even if they don't seem upset or anxious it's important to acknowledge and discuss so they are feeling ok about it all. It's an odd invasive sensation having your nose swabbed and it's appropriate to acknowledge that.
2. When you return be sure to clearly communicate with your Supervisor and Director how it went and when results can be expected.
3. The individual with remain in isolation until the test results come back. If the result is positive, or the person is really ill/contagious the person should remain in their room where possible. If the test is negative, and the person appears well, they will not need to remain in their room.

# **PROTOCOL: Pandemic Isolation Protocol for Persons Served in Staffed Residential Services**

*This protocol should be followed without delay as soon as a resident develops a new fever, cough or has difficulty breathing. It is imperative that the person is brought directly to their bedroom and that the Supervisor, On-call Supervisor or Director are immediately notified, as well as Vinge (if there is a Vinge nurse involved)*

## **What is Isolation?**

Isolation separates sick people with a contagious disease from other residents who are not sick.

## **Immediate Action:**

- Bring person to his/her bedroom and make them comfortable.
- Contact the Supervisor/On-call Supervisor immediately
- Seek medical assessment via Vinge (where available) or call 811

<p><b>If someone is having severe difficulty breathing, is not waking up easily, or loses consciousness, call 911 without delay</b></p>
---

## **Upon Instruction to Isolate:**

### **1. Preparation/Supplies:**

- The Supervisor, On-call Supervisor or Director should go Grand House immediately and pick up the following:
  - one of the Isolation Kits (this consists of a plastic tote containing masks, eye protection, cleaning products, disposable plates, cups, and cutlery for the sick individual as well as a Droplet Precautions poster and a supply chart attached to check off items as they are used) and,
  - a garbage can with lid for the bedroom of each individual requiring isolation.
- You will need to prepare a cleaning kit. The kit will include paper towels, cleaner, gloves and an apron. If you are adding a bleach solution to the kit you need to mix it fresh every morning. You need to have a form where you can record when the solution was mixed.
- Place the garbage can with a bag in it inside the bedroom door.
- Hang the Droplet Precautions poster on the person's bedroom door.
- The cleaner is still being stored at the Murray garage and you will make arrangements with the office or On call to pick up the cleaner.

### **Reporting/Communication:**

- The Supervisor/Program Director will send an email to the rest of the management team with the subject COVID-ISOLATION
- The Supervisor or Program Director will inform the family.
- All visits to the individuals including immediate family will stop at this point.
- The Program Director will notify CLBC and Licensing and complete/submit and any required Reportable Incident form.

**During the Isolation Period:**

- Talk to all persons served regarding why we need to stay home if someone is sick and they aren't. Review safety procedures like social distancing, washing hands, and how to cough into your elbow.
- Ensure the home is well stocked with snack, treats, and has activities that everyone will enjoy. (puzzles, games, books, crafts, etc) and take efforts to engage the individuals in enjoyable activities throughout the duration.
- Maintain 2 meters/6 feet distance when not providing personal support with meals, medications or personal care BUT also ensure that you make time to engage the person by checking in and chatting with him/her from a 2 meter/6 foot distance.
- Use disposable cups, dishes and cutlery for the person who is sick.
- During the Isolation period, where technology has been set up to do so, support the isolated person to skype or FaceTime so people can communicate with friends or family.
- Thoroughly clean and disinfect and common area (i.e. Bathroom) IMMEDIATELY after use by the individual.
- Clean frequently touched surfaces-including the door handles every time you enter/exit the room.
- Refer to and follow MACL Policy A-9.1 Infection Control, Immunizations and Standard Precautions, ensuring any procedures for cleaning potentially contaminated surfaces and disposing of contaminated articles are adhered to.
- Do not allow visitors for the individual until he/she individual has fully recovered.
- Take vitals (including temperature) twice daily – record.

**At ANY point:**

- **The person has severe difficulty breathing, is not waking up easily, or loses consciousness, call 911.**
- The person displays new or worsening respiratory symptoms, contact the supervisor/on-call supervisor immediately.

\*\*\*\*Where Vinge is involved the nurse is also to be called immediately in either of the above circumstances.

## **PROTOCOL: For MACL Staff Who are Sick or Think They Have Covid-19**

If you are experiencing including symptoms of Covid-19 at home, you should call in sick. Please self-isolate and contact the COVID assessment centre as soon as possible to book an appointment. Let the assessment centre know that you are a health care worker.

If you develop respiratory symptoms at work, tell your supervisor or the on-call supervisor immediately, and then go home and self-isolate and call a COVID assessment centre to book an appointment as soon as possible. Let the assessment centre know that you are a health care worker.

The symptoms of the Covid-19 include new onset fever, cough, shortness of breath, sore throat, nasal congestion, loss of sense of smell, loss of appetite, chills, vomiting, diarrhea, headache, fatigue, and muscle pain. *If you develop these symptoms, contact an assessment centre to book an appointment as soon as possible. Let the assessment centre know that you are an essential services worker employed in disability health care.*

Information about testing sites can be found here: <https://www.fraserhealth.ca/employees/clinical-resources/coronavirus-information/testing#.Xpo-MshKiUk>

As of May 29, 2020, here is the testing information.

Employee's Home Community:	Contact Information:
Mission:	Phone: (604) 302-7885 or (604) 820-1021
Abbotsford:	Phone: (604) 870-3325
Maple Ridge:	Phone: (604) 476-7890

After you contact the assessment centre (either by phone or email, depending upon the site), they will give you an appointment time and instructions for when you arrive. You need to let them know that you are a health care worker.

At most sites, you remain in your car while they ask you some questions. The swabbing is done while you are in your car. They will ask you questions and provide you with handouts about self-isolation.

When you are waiting for your test result, you should self-isolate at home and self-monitor for symptoms

Test results are typically available within 48 hours. You can call the COVID-19 hotline at 1-833-707-2792 to access your results. Let them know that you work in healthcare. If your results have not come back from the lab, they will give you the option of text notification or return phone call if you tested negative. If your test was negative, you can return to work once you feel better.

**If you tested positive, you will need to remain in self-isolation and Public Health will contact you with instructions.**



## PROTOCOL: WORKPLACE/HOME/PROGRAM CLEANING

During a pandemic, additional measures including more frequent cleaning and disinfecting are needed to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. countertops, sinks, faucets, appliances, doorknobs, railings, medical equipment, toys, toilets, phones, electronics, television remotes, objects and countertops). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Refer to and follow MACL Policy A-9.1 Infection Control, Immunizations and Standard Precautions, ensuring any procedures for cleaning potentially contaminated surfaces and disposing of contaminated articles are adhered to.

Influenza viruses are inactivated by **alcohol and by chlorine**. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces which are frequently touched with hands should be cleaned often, a minimum of twice daily during a period of pandemic or as directed by the Program Director. Every shift should have a designated staff to carry out general hygiene/sanitation.

*See Appendix A for a sample enhanced cleaning checklist.*

The table below suggests the appropriate choice and concentration of disinfectants:

Disinfectants	Recommended Use	Precautions
<b>CHLORINE:</b> Household Bleach (5.25%) 1:10 (5,000 ppm solution) 100mL bleach to 900mL water <b>MUST BE MIXED FRESH DAILY</b>	Ensure surface remains wet for 10 minutes. Air Dry, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.	As per Safety Data Sheet (SDS)
<b>PerCept</b> To clean contaminated area, apply a 1:16 solution to the surface.	Ensure surface remains wet for five minutes. Air Dry, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.	As per Safety Data Sheet (SDS)
<b>Canadian Disinfectant drugs with a DIN (e.g. Lysol, EcoSure, Vanguard)</b> A DIN (Drug Identification Number) given by Health Canada that confirms it is approved as a disinfectant.	Wipe surfaces with wipe or spray until surface is visibly wet. Allow surface to remain wet for 10 minutes. Let air dry. If surfaces are extremely dirty, clean first with another wipe before disinfecting.	As per Safety Data Sheet (SDS)

When a person with suspected influenza is identified and has left the workplace, her/his work area/office, along with any other known places s/he has been, must be thoroughly cleaned and disinfected immediately.

## **PROTOCOL: GUIDELINES FOR PROVIDING IN-HOME SUPPORT**

The Program Supervisor & Program Director are responsible to ensure that a home safety risk assessment is completed to determine whether the environment is suitable for in-home support. Prior to staff providing support in the home the In-Home Support Risk Assessment Form will be completed to assess risk and identify strategies.

This assessment and planning must be conducted with sensitivity and leave the person served and family/caregivers feeling informed, supported, and cared for. (e.g. You are keeping your six feet distance, because of what has been recommended for their safety, not that you do not want to be near them). Staff must remember that they are entering someone else's home; his/her safe place. If they are asking for support in their home, they need to trust you.

Support will take place only in a designated area or areas of the home that is large enough to allow for physical distance of 2 metres apart. A washroom must also be designated and be disinfected between each use. Upon arrival, the support staff will disinfect all high TOUCH surfaces in the designated area(s).

1. All persons entering the designated support area(s), including staff, will need to:
  - a. Wash their hands with soap & water prior to entering the support area
  - b. Wear a mask at all times while in the support area
  - c. Maintain physical distancing (at least 2 meters) at all times, with the exception of personal care and/or other necessary supports for the person served
2. The support staff will not be required to use any equipment within the home (e.g. lifts) unless the Supervisor/Director :
  - a. Has confirmed that the equipment is in working order and properly maintained (e.g. lifts have been receiving regular maintenance and inspections, etc.).
  - b. Confirms that the staff has the appropriate training.
  - c. Confirms that there are no other health or safety concerns.
  - d. Provides permission for the support staff to utilize the equipment

In situations where equipment is required but cannot be utilized by the support staff, someone else in the home will be required to provide these supports.

3. Staff is required to leave the home as soon as it is safe to do so if any of the following occur:
  - a. Anyone in the home displays any symptoms and/or the support staff becomes aware that someone is symptomatic
  - b. Anyone in the home refuses to abide by the above requirements
  - c. Any visitors enter the designated support area(s)
  - d. There are any further health and safety concerns

The support staff will immediately contact their supervisor or On Call and will not be able to resume supports until the situation is resolved.

## **In-Home Support Risk Assessment Form**

*(This document will form part of the ISP and must be reviewed at least annually)*

Date of Assessment:

Name of Assessor:

Name of Person receiving service:

Address of Home:

Can/have the individual and household members been adhering to the following precautions:

1. Appropriate hand hygiene  Yes  No
2. Appropriate respiratory etiquette  Yes  No
3. Regular cleaning and sanitizing  Yes  No
4. Physical distancing in the home  Yes  No
5. Referred to the MACL Pandemic Plan  Yes  No

Please provide details regarding risk, including any risk of not participating in the activity/restriction. (Health, physical, mental, emotional, environmental, etc.).

Safety Plan (actions taken to minimize risks)

Person(s) responsible for the actions:

Description of designated service delivery space and washroom:

Description of in-home support activities:

Is the in-home activity consistent with the individual's goals, and outcomes, as defined in the individual's Person Centered Plan or by their support needs?  Yes  No

Has the staff member responsible for this task been informed of the risk and trained on the steps taken to minimize risk?  Yes  No

Based on all information collected, do the benefits of the proposed activity or identified risk outweigh the risks to the individual and/or staff?  Yes  No

Review date:

Supervisor Signature:

# Appendix A

## ***Enhanced Cleaning Guidelines for Pandemic Outbreaks***

\* Each shift needs to have a staff member appointed as the hygiene/sanitation manager.

\*\* Surfaces which are frequently touched with hands should be cleaned often, a minimum of twice daily during a period of pandemic or more frequently as directed by the Program Director.

Date: \_\_\_\_\_

Frequently Touched Surfaces	Check off as completed		
<b>Cleaning agent to be used:</b>			
<b>Time:</b>			
<b>1. Kitchen/Dining</b>			
(a) Counters			
(b) Chairs			
(c) Light switches			
(d) Kitchen sink and faucet			
(e) Small Appliances (e.g. coffee maker/blender)			
(f) Large Appliances (e.g. fridge/stove/microwave/dishwasher)			
(g) Cabinet and drawer knobs and handles			
(h) Floor			
(i) Other			
<b>2. Washroom(s):</b>			
(a) Sink basin and faucet			
(b) Toilet (lever/flush, horizontal surfaces, seat)			
(c) Tub and shower, including handles and plugs			
(c) Floor			
(d) Soap dispenser			
(e) Paper towel dispenser			
(f) Light switch			
(g) Door and handles on entry and exit			
(g) Other:			
<b>3. Meeting/Living Room(s):</b>			
(a) Door and knob on entry and exit			
(b) Telephone			
(c) Chairs/couches (if able) and end tables			
(d) Electronics including remotes (e.g. ipads/stereos/speakers)			
(e) Other			
<b>4. Office spaces:</b>			
(a) Door knob on entry and exit			
(b) Door (where hands commonly touch to push open)			
(d) Desk and Phone			
(e) Keyboard and Mouse			
(g) Other:			

5. Program Vehicles:	Time:			
(a) Exterior and interior handles				
(b) Seats (if able)				
(c) Steering wheel, knobs and glove box				
(d) Other				
6. Laundry and Storage Rooms:				
(a) Door and knob on entry and exit				
(b) Washer and dryer control knobs and doors				
(c) Other				
7. Bedrooms:				
(a) Bedroom furniture				
(b) Door knobs and closet doors				
(c) Laundry basket				
(d) Transfer poles				
(e) Other				
8. Medication Room:				
(a) Door knob on entry and exit				
(b) Door (where hands commonly touch to push open)				
(c) Counters & cupboard doors				
(d) Blister pack racks/holders				
(e) Light switches				
(f) Sink				
(g) Other				
9. Medical Equipment:				
(a) Wheelchairs, (handles/armrests/brakes/wheels/gear box)				
(b) Commodes				
(c) Electric lift motor				
(d) Slings – washed daily and when soiled				
(e) G-tube pumps				
(f) Hospital bed rails				
(g) Other				

## A-9.1 INFECTION CONTROL, IMMUNIZATIONS AND STANDARD PRECAUTIONS

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**PURPOSE:** To stop the spread of disease and ensure the safety of those MACL supports.

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### **POLICY:**

MACL will comply with all regulations pertaining to infection control and will ensure Standard precautions and other practices to prevent the spread of disease.

### **IMMUNIZATIONS PROCEDURE FOR PERSONS SERVED:**

1. Licensed Residential Services: All individuals served in MACL’s staffed residential programs will be required to comply with the Provincial immunization and control programs. Records will be kept as part of the individual’s service plan.
2. Sandcastle Preschool will comply with licensing regulations by requesting immunization records (including the actual dates of immunizations) for filing purposes, or the “Non-Immunization form” if they have chosen to waive any of their child’s immunizations.

### **COMMUNICABLE DISEASE PROCEDURE:**

Should it be suspected that the person served is carrying or has been exposed to a communicable disease, the individual should be assessed by a physician.

The Communicable Disease Regulations of the Health Act of British Columbia requires “that any person knowing or suspecting that another person is suffering from a communicable disease shall without delay make a report to the medical health officer”

When a person receiving service is officially diagnosed as a carrier of a reportable communicable disease, the occurrence must be reported to the Fraser Health Authority’s Health Protection Program (at the local Public health Centre) by the appropriate Director. It is imperative that individual confidentiality be provided and respected. Names need not be shared.

Depending on the disease and how it is spread, health officials *may* require notification of others who may have come into contact with the disease.

Visit the website of the BC Centre for Disease Control for an updated list: [www.bccdc.ca](http://www.bccdc.ca)

### **STANDARD PRECAUTIONS PROCEDURE:**

“Standard Precautions” are steps that all employees must take to protect themselves when coming into contact with the blood or body fluids of other people. Standard precautions are intended to stop the spread of germs to others.

We cannot always tell if another person is infected with a disease, so it is best to treat the blood and body fluids of every person as potentially infectious. Potentially infectious body fluids include blood, feces, saliva, vomitus, semen, nasal and vaginal secretions. MACL and its staff will follow the five steps of Standard precautions:

1. Education

2. Hand Washing
3. Wearing Protective Barriers
4. Cleaning Contaminated Surfaces
5. Disposal of Contaminated Articles

### **1. EDUCATION:**

As part of the initial orientation and at least annually thereafter, MACL staff will complete training on infection control and Standard precautions. MACL will also educate and strongly encourage annual flu shots and will maintain a record of immunizations.

### **2. HAND WASHING:**

Hand washing is the most effective precaution in preventing the spread of disease. Liquid soap and paper towels will be provided at each MACL site. All staff and/or persons served must ensure they wash their hands regularly, thoroughly, and with warm soap and water:

- before preparing and serving food,
- before administering medications,
- before eating,
- after using the toilet
- immediately after gloves are removed
- before and after providing personal care
- if dirty or contaminated with blood or body fluids

### **3. WEARING PROTECTIVE BARRIERS (GLOVES)**

The use of gloves does not replace the need for hand hygiene. Gloves often create a moist environment that facilitates the growth of microorganisms. Hands should be properly washed before the gloves are put on and after the gloves are removed. Hand hygiene is also needed before and after the replacement of gloves during a procedure or in between tasks. The recommended medical gloves include those marketed as sterile surgical or non-sterile examination gloves made of latex or vinyl. The following general guidelines are recommended:

- a) Use gloves for procedures involving contact with areas of the body that may carry blood borne diseases or infection.
- b) Use gloves when in contact with mucous membranes.
- c) Change gloves between contacts.
- d) Gloves must be removed and replaced when they become heavily soiled and when working between tasks.
- e) Gloves should always be removed using a glove-to-glove or skin-to-skin technique which will prevent contaminating the hands.
- f) Do not wash or disinfect gloves for reuse. Disinfecting agents cause deterioration.

### **4. CLEANING CONTAMINATED SURFACES**

Surfaces visibly soiled with blood, body fluids or excrement must be cleaned immediately when safe to so do. The person doing the cleaning should wear disposable gloves to avoid exposing their open sores to blood or body fluids.

#### **Hard Surfaces:**

- a) Wipe up blood or other body fluids with a disposable cloth/paper towel and discard it appropriately (see 5. Disposal of contaminated articles)



- b) Soiled surfaces should be disinfected thoroughly after cleaning. Clean the area using a solution of household bleach and water (1 part bleach to 10 parts water). This solution should be freshly made up or it may lose its strength.
- c) allow this solution to sit on the contaminated surface for 10 minutes, then wipe clean and discard the cloth.
- d) Soak mops or brushes used for cleaning in the bleach solution for 20 minutes.

For disinfecting, Bleach solution should be 1 part bleach to 10 parts water (MUST BE MIXED FRESH DAILY)

**Dishes and Cutlery:**

- a) Wash and sanitize all utensils, cutting boards and counters to prevent raw foods from contaminating ready-to-eat foods. Use squirt bottle or cloth dipped in a solution of household bleach and water (1 part bleach to 9 parts water). This solution should be freshly made up or it may lose its strength.
- b) Wash all dishes in an automatic dishwasher or use a three step dishwashing technique which includes a final sanitizing stage.
- c) Ensure that hands are washed well after loading soiled dishes, and before unloading clean dishes.

**Soiled Laundry:**

- a) Linen and clothing that has been contaminated with blood or body fluids should be handled as little as possible.
- b) These articles should be transported directly to the washing machine and laundered in hot soapy water.
- c) Disposable gloves should be worn when handling soiled laundry.

Disposable items which are contaminated with blood or body fluids should be immediately placed in a plastic bag which is tied and placed into the garbage.

After completing any clean-up of contaminated objects and surfaces, staff must wash their hands thoroughly.

**5. DISPOSAL OF CONTAMINATED ARTICLES**

- a) Dispose of biological waste in a puncture-resistant container lined with a leak-proof plastic bag.
- b) Consider all biological waste as infectious.
- c) Wear gloves and handle all contaminated wastes carefully to prevent body contact.
- d) Hold only the outside of the container when emptying it. Never reach into the container.
- e) Do not load the container beyond its capacity or compact the contents.
- f) Do not “toss” garbage bags down the stairs.
- g) Compaction may lead to additional contamination of the work area.
- h) Any object that could cut or puncture the skin such as needles or broken glass may carry infectious material and should be handled with caution. Dispose of 'sharps' in unbreakable, non-pierceable containers that have a lid. Never place 'sharps' in the regular trash. Dispose of razors carefully.

**6. OTHER PRECAUTIONS**

- a) Never share toothbrushes or razors. Small amounts of blood can be transmitted from one user to another.
- b) Wrap sanitary napkins before disposing.
- c) A mouth shield (for use in mouth to mouth resuscitation) and disposable gloves should be available in the site’s first aid kit.
- d) It is recommended that staff wear a disposable mask in addition to gloves when cleaning a vomiting or fecal accident caused by someone who may have a gastrointestinal infection.

# KNOW THE DIFFERENCE: SELF-MONITORING, SELF-ISOLATION, AND ISOLATION FOR COVID-19

## SYMPTOMS OF COVID-19



FEVER



COUGH



DIFFICULTY BREATHING

### SELF-MONITORING



You have:

- ▶ no symptoms
- AND
- ▶ a history of possible exposure to the novel coronavirus that causes COVID-19, in the last 14 days



SELF-MONITOR means to:

- ▶ monitor yourself for 14 days for one or more symptoms of COVID-19
- ▶ go about your day but avoid crowded places and increase your personal space from others, whenever possible



You need to self-monitor if:

- ▶ you have reason to believe you have been exposed to a person with COVID-19



OR

- ▶ you are in close contact with older adults or medically vulnerable people

OR

- ▶ you have been advised to self-monitor for any other reason by your Public Health Authority



If you develop symptoms, isolate yourself from others immediately and contact your Public Health Authority as soon as possible

### SELF-ISOLATION

You have:

- ▶ no symptoms
- AND
- ▶ a history of possible exposure to the novel coronavirus due to travel outside of Canada or close contact with a person diagnosed with COVID-19

SELF-ISOLATE means to:

- ▶ stay at home and monitor yourself for symptoms, even if mild, for 14 days
- ▶ avoid contact with other people to help prevent the spread of disease in your home and in your community in the event you become symptomatic

Self-isolate if:

- ▶ you have travelled outside of Canada within the last 14 days

OR

- ▶ your Public Health Authority has identified you as a close contact of someone diagnosed with COVID-19

If you develop symptoms, even if mild, stay home, avoid other people and contact your Public Health Authority as soon as possible

### ISOLATION

You have:

- ▶ symptoms, even if mild
- AND
- ▶ you have been diagnosed with COVID-19 or are waiting for the results of a lab test for COVID-19

To be ISOLATED means to:

- ▶ stay at home until your Public Health Authority advises you that you are no longer at risk of spreading the virus to others
- ▶ avoid contact with other people to help prevent the spread of disease in your home and in your community, particularly people at high risk of severe illness outcomes such as older adults or medically vulnerable people

You need to isolate if:

- ▶ you have been diagnosed with COVID-19

OR

- ▶ you are waiting to hear the results of a laboratory test for COVID-19

OR

- ▶ you have been advised to isolate at home for any other reason by your Public Health Authority

If your symptoms get worse, immediately contact your healthcare provider or Public Health Authority and follow their instructions

WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION:

1-833-784-4397

@canada.ca/coronavirus

phac.info.aspc@canada.ca

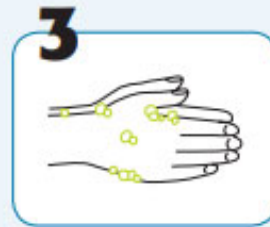
# HOW TO HANDWASH



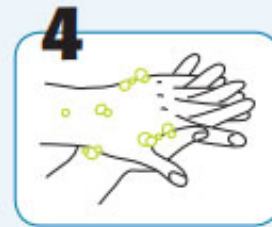
**1**  
Wet hands with warm water.



**2**  
Apply soap.



**3**  
Lather soap and rub hands palm to palm.



**4**  
Rub in between and around fingers.

Lather hands for a total of 30 seconds



**5**  
Rub back of each hand with palm of other hand.



**6**  
Rub fingertips of each hand in opposite palm.



**7**  
Rub each thumb clasped in opposite hand.



**8**  
Rinse thoroughly under running water.



**9**  
Pat hands dry with paper towel.



**10**  
Turn off water using paper towel.



**11**  
Your hands are now safe.



Vancouver  
CoastalHealth

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

**⌚ Duration of the entire procedure: 20-30 seconds**



**1a** Apply a palmful of the product in a cupped hand, covering all surfaces;



**2** Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



**4** Palm to palm with fingers interlaced;



**5** Backs of fingers to opposing palms with fingers interlocked;



**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



**8** Once dry, your hands are safe.



**World Health Organization**

**Patient Safety**

A World Alliance for Safer Health Care

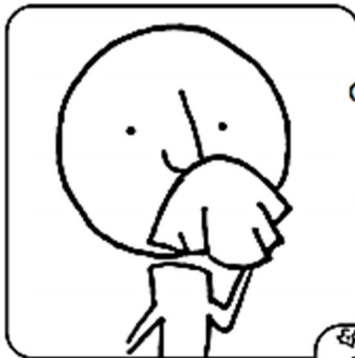
**SAVE LIVES**

Clean Your Hands

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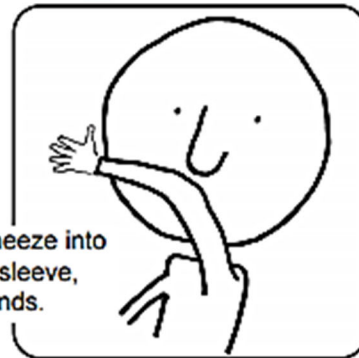
Stop the spread of germs that make you and others sick!

# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



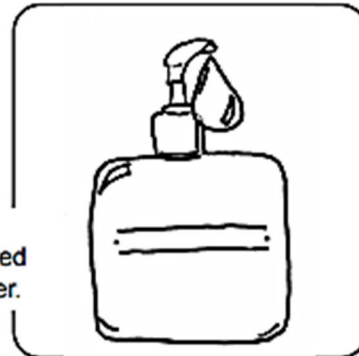
# Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water

or clean with alcohol-based hand cleaner.



16891-028



# NOTICE

## **Coronavirus (COVID-19)**

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**Do not visit if you are sick.**

If you are experiencing ANY cough, fever or other respiratory symptoms OR believe you may have been exposed to COVID-19 or any other respiratory illness, please do not enter this site for the protection of the people we serve and our employees.

If you have any questions, please call a health care provider or 8-1-1. Visit [fraserhealth.ca/coronavirus](https://fraserhealth.ca/coronavirus).



March 2020

 **MACL**  
Mission Association for Community Living

 **fraserhealth**



# Attention

Due to the current pandemic, we ask that you do not enter if you are sick.

Please wash your hands when you enter, before visiting others, using the washroom, coughing/sneezing and when leaving.

**Wearing a Mask is required.**

*Those who cannot wear a mask or who cannot put on or remove a mask on their own are exempt from this requirement.*



Thank-you for your part in keeping us safe!





# **DROPLET PRECAUTIONS**



(In addition to Standard Precautions)

## **BEFORE ENTERING:**



**Wash hands when entering  
& leaving room**

Wear: Eye Protection  
Gloves  
Mask







# COVID-19

Please complete this form before entering someone else's home or a childcare centre.

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Does anyone at this location have any of the following new or worsening symptoms?**



Fever/Chills



Cough



Difficulty breathing/  
Shortness of breath



Sore throat/  
Difficulty swallowing



Runny nose  
(unrelated to  
seasonal allergies)



Loss of taste  
or smell



Not feeling well,  
headache, unexplained  
tiredness and muscle aches



Nausea, vomiting,  
diarrhea,  
abdominal pain



Yes   
No

**In the last 14 days**, has had close physical contact with a person who:

- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
- has returned from travel outside of Canada in the last 14 days?
- was a confirmed or probable case of COVID-19?



Yes   
No

**In the last 14 days**, have anyone travelled outside of Canada?



If the answer to any of the above questions is **YES**, do not enter and report to your Supervisor or Director.

Adapted from Toronto Public Health 17/06/2020

Visit MACL's Website for more information:  
<http://missionacl.org/2020/03/13/covid-19-information/>





# COVID-19

Please complete this form before entering this site

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Do you have any of the following new or worsening symptoms?



Yes   
No

Fever/Chills



Yes   
No

Cough



Yes   
No

Difficulty breathing/  
Shortness of breath



Yes   
No

Sore throat/  
Difficulty swallowing



Yes   
No

Runny nose  
(unrelated to  
seasonal allergies)



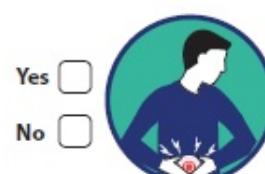
Yes   
No

Loss of taste  
or smell



Yes   
No

Not feeling well,  
headache, unexplained  
tiredness and muscle aches



Yes   
No

Nausea, vomiting,  
diarrhea,  
abdominal pain



Yes   
No

**In the last 14 days**, have you had close physical contact with a person who:

- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
- has returned from travel outside of Canada in the last 14 days?
- was a confirmed or probable case of COVID-19?



Yes   
No

**In the last 14 days**, have you travelled outside of Canada?



If you answered **YES** to any of these questions, **please return home and self-isolate**. Visit <https://bc.thrive.health/> for more information about getting tested.

**If you are feeling unwell**, contact your health care provider or call **HealthLinkBC** at 811 to speak to a nurse.

Adapted from Toronto Public Health 17/06/2020

Visit MACL's Website for more information:  
<http://missionacl.org/2020/03/13/covid-19-information/>

