

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



COVID-19 Infection Prevention and Control: Guidance for Home and Community Health-Care

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Ministry of Health



BC Centre for Disease Control



A. Introduction

This document provides guidance for B.C. home and community health-care providers and workers to prevent the transmission of COVID-19 by applying infection prevention and control (IPC) best practices. This guidance outlines the IPC measures to provide care safely in homes, including those with confirmed COVID-19 and suspected COVID-19 (e.g., client or household member with symptoms of COVID-19 or in self-isolation following close contact with a confirmed case or travel outside of Canada).

Home and community care includes formal medical or personal care delivered in the home for individuals who have acute, chronic, palliative or rehabilitative health-care needs. These services are delivered by a variety of health-care workers (HCWs), including but not limited to, community health workers, nurses, physicians, health-care assistants, physiotherapists, occupational therapists, respiratory therapists, personal support workers and others who provide care in home settings.

This guidance is based on the latest evidence about COVID-19 and will be amended as new information becomes available. See the B.C. Centre for Disease Control's (BCCDC) [website](#) for the most up-to-date information on COVID-19, including the spread, symptoms and applicable public health measures.

For COVID-19 variants of concern, recommendations for IPC measures remain the same and should be strictly followed and reinforced. See [Guidance on SARS-CoV-2 Variants of Concern](#) for more information.

Home and community health-care providers and HCWs in all home and community care settings must follow all [orders](#) from the provincial health officer (PHO) and their local medical health officer (MHO).

COVID-19 Immunization

Approved COVID-19 vaccines in Canada are safe and effective against COVID-19. We are continuing to learn about the impact that immunization has on SARS-CoV-2 transmission and their effectiveness against certain variants of concern. As the evidence evolves, public health and IPC guidance for individuals who have received their COVID-19 immunizations will be updated as needed.

Some of the side effects from the approved COVID-19 vaccines are similar to the common symptoms of COVID-19. Individuals experiencing any symptoms of COVID-19 after receiving their immunizations are to continue to use the [BC COVID-19 self-assessment tool](#) to determine if testing for COVID-19 is required.

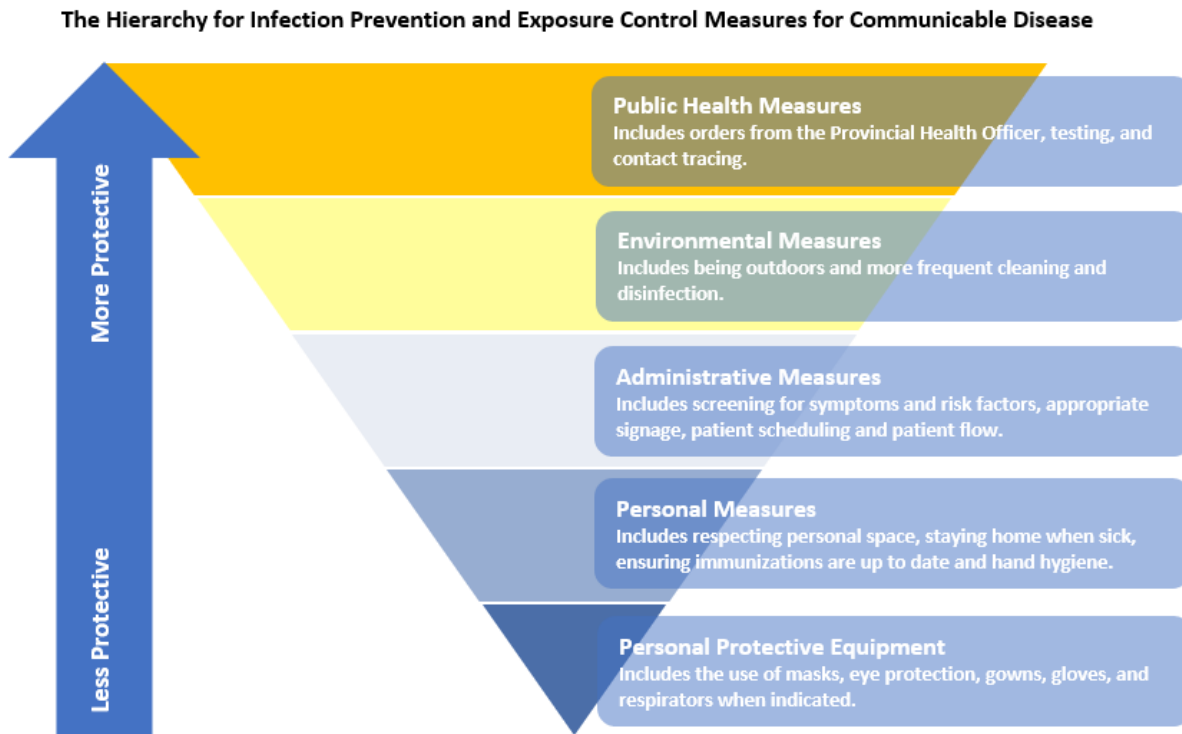
In health care, regardless of whether an individual (e.g., patient, HCW, visitor) has received a COVID-19 vaccine(s), they must continue to follow local processes for COVID-19 screening and managing COVID-19 like symptoms. When providing care to symptomatic patients, HCWs must continue to conduct point-of-care risk assessments (PCRAs) and implement additional precautions as needed to prevent the transmission of SARS-CoV-2.

For further information, please see the following resources:

- [NACI Recommendations on the use of COVID-19 vaccines](#)
- [BCCDC Monitoring vaccine update, safety and effectiveness](#)
- [BCCDC Getting a vaccine](#)

B. Infection Prevention and Control Measures

IPC measures help to create a safe environment for health-care providers, staff and patients. A hierarchy of infection prevention and exposure control measures for communicable disease describes the measures that can be taken to reduce the transmission of COVID-19. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.



Public health measures are society-wide actions to limit the spread of the SARS-CoV-2 virus and reduce the impact of COVID-19. The PHO has implemented public health orders, including capacity limits for indoor and outdoor events, effective testing, case finding and contact tracing and emphasizing the need for people to stay home when they are sick. Please see the [Office of the PHO's website](#) for more information related to COVID-19 orders and notices.

Environmental measures are physical changes in a setting that reduce the risk of exposure by isolation or ventilation. Examples include being in outdoor spaces, having suitable ventilation and air exchange, and frequent cleaning and disinfection of work and living spaces.

Administrative measures are the implementation of policies, procedures, training and education. Examples include implementing facility or organizational infection prevention and control policies and procedures (e.g., screening for symptoms and risk factors, use of appropriate signage), as well as HCW training.

Personal measures are actions individuals can take to both protect themselves as well as to prevent the spread to others. Examples include respecting personal space, washing hands frequently, coughing into an elbow, staying home from work when sick and ensuring immunizations are up-to-date.

Personal protective equipment (PPE) is the last and least effective of the infection prevention and exposure control measures. It is not effective as a stand-alone preventive measure and should only be considered after implementing all other measures. PPE must be suited to the task and must be worn and disposed of properly.

1. Summary of Key Steps to Safely Provide Care

The following is an overview of the key steps recommended to be taken by home care agencies, health authorities and home and community HCWs to safely provide care during the COVID-19 pandemic:

- 1. Prepare:** Home health agencies, health authorities and HCWs should ensure they are prepared to implement the required COVID-19 and communicable respiratory illness IPC measures for the safe delivery of home health services (See [appendix A](#) for a preparedness checklist).
- 2. Screen:** Conduct COVID-19 and communicable respiratory illness screening prior to each home visit.
 - 1) **Health-care workers:** Before each shift, HCWs must self-screen for symptoms of COVID-19 and communicable respiratory illnesses. HCWs must follow measures outlined in the [COVID-19 health-care worker self-check and safety checklist](#).
 - 2) **Clients and household members:** Before each home visit, HCWs (or appropriate staff as designated by the health authority or employer) should screen the client and household members for COVID-19 and communicable respiratory illness risk using the [COVID-19 patient screening tool for direct care interactions](#).

- Contact** the household by phone or stand at the entrance of the home, away from clients and household members.
- Ask** the screening questions in the [COVID-19 patient screening tool for direct care interactions](#) including whether any clients or household members have symptoms of COVID-19 or communicable respiratory illnesses or are required to self-isolate.

If the screening tool indicates a COVID-19 or communicable respiratory illness risk in the home:

- Consider** whether the in-person appointment is medically necessary and can be deferred. If required, consult a clinician or follow health authority and/or employer guidance.
- Conduct a virtual visit** or enter the home only for essential parts of the visit requiring physical contact, whenever possible.
- If entry into the home is required**, implement the IPC measures described below, including routine practices (make sure to conduct a routine [point-of-care risk assessment \(PCRA\)](#)), droplet and contact precautions and inform the client and household members of the COVID-19 safety measures.
- If the client or household member has NOT had a test, but has symptoms compatible with COVID-19 that require assessment as per the [BCCDC testing page](#), direct them to contact their primary care provider, call 8-1-1 or call their local public health unit to arrange for assessment.

3. Adhere: Adhere to routine practices for all clients and home visits. [Routine practices](#) should be in place at **all times** to protect staff and clients from acquiring infections such as COVID-19. Routine practices include, but are not limited to, the following:

- Conducting a [PCRA before each client interaction](#) to determine other infectious risks, the need for **additional precautions**¹ and selecting appropriate actions and PPE.
- Practicing diligent [hand hygiene](#).
- Adhering to [respiratory hygiene](#).
- Using appropriate [PPE](#). This includes following [provincial guidance for mask use by health-care workers](#).
- Safely handling [client care and medical equipment](#).
- Safely handling [soiled linen, waste and sharps](#).

4. Implement: Implement droplet and contact precautions if there is COVID-19 or communicable respiratory illness risk in the home (e.g., the client or household member has suspected or confirmed COVID-19), as determined by the [COVID-19 patient screening tool for direct care interactions](#).

[Droplet and contact precautions](#) include the routine practices listed above and also the following:

¹ Additional precautions are used in addition to routine practices when the PCRA determines a need for HCWs to prevent transmission of a specific infectious agent based on its route of transmission (e.g., droplet, contact or airborne).

- Wearing a medical mask, eye protection, gown and gloves if entry into the home is required.
- Avoiding non-essential services and visitors in the home while the person is symptomatic or has risk factors. Essential services may be defined by the client's clinician or the health authority/employer.
- Advising symptomatic individuals to use a [separate room and designated bathroom](#), if possible.
- Advising the client to self-isolate at home and contact their primary care provider, call 8-1-1 or their public health unit if COVID-19 assessment is required.
- Directing the client to follow any guidance provided by public health on the length of self-isolation and information on [how to self-isolate](#) and [guide for caregivers and household members](#).
- Avoiding non-essential [aerosol generating medical procedures](#) (AGMPs) while the client is symptomatic.
- Wear a fit-tested N95 respirator, eye protection, gown and gloves when performing an AGMP on a client with suspected or confirmed COVID-19.

- 5. Inform:** Inform the client and household members about COVID-19 safety measures, including increased cleaning and disinfection of spaces (See [BCCDC home care poster](#) for a printable information sheet that can be provided to clients and household members).

2. Point-of-Care Risk Assessment

A PCRA helps HCWs select the appropriate actions and PPE to minimize their risk of exposure to known and unknown infections. It is a routine practice that should be conducted before every client interaction regardless of COVID-19 status.

The PCRA is based on the HCW's professional judgment (knowledge, skills, reasoning and education) regarding the likelihood of exposing themselves or others to infectious agents for a specific interaction, a specific task, with a specific client and in a specific environment.

See the BCCDC's website for a [guidance tool on conducting a PCRA](#). Access to additional PPE such as respirators will be provided in circumstances where a HCW determines there is elevated risk of COVID-19 transmission through patient interaction.

3. Hand Hygiene

Hands should be cleaned frequently using plain soap and water or alcohol-based hand rub containing at least 70% alcohol. Antibacterial soap is NOT required. Soap and water should be used when hands are visibly soiled.

Post the [hand hygiene poster](#) to promote effective hand washing and the [four moments of hand hygiene](#).

All HCWs are required to perform hand hygiene:

- On entry to and exit from the client's home and in-between clients.
- Before putting on PPE and between each step when taking off PPE.
- Before putting on and after taking off gloves.
- Before and after contact with the client or their environment (e.g., medical equipment, bed, table).
- Before preparing or administering all medications or food.
- Before performing an aseptic procedure.
- After handling laundry and waste.
- After all personal hygiene practices (e.g., blowing nose, using washroom).
- At any time hands are visibly soiled or potentially contaminated (e.g., after handling blood, body fluids, bedpans, urinals, wound dressings).

Clients/household members should perform, or be supported to perform, hand hygiene:

- Before leaving the house and upon returning.
- Prior to eating, oral care or handling of medications.
- Before and after caring for a sick person.
- After all personal hygiene practices (e.g., blowing nose, using washroom).
- At any time hands are visibly soiled or potentially contaminated (e.g., after handling blood, body fluids, bedpans, urinals, wound dressings).

4. Respiratory Etiquette

Respiratory etiquette is also known as respiratory hygiene and cough etiquette. HCWs, clients and household members should adhere to respiratory etiquette by coughing or sneezing into a tissue, covering their mouth and nose, and immediately discarding the tissue into a waste bin and performing hand hygiene. If tissues are not available, they should cough or sneeze into their sleeve or bent elbow. Refrain from touching eyes, nose or mouth with unclean hands.

5. Separation of Household Member(s) with Suspected or Confirmed COVID-19

Whenever possible, HCWs should advise symptomatic individual(s) to:

- Stay in a dedicated, well-ventilated single room or area in the home (e.g., open windows, keep door closed). Perform hand hygiene when leaving their room.
- Use a dedicated bathroom.
- Refrain from sharing personal items (e.g., towel, bedding, clothing, used cups and utensils).
- Respect others' personal space as much as possible.
- Follow BCCDC's guidance on [how to self-isolate](#) and [guidance for caregivers and household members of those with COVID-19](#).

If a dedicated room/bathroom is not possible, they should:

- Open windows of shared spaces for ventilation (e.g., bathrooms, kitchen).
- Sleep in a separate bed, if possible.

- Clean and disinfect high-touch surfaces in the bathroom/kitchen/other shared spaces after symptomatic individuals have used them.

C. Personal Protective Equipment (PPE) for Home Health During the COVID-19 Pandemic

6. *What PPE to Wear and When*

PPE for HCWs:

HCWs should determine if there is a potential COVID-19 or communicable respiratory illness risk in the home using the [COVID-19 patient screening tool for direct care interactions](#).

If COVID-19 risk is indicated by the screening tool and entry into the home is required:

1. Wear a medical mask, eye protection, gloves and gown; OR
2. Wear an N95 respirator, eye protection, gloves and gown if performing an [AGMP](#).

If COVID-19 risk is NOT indicated by the screening tool and entry into the home is required:

1. Wear a medical mask as per the [provincial guidance for mask use by health-care workers](#); AND
2. Wear PPE based on the routine [PCRA](#).

Access to additional PPE such as N95 respirators will be provided in circumstances where a HCW determines there is elevated risk of COVID-19 transmission through patient interaction. Note: Wearing unnecessary PPE can lead to greater risk of self-contamination when taking off PPE.

PPE for clients and household members:

Clients are NOT required to wear masks in their own homes while receiving home health-care services, with exceptions based on a HCW's PCRA.

During the home health visit, a household member who is involved in client care should wear a mask when they are near the client or the home health worker.

7. *Appropriate Use of PPE*

Putting on (donning) and taking off (doffing) PPE:

Perform hand hygiene before putting on PPE, as well as in-between each step when taking off PPE.

Put on and take off PPE just prior to entering/exiting the client's home, while ensuring the client and other household members are at least two metres away.

Ensure a plastic-lined waste bin is placed near the exit door for disposing of PPE. Discard disposable or single-use PPE in the waste bin prior to exiting, unless extending use of the mask. Do not store PPE in the client's home. HCWs should bring adequate PPE with them to each visit. See [BCCDC's signage and posters page](#) for direction on:

- [How to wear a face mask](#)
- [Putting on/donning PPE](#)
- [Taking off/doffing PPE](#) for droplet and contact precautions and [doffing for AGMPs](#).

If experiencing skin damage related to the use of PPE, see the BCCDC's poster for guidance on [management of PPE-related skin damage](#).

Medical masks:

Do not touch the front of the mask while wearing it. Immediately perform hand hygiene if this occurs.

Take off and dispose the mask after providing care in a home with COVID-19 risk (e.g., client or household member with confirmed or suspected COVID-19) or when moving between patients on additional precautions (droplet, contact and/or airborne).

In general, medical masks should not be re-used.

Change your mask if it becomes wet, soiled or damaged. See BCCDC's [how to put on a face mask](#) poster for instructions.

Eye protection:

Eye protection must be a well-fitting device that covers the front and sides of the face:

- Regular eyeglasses are **not** sufficient to protect from all potential splashes or droplet spray and are not considered adequate protection.
- Eye protection, such as goggles, safety glasses or combination medical mask with attached visor, need to cover from the eyebrow to the cheekbone, and across from the nose to the boney area on the outside of the face and eyes.
- Eye protection should be fitted so that gaps between the edges of the eye protection and the face are kept to a minimum.
- Full face shields should extend below the chin to cover the face, to the ears at both sides of the head, and there should be no exposed gap between the forehead and the shield's headpiece.
- For AGMPs, a full face shield or goggles must be used.

Do not touch the front of eye protection while wearing it. Immediately perform hand hygiene if this occurs.

Properly take off, clean and disinfect reusable eye protection when visibly soiled and at the end of a home visit.

Reusable eye protection should be cleaned and disinfected once taken off, then placed safely into a clean bag or container for transport. See the [cleaning and disinfection of eye and facial protection](#) poster for instructions.

If cleaning and disinfecting eye protection cannot be done in the home, place used eye protection in a designated bag or container for transport to be cleaned/disinfected as soon as possible. Follow health authority/employer guidance where applicable.

Masks with visors attached should be discarded when taken off.

Gloves:

Gloves should be changed per routine practices (e.g., between care activities when moving from a contaminated to clean body site) and when soiled or damaged.

Gloves do not replace the need for hand hygiene. Hand hygiene should be performed before putting on a new pair of gloves and after taking off gloves.

Gown:

Discard disposable gowns in a waste bin when leaving the client's home or when soiled or damaged.

Reusable gowns should be placed in a dedicated plastic bag for laundering. Follow health authority/employer guidance where applicable.

D. Client Care and Medical Equipment

HCWs should only bring essential equipment into the home. Reusable equipment and supplies should be dedicated for use by one client whenever possible (e.g., blood pressure cuffs, thermometers).

Avoid placing equipment directly onto potentially contaminated surfaces. Minimize contact of equipment brought into the home by:

- Placing a plastic bag or paper under the equipment;
- Cleaning and disinfecting the surface; or
- Keeping equipment in a plastic bag that is hung from a hook while not in use.

Clean and disinfect reusable, non-critical equipment (e.g., blood pressure monitor, stethoscope) after each use and when visibly soiled:

- Use a health-care grade disinfectant (e.g., disinfectant wipes) with a drug identification number, according to health authority/employer guidance and the product label/manufacturer's instructions.
- Make sure to meet the contact (wet) time requirements of the disinfectant to ensure pathogens have been killed. This information is detailed on the disinfectant container and will differ depending on the manufacturer.
- Store cleaned and disinfected equipment in a clean, dedicated area or in a clean bag/container with a lid in the client's home.
- Reusable items that cannot be cleaned and disinfected in the home should be placed in a clean bag or container for transport and cleaned and disinfected as soon as possible following health authority/employer guidelines where applicable.

E. Handling of Soiled Linen, Sharps, and Waste

HCWs should follow routine practices as directed by the health authority or employer.

Laundry:

Wash soiled/used linens using regular laundry detergent and dry items completely. Wash items in accordance with the manufacturer's instructions. Avoid coming into direct contact with contaminated items:

- Wear gloves when handling soiled linen. If the client has a COVID-19 risk, wear all appropriate PPE including gloves, medical mask, eye protection, fluid resistant gown or apron.
- Do not shake soiled linen, towels and clothing.
- Never carry soiled linen against the body; place soiled linen in a leak-proof container for transport (e.g., bag, bucket).
- Consider placing a bag liner in the container that is either disposable or can be washed.

Store clean laundry in designated areas. Regularly clean and disinfect laundry container and immediately if visibly soiled. Perform hand hygiene after handling soiled linen.

Sharps:

Used sharps must be disposed immediately in a designated, puncture-resistant container that is readily available at the client care area. Needles must not be recapped, bent or manipulated by hand.

Waste:

HCWs may advise client or household members as follows:

- Non-biomedical waste (e.g., used PPE, non-sharp medical equipment) requires no special handling other than containment during disposal and removal. All bags should be securely closed for disposal. Do not compress bags or try to remove excess air.

- Biomedical waste (e.g., liquid blood or body fluid drainage), sharps and medication should be disposed of as per usual practice, following local/municipal regulations and/or as directed by the health authority/employer.
- Perform hand hygiene after handling waste.

F. COVID-19 Testing and Specimen Collection

Some trained home and community HCWs may be collecting samples for COVID-19 testing. See the [BCCDC testing](#) page for the most up-to-date testing criteria and information on specimen collection, including a video on how to perform a nasopharyngeal swab. Follow any further guidance provided by the health authority or employer.

Collecting a nasopharyngeal swab sample is NOT considered an AGMP and does NOT require use of an N95 respirator.

Specimens should be obtained by a HCW trained in their collection. Limit individuals in the room during the procedure to the client and the HCW obtaining the specimen, whenever possible.

Before collecting a specimen:

1. HCWs must conduct a PCRA.
2. If the client has a large amount of mucous in their nose, ask the client to use a tissue to gently clean out all visible nasal mucous before a swab is taken.
3. Clients should be provided with tissues to contain coughs and sneezes after the procedure.

When performing the test:

1. HCWs should perform diligent hand hygiene.
2. HCWs should put on PPE (medical mask, eye protection, gown and gloves – an N95 respirator is NOT required) to protect them if the client coughs or sneezes while collecting the specimen.
3. Stand to the side of the client, not directly in front of them.
4. Move away from the client when the procedure is complete to decrease the risk of exposure to potentially infectious droplets.

All specimens collected for laboratory investigations should be regarded as potentially infectious. Clinical specimens should be collected and transported in accordance with any health authority or employer policies and procedures.

For additional information on biosafety procedures when handling samples from clients under investigation for COVID-19, refer to the Public Health Agency of Canada's [biosafety advisory](#), as well as healthy authority or employer guidance.

G. Aerosol Generating Medical Procedures

See BCCDC guidance for [AGMPs requiring N95 respirators for suspected or confirmed COVID-19](#) clients. Follow any additional local health authority or employer AGMP guidelines.

AGMPs on clients with suspected or confirmed COVID-19 should only be performed if:

- The AGMP is medically necessary while the client is symptomatic or in self-isolation and there is no medically-viable alternative (consult their primary care provider).
- The AGMP is carried out by HCWs trained to conduct the procedure.
- The minimum number of persons required to safely perform the procedure are present in the room.
- All individuals in the room are wearing a fit-tested, seal-checked N95 respirator, eye protection, gloves and gown.
- The door of the room is closed.
- If possible, windows in the room are open for ventilation.

For AGMPs on clients *without* suspected or confirmed COVID-19, use the [PCRA tool](#) and any health authority or employer AGMP guidelines to determine additional measures required.

Key References

1. Public Health Agency of Canada. June 2021. Infection Prevention and Control for COVID-19: Interim Guidance for Home Care Settings. Available from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-interim-guidance-home-care-settings.html>
2. Public Health Agency of Canada. 2017. Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Available from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>
3. Provincial Infection Control Network of British Columbia. 2014. Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community. Available from https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

Appendix A: COVID-19 Home and Community Care Preparedness Checklist

COVID-19 Infection Prevention and Control (IPC) Preparedness Checklist for Home and Community Care

Organizational Policy and Procedures

Home health agencies and health authorities should:

- Maintain awareness of data on the local and regional spread of communicable respiratory illnesses including COVID-19.
- Ensure staff are familiar with the IPC measures in this document and any further health authority or organizational guidance.
- Ensure staff receive training on routine practices, including conducting point-of-care risk assessments (PCRAs), hand hygiene, putting on and taking off personal protective equipment (PPE), cleaning and disinfection of medical equipment, and implementation of additional precautions, including droplet and contact precautions for communicable respiratory illnesses including COVID-19.
- Where operationally feasible, consider reviewing scheduling and work assignments to assign staff to the same clients (e.g., limiting cross-coverage) to limit potential spread between home care settings.
- Ensure processes and protocols are in place for:
 - Screening staff for communicable respiratory illnesses including COVID-19 symptoms and risk factors before each shift.
 - Screening clients and household members for communicable respiratory illnesses including COVID-19 symptoms and risk factors before each home visit.
 - Deferring visits or conducting virtual home visits in a home with COVID-19 risk, if in-person care is not medically necessary during the period of self-isolation.
- Communicate clearly with staff on sick leave policies if they are ill or required to self-isolate and any COVID-19 testing procedures. Stay up-to-date with the BCCDC's [symptoms list](#) and [testing page](#).
 - Ensure there are processes and protocols for when staff report sick or report an unprotected exposure.
 - Staff with confirmed communicable respiratory illnesses including COVID-19, with unprotected exposures to COVID-19 or those otherwise required to self-isolate according to public health directives, should follow provincial guidance on [health-care worker exposures and return to work](#), and any additional workplace health and safety guidance.
- Ensure staff are equipped with sufficient supplies to implement the required IPC measures. This includes supplies for hand hygiene practices, for avoiding contamination of medical equipment, for transporting medical equipment and necessary PPE required at the point-of-care for all home health visits.
 - Conduct regular assessments to determine stock of necessary PPE and other supplies.
 - Establish processes for procurement and distribution of supplies for staff in a timely manner.
- Ensure staff are aware of all organizational procedures for reprocessing (cleaning and disinfection) of reusable PPE or medical equipment.

- Ensure that staff expected to participate in or be exposed to aerosol generating medical procedures are informed prior to the home visit, are fit-tested for an N95 respirator and trained in the proper wearing of an N95 respirator including performing a seal check each time.
- Monitor and evaluate IPC practices and outcomes whenever possible (e.g., hand hygiene compliance).

Pre-Visit Screening and Scheduling

HCW (or appropriate staff member) should:

- Conduct self-screening for communicable respiratory illnesses, including COVID-19 symptoms, before each shift.
- Follow HCW safety measures in the [health-care worker self-check and safety checklist](#), including steps to take if symptoms develop at work, laundering work clothes before re-use and minimizing personal items brought to work.
- Conduct COVID-19 screening of the client and household members prior to each home visit to determine if any client or household member has communicable respiratory illnesses including suspected or confirmed COVID-19 (See [COVID-19 patient screening tool for direct care interactions](#)).
- Carry sufficient supplies to take into the home (e.g., PPE, medical equipment, alcohol-based hand rub).
 - Wear a medical mask in accordance with the [provincial medical masking policy](#).
- Inform all clients and household members on recommended COVID-19 safety measures (See [BCCDC home care poster](#) for an information sheet), including:
 - Any communicable respiratory illnesses including COVID-19 screening policies and procedures implemented by the home health agency or health authority.
 - Clients and household members should give enough space between them and the home health worker whenever possible so everyone feels comfortable.
 - Hand hygiene (washing their hands frequently with plain soap and water or alcohol-based hand rub)
 - Respiratory hygiene (covering their coughs with a tissue or their elbow, followed by hand hygiene).
 - Wearing a mask (household members involved in client care should wear a mask when they are near the client or home health worker during the visit).
 - Environmental cleaning and disinfection of the home (particularly of highly-touched surfaces and shared spaces when there is a COVID-19 risk in the home).

If a home has a COVID-19 risk (e.g., client or household member with suspected or confirmed COVID-19):

- Defer or conduct virtual home visits if in-person care is not medically necessary during the period of self-isolation.
- If entry into the home is required, wear a medical mask, eye protection, gown and gloves upon entering while two metres away from household members.
- Inform household members of the above measures and to limit activities of any symptomatic individual(s) to one dedicated room or area in the home and to use a separate bathroom, if possible.

IPC Measures During Home Visits

HCW should:

- Ensure they are familiar with the IPC measures outlined in this document and any further health authority or organizational guidance.

For all clients and home visits, adhere to routine practices:

- Conduct a [PCRA](#) before each client interaction to determine the need for additional precautions for infectious risks and selecting PPE.
- Practice diligent hand hygiene. Perform hand hygiene before and after each client contact.
- Adhere to [respiratory hygiene](#). Cover your cough with a tissue or your elbow, followed by hand hygiene.
- Use PPE appropriately.
 - Ensure you are trained on how to properly put on and take off PPE to avoid self-contamination ([See BCCDC resources](#)).
 - Properly take off PPE just prior to leaving the home while two metres away from others or when PPE is visibly soiled or damaged.
 - Ensure proper storage and disposal of PPE (e.g., bring adequate PPE to each visit, PPE should not be stored in a client's home and a plastic-lined waste receptacle should be placed at the door exiting the home for disposal).
- Safely handle [client care and medical equipment](#). Minimize equipment taken into the home and clean and disinfect reusable equipment after each use.
- Safely handle [soiled linen, waste and sharps](#). Follow routine procedures.

If there is a COVID-19 risk in the home (e.g., client or household member with suspected or confirmed COVID-19), **implement [droplet and contact precautions](#):**

- Avoid non-essential services and visitors in the home while the person is symptomatic or in self-isolation.
- If a client requires COVID-19 testing, advise them to contact their primary care provider, call 8-1-1 or contact their public health unit for assessment.
- Direct the client to follow any guidance provided by public health on the length of self-isolation and BCCDC information on [how to self-isolate](#) and [guide for caregivers and household members](#).
- Avoid non-essential AGMPs while the client is symptomatic or in self-isolation. When performing a necessary AGMP on a client with suspected or confirmed COVID-19, wear a fit-tested N95 respirator, in addition to eye protection, gown and gloves.

Appendix B: How to Safely Re-Use Your Medical Mask

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How to safely re-use your medical mask



Exit the building before removing your mask.
At a location where you can safely wash your hands and maintain two meters distance from others, follow these six steps:

1 Clean your hands with soap and water or alcohol-based hand sanitizer and rub hands for at least 20 seconds

2 Remove the mask by the straps or ear loops

- ✗ Do NOT touch the front outer surface of the mask
- ✗ Do NOT touch your eyes, nose, and mouth when removing the mask

If mask is dirty or damaged, throw into garbage and clean your hands

4 Fold outside corners together so the outer surface is held inward and against itself

5 Place folded mask in breathable container (e.g. clean paper bag)

6 Clean your hands after removing and storing the mask

✓ Replace the bag or clean the breathable container regularly. Store in a clean, dry space. **✗** Do not share your mask with anybody else.

How to put your mask back on:

1. Clean your hands first.
2. Carefully remove mask from storage container by touching only the ties or ear loops.
3. Hold the ear loops or ties of the mask to unfold it.
4. Inspect mask for holes, rips or dirt/stains; throw in to garbage if these are found and ask for a new mask
5. Use the ear loops or ties to put the mask on your face
6. Cover your mouth, nose, and chin. Adjust the mask to your face without leaving gaps on the sides.
7. Clean your hands again.

Avoid touching the mask while wearing it. If touched, clean your hands.