



Infection Prevention and Control Handbook

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Objectives

The objectives of Community Living Guelph Wellington’s Infection Prevention and Control (IPAC) program are as follows:

- Understand the principles of infection control
- Understand the concepts of the chain of transmission of infection
- Identify infection risk and associated risk reduction strategies
- Understand the importance of hand hygiene and implement effective hand hygiene practices
- Understand the role and proper use of personal protective equipment in infection control
- Understand the role of environmental cleaning and housekeeping related to infection control
- Implement Routine Practices and additional IPAC measures that will prevent and control the spread of infection to Direct Support Professionals and individuals supported by Community Living Guelph Wellington.

The guidelines outlined in this handbook, along with the measures outlined in policies G180 (Infection Control) and G190 (Communicable Disease), must be followed by all CLGW employees and visitors.

Resources

Community Living Guelph Wellington (CLGW) has a strong partnership with the congregate care team based out of the local public health unit – Wellington-Dufferin-Guelph Public Health (WDGPH). Public health staff visit our sites regularly to perform IPAC inspections to ensure our sites are implementing key IPAC principles and that certain procedures are in place to prevent or manage IPAC issues. The IPAC Coordinator at CLGW communicates regularly with the congregate settings team to ensure CLGW is up to date on the most recent guidelines and requirements related to IPAC. The team at WDGPH provided training to a small team of CLGW staff to become IPAC Champions. The group was trained on some of the key components of IPAC and are a resource to other CLGW staff at their work site. The role of the IPAC Champion is to monitor, support and share this education related to IPAC measures with the people we support, colleagues, visitors, contract workers and volunteers. Public health provided an IPAC Toolkit binder for each of the sites which includes several resources to assist staff with IPAC measures.

Individuals Supported, Families and Visitor Education

- People supported, families, visitors, and other personnel, either internally or from other support providers are partners in the prevention of the transmission of infections.
- Direct Support Professionals will take every opportunity to provide information, education and infection prevention strategies to these individuals in a manner that is appropriate and easily understood.

Clinical Directives

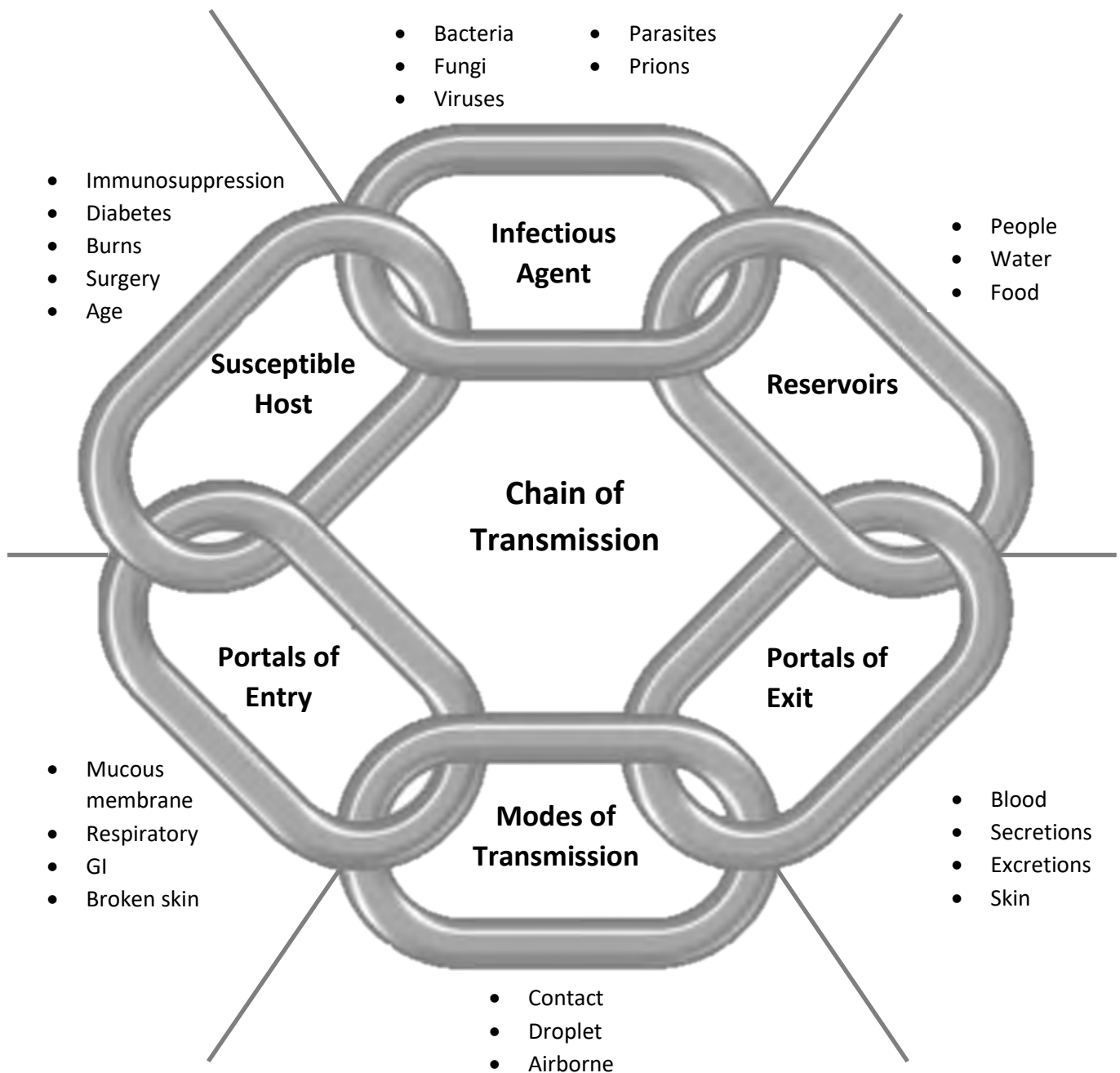
Routine Practices (previously known as Universal Precautions) refer to minimum infection prevention and control practices to be used in the routine care of all people, at all times, in all settings.

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CLGW employees will use Routine Practices daily. CLGW employees who provide direct support will practice Additional Precautions when an individual is known or suspected to have a transmissible microorganism. CLGW will seek input and information from the Wellington-Dufferin-Guelph Public Health unit in instances where guidance may be required to identify the appropriate Additional Precautions on a case-by-case basis.

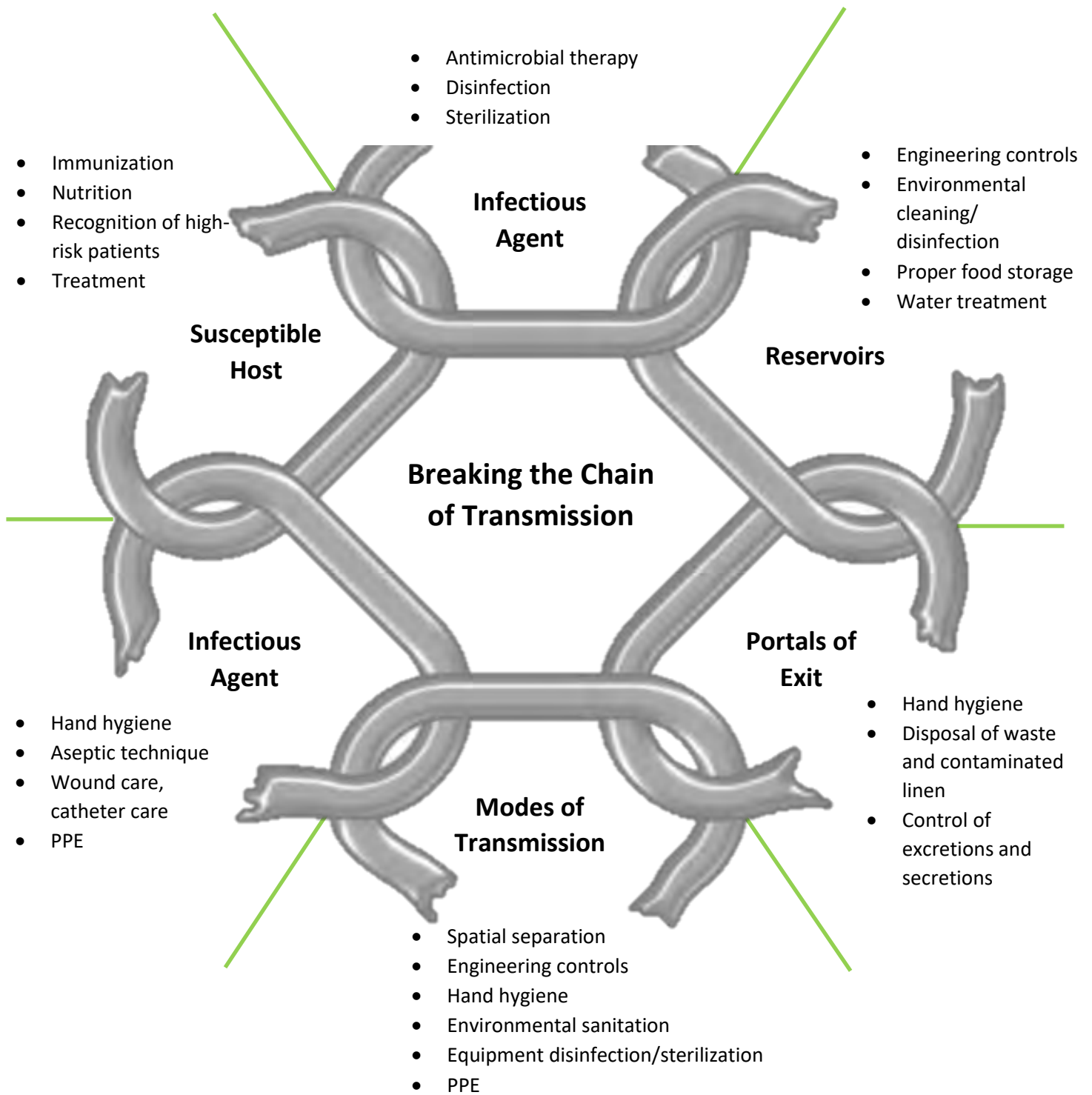
Chain of Transmission

The transmission (spreading) of microorganisms, resulting in infection within a setting may be represented by a 'chain,' with each link in the chain representing a factor related to the spread of microorganisms. By eliminating any of the six links through effective infection prevention and control measures, or 'breaking the chain,' transmission does not occur.



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Breaking the Chain of Transmission



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Routine Practices

Routine Practices are based on the principle that all persons may harbour potentially infectious agents. All persons are at risk of acquiring or transmitting these organisms through contact with blood and other bodily fluids, secretions, excretions, mucous membranes, non-intact skin and/or soiled items or objects in the environment. We need to assume that any person at any time could be carrying an infectious organism, including ourselves. Often those affected may be asymptomatic but may be contagious and able to transmit viruses and bacteria before they exhibit any signs. When we adopt the view that any person we support could be infectious and follow Routine Practices every time we could be exposed to bodily fluids, we can effectively reduce transmission of infection to ourselves and those around us. Routine Practices are the minimum methods of protection from any organism and then they may be modified or enhanced with Additional Precautions when a specific organism or infection is diagnosed, and the method of transmission is identified.

Major components of Routine Practices:

- Performing a Point of Care Risk Assessment (PCRA) prior to each interaction
- Frequent and thorough hand hygiene performed with at least 70% alcohol-based hand rub or soap and water at point of care. See Hand Hygiene pg. 9 and Resource D - 4 Moments for Hand Hygiene.
- Personal protective equipment (PPE)
- Sharp safety (Refer to policy G230)
- Environmental Practices – cleaning, disinfection and handling of waste, sharps, linens and ventilation
- Administrative controls - education of Direct Support Professionals, individuals supported, families and visitors.

Point of Care Risk Assessment (PCRA)

The first step of Routine Practices is to perform a Point of Care Risk Assessment (PCRA). The PCRA is an important component of infection prevention and control and should be performed before any interaction with a person we support. A Point of Care Risk Assessment relates to an individual's symptoms and type of care or support required, and should include screening for known signs and symptoms of any suspected infectious diseases including but not limited to fever, respiratory symptoms, rash, vomiting or diarrhea and/or any visible excretions or secretions.

To perform a PCRA, the DSP should consider the following:

- The task to be performed
- Level of risk of exposure to blood, bodily fluids, mucous membranes, and non-intact skin or contaminated objects or surfaces associated with the task or person
- Skill level required for the task
- Level of co-operation expected from the person we support
- Susceptibility to infection
- Immunity of staff

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Performing a PCRA will determine if any personal protective equipment (PPE) is required, and the type of environmental cleaning and housekeeping practices required. Staff should consider risks and safety regarding disposal waste and sharps. The placement of the individual in location to others and immune status of staff should also be considered.

Best practice is that the PCRA is completed by the staff member providing the care and then strategies are utilized to reduce risk. Risk of infection should be assessed as soon as possible so that appropriate IPAC practices can be implemented to limit transmission.

If the staff member does not have the knowledge, skill or experience to complete the PCRA, it should be performed by a staff member who has knowledge of the person we support. In some circumstances and settings, this information may be communicated by room signage indicating precautions required as determined by the Supervisor, IPAC Champion, IPAC Coordinator or as directed by WDGPH. See Resource B – Point of Care Risk Assessment document.

Hand Hygiene

Hand hygiene is the single most effective way of preventing the spread of infection.

Hand hygiene should be performed using an alcohol-based antiseptic gel or foam, or with plain soap and water.

Alcohol-based hand rub (ABHR), commonly referred to as hand sanitizer, is the most common and preferred method of performing hand hygiene. ABHRs should be comprised of at least 70% alcohol. The alcohol content in the ABHR works to kill transient microorganisms quickly and effectively on the hands but does not work as an effective means to remove visible dirt. Overall, ABHR has proven to be a faster and more effective method of hand hygiene for hands that are not visibly soiled.

Hand Sanitizer

How to Hand Rub with Alcohol-Based Hand Sanitizer

1. Apply 1-2 pumps of product to dry hands.
2. Follow next steps for at least 15 seconds:
 - a. Rub hands together, palm to palm
 - b. Rub in between and around fingers
 - c. Rub back of each hand with palm of other hand
 - d. Rub fingertips of each hand in opposite palm
 - e. Rub each thumb clasped in opposite hand
 - f. Rub each wrist
 - g. Rub hands until product is dry. Do not use paper towels to dry hands
 - h. Once dry, hands are safe and clean

See Resource C – Hand Hygiene – How to Use Hand Sanitizer.

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Hand Washing

Hand washing with soap and warm, running water should be performed when hands are visibly soiled, before you eat, and after using the washroom. The effectiveness of ABHR to clean hands is inhibited by the presence of debris, soiling, or organic material on the hands. The mechanical action of washing, rinsing and drying visibly soiled hands is the most important contributor to the removal of any microorganisms that may be present.

How to Hand Wash

1. Wet hands with warm water.
2. Apply enough soap to thoroughly cover all surfaces.
3. Lather soap and follow next steps for 15 seconds:
 - a. Rub hands palm to palm
 - b. Rub in between and around fingers
 - c. Rub back of each hand with palm of other hand
 - d. Rub fingertips of each hand in opposite palm
 - e. Rub each thumb clasped in opposite hand
 - f. Rub each wrist
4. Rinse thoroughly under running water, fingertips pointing downwards.
5. Pat hands dry with single use paper towel.
6. Turn faucet off with the paper towel to avoid re-contaminating hands by touching soiled faucet surface.
7. Hands are now clean and safe.

See Resource C – Hand Hygiene – How to Wash Your Hands.

Hand Care

Harmful organisms can enter through skin that is cracked or open. Intact skin is the body's first line of defence against these microorganisms. Frequent hand hygiene can dry hands and cause skin to crack.

To reduce skin dryness, cracking and irritation:

- Use hand sanitizer more often than soap and water to sanitize hands as it is generally more gentle and less drying on the hands.
- Use warm, running water rather than hot when washing hands.
- Rinse well and pat dry with paper towel rather than rubbing.
- Frequently apply lotion/moisturizer to hands.
- Protect your hands 24/7 at work and home by wearing gloves when cleaning, gardening and in cold weather.

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Nails and Jewelry

Long nails and jewelry can interfere with effective hand hygiene. Long nails are difficult to clean, can pierce gloves and harbour microorganisms more than shorter, trimmed nails, aiding in the transfer of microorganisms. Rings increase the number of microorganisms present on hands and increase the risk of tears in gloves. Eczema often starts under rings as irritants may be trapped under rings causing irritation.

Wrist and arm jewelry can interfere with the action of hand hygiene. Employees are encouraged to maintain shorter nails and reduce the amount of jewelry worn. If jewelry is worn, it should be removed prior to hand washing/hand rubbing. Refer to Hand Hygiene Policy (G220).

At CLGW we refer to many IPAC resources endorsed by Ministry of Health. Although the materials are typically more hospital care focused, the principles are easily transferable to other sectors.

The 4 Moments for Hand Hygiene as defined by Public Health Ontario's "Just Clean Your Hands" program, are:

1. BEFORE initial contact with a person supported or items in their environment:

- a. Clean your hands when entering a person's bedroom or upon entering shared or common spaces, such as living rooms, kitchens, and dining areas.
- b. Clean your hands before touching a supported person (e.g., providing direct care, giving a high five, assisting with lifts or transfers, etc.).
- c. Clean your hands before coming into contact with a supported person's personal items, this will ensure that microorganisms carried on your hands are not transmitted to them.

2. BEFORE aseptic procedures:

- a. Examples of aseptic procedures include: providing oral hygiene, administering eye drops, G-tube feeding and handling, or administering medications or injections, etc.
- b. If gloves are worn for any of these procedures, hand hygiene must be performed immediately **before** donning gloves.

3. AFTER body fluid exposure risk:

- a. Clean your hands immediately after any risk of exposure to blood or body fluids, including after providing direct care, cleaning blood or body fluid spills, or handling soiled items.
- b. Hands must be washed with soap and water if visibly soiled.
- c. If gloves are worn, hand hygiene must be performed immediately before taking gloves from the box to apply and after gloves are removed. These steps are often missed, however, they protect yourself and the supported person.

4. After providing personal care/health care:

- a. Clean your hands when leaving the supported person's bedroom or shared common rooms and after touching the person or any items in the person's environment. This action will protect yourself and other staff members and those people supported in the home from

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potentially coming into contact with harmful microorganisms and will prevent the spread of infection within the home.

- b. Perform hand hygiene after providing personal or health care activities once the activity is completed or if the activity is interrupted, to protect yourself and the environment from harmful germs.

Although there are many more appropriate moments to perform hand hygiene, these are often missed and essential for reducing the transmission of infection. See Resource D - Your 4 Moments for Hand Hygiene.

Personal Protective Equipment

Gloves

Can act as an effective means of protecting against pathogens and can help reduce disease transmission, however, gloves alone do not provide complete protection against contamination. This is because gloves, even those appearing to be in good condition, are not completely free of leaks, and minute tears/punctures of gloves can occur while performing tasks. Additionally, hands may become contaminated when removing gloves even if proper removal (doffing) procedures are followed. The use of gloves does not replace the need for hand hygiene before and after use.

Transmission of harmful microorganisms from one supported individual to another can occur via contaminated gloves. Therefore, gloves must be removed immediately and discarded in an appropriate waste container after completing the task for which they were used and before exiting the supported individual's environment. Gloves must never be worn for the care of more than one individual.

Gloves are to be worn to protect the wearer when:

- In direct or anticipated contact with blood, body fluids, secretions, and excretions, mucous membranes, draining wounds or non-intact skin.
- Handling items or environmental surfaces that may be contaminated with blood, body fluids or secretions and excretions.

Types of gloves and their use:

- Good quality, non-sterile gloves are worn for non-sterile activities to protect the wearer.
- Sterile gloves are worn to protect a person supported during sterile procedures and to protect the wearer. Please ensure the following:
 - Perform hand hygiene before putting on gloves prior to an aseptic or clean procedure.
 - Put gloves on immediately prior to beginning a procedure or task.
 - Change gloves when moving from a contaminated to clean body site of the same individual - try to move from clean to contaminated where possible.
 - Gloves should be changed in between each task required for a person.
 - Change gloves after contact with items or surfaces containing high concentration or microorganisms.

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- Remove gloves promptly after completing a procedure.
- Hand hygiene should always be performed immediately after removing gloves.

Please note that:

- Gloves are NEVER a substitute for hand hygiene.
- Single-use disposable gloves must NEVER be washed, sanitized or re-used.
- Gloves are not required for routine care in which contact is limited to an individual’s intact skin.
- Hand hygiene must be performed.

See Resource E – Donning/Removing Non-Sterile Gloves.)

If an employee has been exposed to blood and/or body fluids without the appropriate barrier(s), they must follow the procedures outlined in Policy/Procedure G210 Post Exposure Treatment and report the incident to their Direct Support Supervisor.

Gowns and Aprons

- Gowns or aprons are worn to protect uncovered skin and prevent soiling of clothing during activities or procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions (e.g., showering a supported person who has loose stool or who has or may vomit).
- The routine use of gowns and aprons is not recommended.
- Gowns are used when contamination is likely and may be less controlled (e.g., when working with an individual with uncontrolled diarrhea or as required for contact precautions due to a known or suspected communicable disease such as MRSA).
- The appropriate PPE should be selected based on the level of anticipated exposure. Gowns should be the correct size and should be long and large enough to cover clothing (front and back), long sleeved, water resistant, if required, and be tied at the back. Single-use disposable gowns must be discarded after one use. See Resource E – Donning/Removing Non-Sterile Gloves.
- Aprons are used when limited contamination is anticipated (e.g., during foot care).
- Aprons should be waterproof, disposable, worn for short periods of time (for one procedure with one individual) and discarded after use.
- Aprons/gowns should not be reused once removed.

Masks, Eye Protection and Face Shields

- Due to the current COVID-19 protocols, all CLGW staff are required to wear a surgical mask throughout the workday. Masks can only be removed to eat and/or drink, or when outside alone or working alone in a closed-door office.
- Eye protection may be required when providing support with oral hygiene, showering, bathing and during mealtimes if there is a risk of coughing and/or splashes of bodily fluids.

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- Face shields/eye protection must be worn when working at a site during an outbreak or increased incidence of respiratory illness and when within two metres of people we support without a mask during tasks when there is a risk of the person coughing or sneezing or when physical distancing cannot be guaranteed.
- Surgical masks provide source protection, protecting people in our environment from anything infectious we may be carrying.
- Procedure masks are generally intended for single use and discarded after one use, however, during current pandemic protocols, masks are worn at all times and discarded before eating and drinking or if they have become soiled or contaminated. They are never to be reused.
- Do not touch mask while wearing it. When removing masks, handle by the loops to prevent self-contamination and perform hand hygiene before and after removal.
- Eye protection or face shields are worn to protect mucous membranes of the eyes, nose and mouth during procedures or activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. Face shields also protect the surgical mask from becoming contaminated.
- Facial protection consists of masks, face shields, respirators, and protective eyewear. Appropriate PPE should be selected based on the level of anticipated exposure, or as per CLGW direction.
- Eye protection must protect the eyes from all directions. Regular eyeglasses do not provide adequate protection. Individuals wearing prescription lenses should wear eye goggles over glasses, or prescription goggles if the level of exposure dictates the use of eye protection.
- Remove protective eyewear by the sidepieces. If protective eyewear is disposable, it should be disposed of after single use. If not disposable, eyewear should be cleaned with a disinfectant wipe and stored in a clean bag or disinfected container.
- Perform hand hygiene prior to putting on eye protection and after removal.

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Donning (Putting on) Personal Protective Equipment

(See Resource F – Recommended Steps for Donning (Putting On) / Doffing (Removing) PPE.)

1. Perform hand hygiene

- Use alcohol-based hand rub (ABHR) preferably, or soap and water if visibly soiled

2. Put on gown

- Select appropriate size and type
- Put on with opening to the back
- Tie at the neck first and then at the lower back. Do not tie at the front since the front is more exposed

3. Put on a procedure mask or N95 respirator if required

- Perform hand hygiene
- Select type of mask required for task
- Place over nose and mouth and under chin
- Fit the flexible nose piece over the nose bridge
- Secure on head with ties or ear loops
- Adjust fit or perform seal check if an N95 mask is required, make sure to wear the size determined by N95 fit testing

4. Put on eye protection if required

- Position face shield over face and secure
- Adjust to fit

5. Put on gloves

- Select correct type and size
- Extend gloves over cuffs of gown

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Doffing (Removing) Personal Protective Equipment

1. Remove gloves

- Pinch outside edge near heel of hand to avoid touching skin (glove to glove)
- Peel away from hand, turning glove inside out
- Hold in opposite gloved hand
- Slide un-gloved finger under the remaining glove (skin to skin). Peel off from the inside, folding gloves inside each other
- Discard into garbage receptacle
- Perform hand hygiene

2. Remove eye protection

- Grasp ear or head pieces with ungloved hands
- Lift away from face
- Place in garbage if disposable or disinfect and place in clean storage bag/container

3. Remove gown

- Unfasten ties at neck first then at lower back
- Peel gown away from neck and shoulder
- Turn outside toward the inside
- Fold or roll into a bundle
- Place in garbage
- Perform hand hygiene

4. Remove mask

- Untie or remove bottom strap first then top tie or remove ear loops
- Lift away from face while holding the ties or loop
- Discard
- Perform hand hygiene with alcohol-based hand rub or soap and water

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Environmental Cleaning, Disinfection and Housekeeping Practices

- High-touch surfaces should be cleaned and disinfected at least once daily and when visibly soiled (e.g., light switches, doorknobs, countertop, etc.).
- Cleaning protocols are enhanced during periods of increased illness at the site and for periods of increased prevalence of illness in the community or during an outbreak.
- Every room should have a cleaning checklist with required cleaning schedule for particular items, e.g., once-twice daily, weekly, monthly.
- Ensure surfaces of furniture and equipment are intact and non-porous to ensure adequate cleaning and disinfection. Provide washable coverings if surfaces are porous and/or can't be safely disinfected.
- Rooms and surfaces should remain as clutter-free as possible to ensure all surfaces are easily cleaned.
- Remove visible surface soil first and begin cleaning/disinfecting surfaces at higher heights before lower surfaces and from the cleanest to dirtiest.
- The use of detergent, disinfectant liquid and wipes must be in accordance with the manufacturer's recommendations regarding amount, dilution and contact time. See Product Guidelines document (SAO4B).
- Spray bottles are not permitted to avoid inhalation of chemicals. Use pouring tops instead.
- Only scent-free cleaners and disinfectants approved by CLGW with Safety Data Sheet (SDS) will be used at all sites. Store bought products are not permitted.
- Expiration dates and contact time should be written or highlighted on product container.
- Avoid re-dipping cleaning cloth into bucket as this can allow micro-organisms to be spread to other surfaces. Use multiple clean, wet cloths and discard when no longer wet or use a new disinfectant wipe.
- Use a separate mop head for each room to avoid transferring microorganisms to other areas. Mop heads should be washed in hot water with detergent and disinfectant and dried thoroughly.
- Start at the farthest point of the room and mop towards the exit. Do not double dip mop into mop bucket. Wet floor by pouring cleaning solution from bottle directly onto floor or mop head.

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Cleaning of Blood and Other Body Fluids

- Put on personal protective equipment appropriately and as needed.
- Remove excess blood and other body fluids (vomit, urine, feces) with absorbent material such as paper towel. Place soiled paper towels in a plastic bag, secure and place in garbage.
- Clean the soiled area with detergent, using friction until soil is removed and area is clean. Apply agency supplied disinfectant and allow to remain wet for the specified time. Rinse product if required as per directions or allow to air dry.
- Clean and disinfect any soiled re-usable equipment or shared items and properly discard any disposable items.
- Remove PPE safely as per doffing procedure so as to not self-contaminate.
- Dispose of PPE.
- Perform hand hygiene.

Dishware and Eating Utensils

- Most sites have access to an automatic dishwasher with a Sani cycle or heat boost setting. Regular use of dishwashers with detergent is sufficient to clean and disinfect dishes, glasses, cups and eating utensils.
- If Sani cycle or temperature boost features are not available or it is felt that additional disinfectant is needed, a supplied bleach alternative product can be used as a final rinse/sanitization stage with the items left to air dry.
- Dishware is to be discarded if cracked or chipped.

Personal and Shared Equipment

- Personal use/hygiene items should not be shared, and each person's supplies should be kept separate from others and labelled with the person's name or initials and stored in hygienic containers. This would include toothbrushes, razors, nail care equipment, lotions, combs, brushes, etc.
- Ensure multi-use equipment and devices are cleaned and disinfected according to established guidelines. Included in this category are items such as blood pressure cuffs, thermometers, sensory items, tv remotes, pens, toys, balls, and instruments.

Laundry

- Clothing and linens soiled with blood or bodily fluids should be handled with gloves, and gowns or aprons should be worn. Eye protection should be used if items need to be rinsed off prior to being laundered due to the risk of spray and splashes.
- Remove organic material into toilet as needed.
- Wash heavily soiled items separately.
- Every supported person's laundry must be washed separately.
- Cleaning rags and cloths are to be washed separately from kitchen linens.

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- Use separate labelled laundry baskets for clean and dirty laundry to prevent contamination.
- It is preferable to use CLGW supplied commercial detergent containing the necessary disinfectant and washed using a regular cycle and dried in the dryer.

Waste Disposal

- Garbage containers should have a touchless lid and be readily accessible at the point of doffing PPE and discarding waste.
- All waste disposal activities must comply with local/municipal regulations for segregation and handling.
- All waste should be packaged in a leakproof container or bag, and bins should be emptied frequently and stored in a manner that protects them prior to pick-up.
- Gloves should always be worn when handling waste.

Sharps Disposal

- Sharps must be placed in an approved sharps container immediately after use – without recapping, removing, bending, shearing or breaking.
- All programs **must use an approved sharps container** which can be obtained and returned to your local pharmacy. Refer to Policy G230

Air Quality and Ventilation

- The quality of the indoor environment has a major impact on overall health. Increasing ventilation can improve indoor air quality by removing pollutants and viruses from the homes and worksites and by bringing in fresh air. Employees should try to promote ventilation as much as possible and this can be achieved by regularly opening windows, using bathroom fan, running the supplied air purifiers at all times and at a higher setting when tolerated, using the range hood on the highest setting while cooking, and setting the furnace fan to continuous. Viruses are more easily transmitted in crowded indoor, poorly ventilated spaces. Employees should avoid taking PWS to crowded indoor spaces as much as possible, especially if they are not able to wear a mask and be physically distant from others.
- Direct Support Professionals, individuals supported, and visitors should be encouraged to cover their cough by using a tissue when they cough or sneeze. The tissue should be immediately disposed of in the garbage followed by hand hygiene. If a clean tissue is not available, a person can cover their cough by coughing or sneezing into their sleeve. Direct Support Professionals, individuals supported, and visitors should be reminded of the importance of keeping hands away from eyes and mucous membranes of the mouth and nose. Strategically placed alcohol-based hand rub, tissues, and waste baskets may encourage and enhance the practice of good respiratory etiquette. See Resource G – Cover Your Cough.

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Administrative Controls - Education

Respiratory Etiquette

Direct Support Professionals, individuals supported, and visitors are encouraged to cover their coughs and sneezes by using a tissue. The tissue should be immediately disposed of in the garbage followed by hand hygiene. If a clean tissue is not available, a person can cover their cough or sneeze by using their sleeve and elbow. If these symptoms are new or worsening, and illness is suspected, the person should isolate and seek further testing. Staff, individuals supported, and visitors should be reminded of the importance of keeping hands away from the eyes and other areas of the face. Strategically placed alcohol-based hand rub (ABHR), tissues and waste baskets may encourage and enhance the practice of respiratory etiquette. See Resource G – Cover your Cough.

Physical Distancing

Physical distancing is one of the key measures to reduce the transmission of infectious agents. In general, everyone should be encouraged to practice physical distancing (maintaining a minimum of 2 metres from others) to reduce the risk of transmission of viruses. Ensure seating in rooms, at dining tables or in vehicles allows for physical distancing.

Monitoring/Screening

Ongoing monitoring and screening are essential components of CLGW's IPAC program. Employees perform a screening prior to entering the worksite and are not expected to attend work if they are experiencing any signs and/or symptoms of illness. Employees are to report any new or worsening symptoms on the screening checklist and will be provided direction and measures for safe return to work.

People supported are screened and assessed for any changes to baseline health and signs and symptoms of illness using the Daily Health Check Form. Staff are to follow the protocol outlined on the form when illness is suspected. It is important for DSPs to understand a supported person's baseline health and functioning level, and ensure routine monitoring of their status to facilitate early identification and management of illness. Close monitoring is essential during the current pandemic and cold and flu season in order to detect early onset of symptoms and reduce transmission to others.

As part of active screening, all people supported, staff and visitors should be advised that if they start to feel unwell while on site, they should immediately notify a designated individual (either staff or a supervisor). Arrangements may be made through the person supported's family physician and/or public health to have viral swabs or other specimens collected and sent to a lab for identification. Each CLGW site has a unique outbreak management plan outlining suggested isolation and/or reverse isolation measures for people supported. Ensure physical distancing is maintained as much as possible to protect people living at the same location. Stagger mealtimes and limit numbers in each room as much as possible to allow physical distancing and reduce risk of transmission.

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Additional Precautions

Additional Precautions refer to IPAC interventions to be used in addition to Routine Practices (e.g., PPE, changes to a person’s accommodations to separate/isolate or reduce contact with others, etc., and additional environmental cleaning). These measures protect people we support and staff when working with individuals who are known or suspected of being infected with certain microorganisms.

Additional Precautions are also used when working with individuals with specific clinical presentations (e.g., vomiting, diarrhea, undiagnosed cough, etc.). These precautions are based on the mode of transmission and may also be referred to as transmission-based precautions. Additional Precautions are necessary until the symptoms or communicable condition is resolved.

There are three categories of Additional Precautions: 1) Airborne, 2) Contact, 3) Droplet. Some microorganisms may be transmitted by more than one mode requiring a combination of Additional Precautions. Appropriate signs will be posted near the person’s room indicating the type of Additional Precautions required and a supply of PPE and a garbage can will be placed at the doorway. See Resource A – Additional Precautions Signage, and refer to the IPAC Toolkit at the work site.

- 1. Airborne Precautions** are required for organisms that are spread by airborne transmission. Certain organisms remain suspended in the air and are dispersed by air currents and inhaled by susceptible hosts (e.g., infectious pulmonary tuberculosis, chicken pox, measles). In addition to Routine Precautions, Direct Support Professionals should wear a high efficiency mask such as the N95 particulate respirator. In the case of chicken pox and measles, Direct Support Professionals should be immune either by receiving routine childhood vaccinations or acquiring the disease itself and thereby developing natural immunity. Immunity can be confirmed by a blood test.
- 2. Contact Precautions** are required for organisms that are spread by direct or indirect contact with the infected individual or their environment (e.g., scabies, some skin conditions, draining wounds, diarrhea). In addition to Routine Practices, Direct Support Professionals should wear gloves and gowns when working directly with an infected individual or in their immediate environment.
- 3. Droplet Precautions** are required for organisms transmitted by large droplets which are propelled a short distance and can be deposited on the mucosa (mucous membranes) of a new host (e.g., influenza, pertussis, mumps). In addition to Routine Practices, Direct Support Professionals should wear surgical masks and eye protection when working within 2 metres of an infected individual.

Evaluation and Review of Routine Infection Control Practices

Direct Support Supervisors will ensure that all personal protective equipment is available to all employees at each site. They will also ensure that routine infection control practices are regularly used by employees and that Additional Precautions are used as required.


The Joint Health & Safety Committee (JHSC) will review the Routine Infection Control Policies, Practices, and CLGW’s Employee Training Program at least annually and make recommendations for any updates or additional information that may be required. The JHSC will rely on the local public health agency to obtain the most up to date information regarding best practices related to Infection Prevention and Control.

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Resources


- Resource A – Additional Precautions Signage – Airborne / Contact / Droplet
- Resource B – Point of Care Risk Assessment (PCRA)
- Resource C – Hand Hygiene – How to Use Hand Sanitizer / How to Wash Your Hands
- Resource D – Your 4 Moments for Hand Hygiene
- Resource E – Donning and Removing Non-Sterile Gloves
- Resource F – Recommended Steps for Donning (Putting On) / Doffing (Removing) PPE
- Resource G – Cover Your Cough
- Resource H – Ventilation and Indoor Air Quality

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 **VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING**

AIRBORNE PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES
ACUTE CARE




Keep door closed




N95

Wear N95, fit tested and seal-checked respirator for TB
For measles, varicella, or disseminated zoster only immune staff may enter and N95 is not required



N95

Staff - wear an N95 respirator as per directions above during transport



Transport patient if necessary; patient to wear a procedure mask for transport

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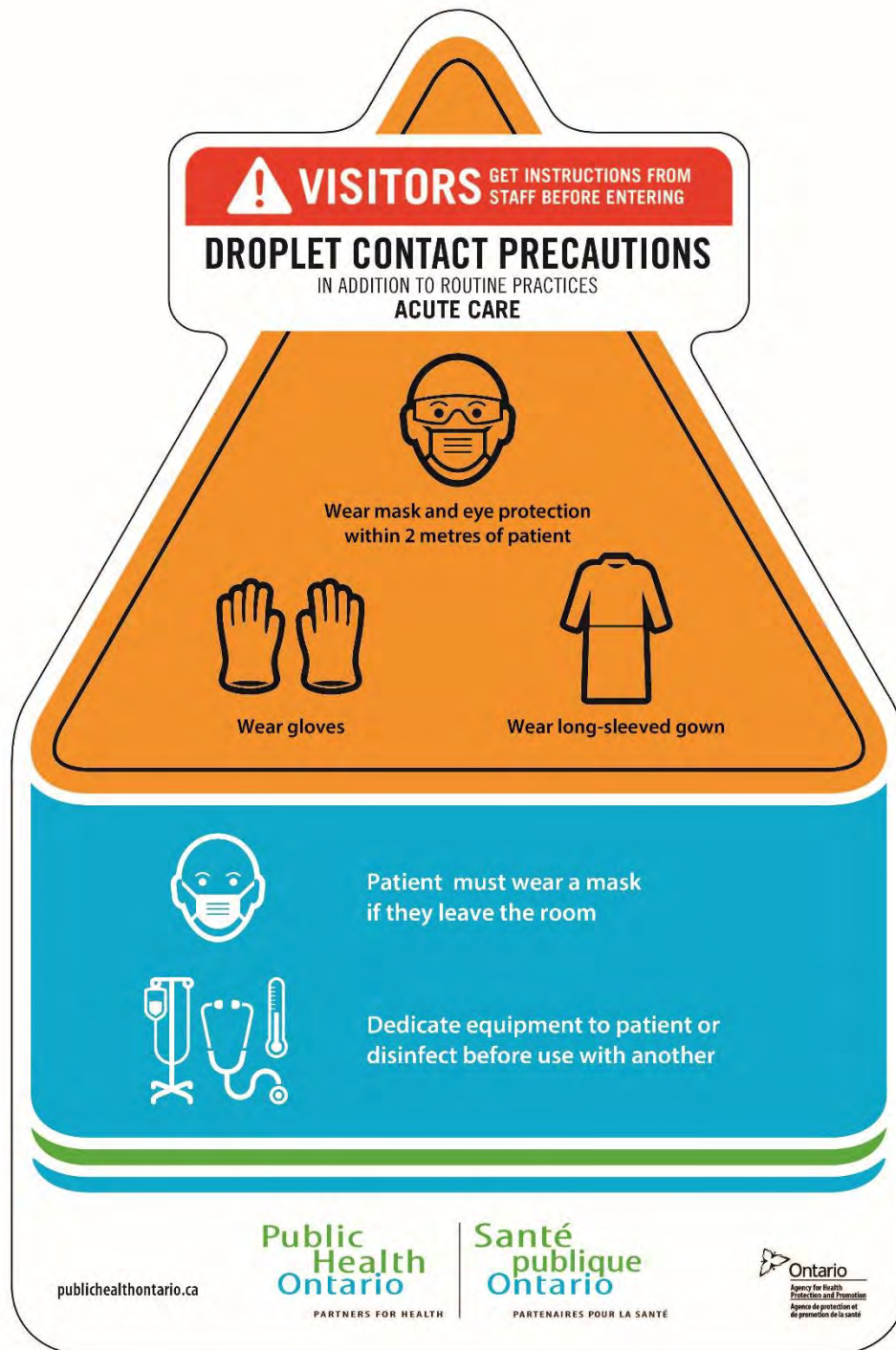
Public Health Ontario
PARTNERS FOR HEALTH

Santé publique Ontario
PARTENAIRES POUR LA SANTÉ

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

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Resource A – Additional Precautions Signage – Droplet



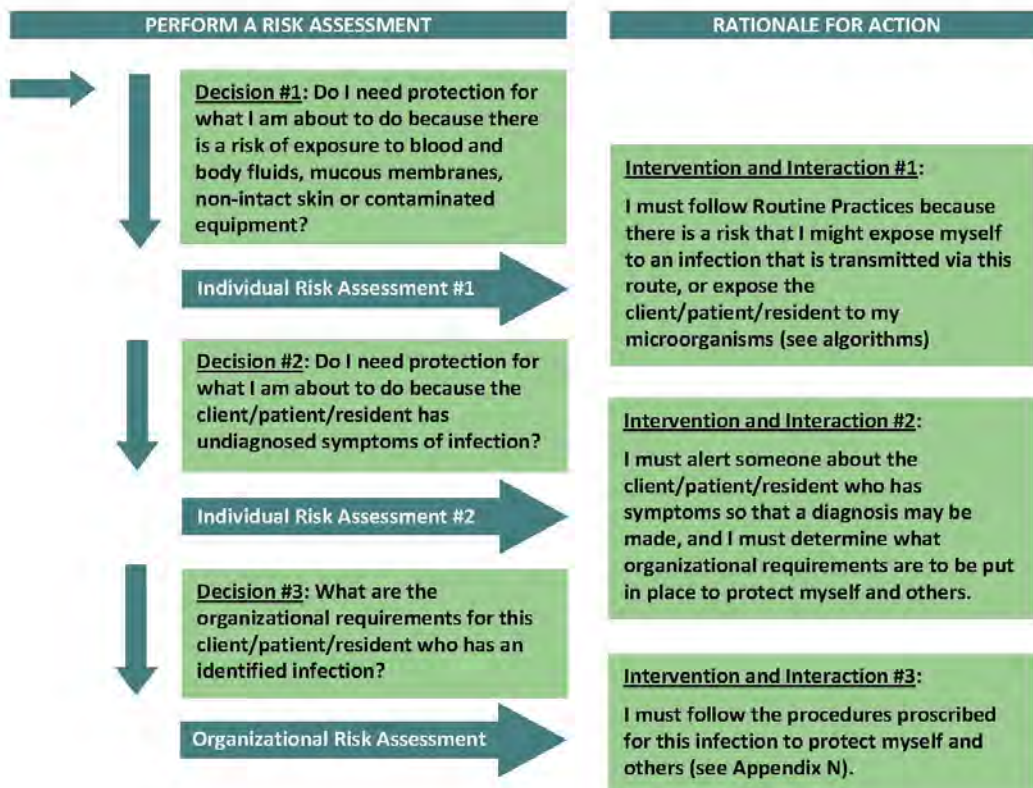
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Resource B – Point of Care Risk Assessment (PCRA)

Performing a Risk Assessment Related to Routine Practices and Additional Precautions

An individual assessment of each client/patient/resident’s potential risk of transmission of microorganisms must be made by all health care providers and other staff who come into contact with them. Based on that risk assessment and a risk assessment of the task, one may determine appropriate intervention and interaction strategies, such as hand hygiene, waste management, use of personal protective equipment (PPE) and client/patient/resident placement, that will reduce the risk of transmission of microorganisms to and from the individual.²⁸ When a client/patient/resident has undiagnosed symptoms or signs of an infection, interventions must be informed by organizational requirements.

Risk assessment steps to be performed by a Health Care Provider to determine an individual’s risk of transmission of infectious agents and the rationale for associated protective measures



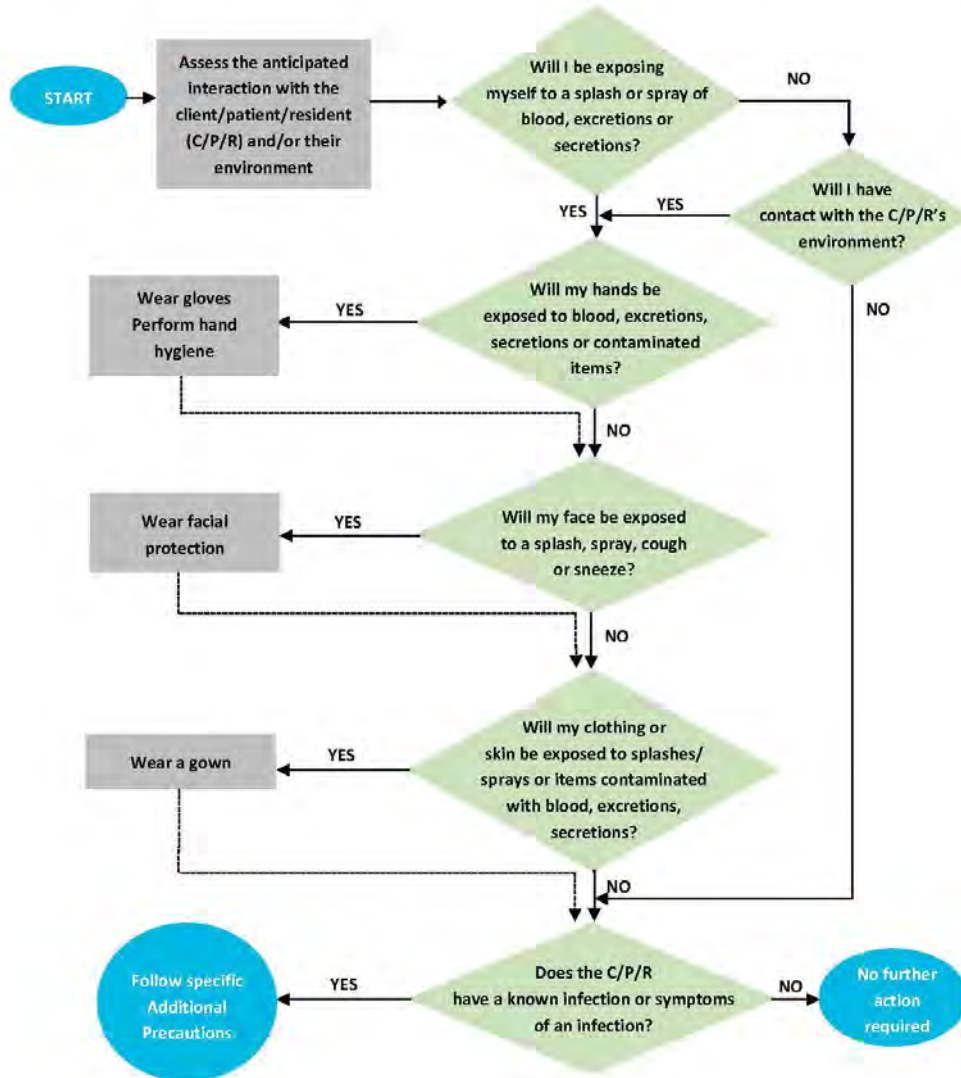
For more information please contact Public Health Ontario’s Infection Prevention and Control Department at ipac@oahpp.ca, or visit www.publichealthontario.ca

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Resource B – Point of Care Risk Assessment (PCRA) (Cont'd)

Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions



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How to use hand sanitizer



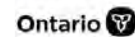
<p>1</p>  <p>Apply 1 to 2 pumps of product to palms of dry hands.</p>	<p>2</p>  <p>Rub hands together, palm to palm.</p>	<p>3</p>  <p>Rub in between and around fingers.</p>	<p>4</p>  <p>Rub back of each hand with palm of other hand.</p>
<p>5</p>  <p>Rub fingertips of each hand in opposite palm.</p>	<p>6</p>  <p>Rub each thumb clasped in opposite hand.</p>	<p>7</p>  <p>Rub hands until product is dry. Do not use paper towels.</p>	<p>8</p>  <p>Once dry, your hands are clean.</p>

Sources:

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for hand hygiene in all health care settings [Internet]. 4th ed. Toronto, ON: Queen's Printer for Ontario; 2014. Available from: <https://www.publichealthontario.ca/-/media/documents/bp-hand-hyg@ne.pdf?la=en>

The information in this document is current as of March 16, 2020.

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Coronavirus Disease 2019 (COVID-19)

How to wash your hands



<p>1</p>  <p>Wet hands with warm water.</p>	<p>2</p>  <p>Apply soap.</p>	<p>3</p>  <p>Lather soap and rub hands palm to palm.</p>	<p>4</p>  <p>Rub in between and around fingers.</p>
<p>5</p>  <p>Rub back of each hand with palm of other hand.</p>	<p>6</p>  <p>Rub fingertips of each hand in opposite palm.</p>	<p>7</p>  <p>Rub each thumb clasped in opposite hand.</p>	<p>8</p>  <p>Rinse thoroughly under running water.</p>
<p>9</p>  <p>Pat hands dry with paper towel.</p>	<p>10</p>  <p>Turn off water using paper towel.</p>	<p>11</p>  <p>Your hands are now clean.</p>	

Your 4 Moments for Hand Hygiene



1 BEFORE initial patient/patient environment contact	<p>WHEN? Clean your hands when entering the patient's environment:</p> <ul style="list-style-type: none"> • before touching patient or • before touching any object or furniture <p>WHY? To protect the patient/patient environment from harmful germs carried on your hands</p>
2 BEFORE aseptic procedure	<p>WHEN? Clean your hands immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication</p> <p>WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body</p>
3 AFTER body fluid exposure risk	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p>WHY? To protect yourself and the health care environment from harmful patient germs</p>
4 AFTER patient / patient environment contact	<p>WHEN? Clean your hands when leaving the patient's environment:</p> <ul style="list-style-type: none"> • after touching patient or • after touching any object or furniture <p>WHY? To protect yourself and the next patient from harmful patient germs</p>

Adapted from WHO poster "Your 4 moments for hand hygiene" 2006.

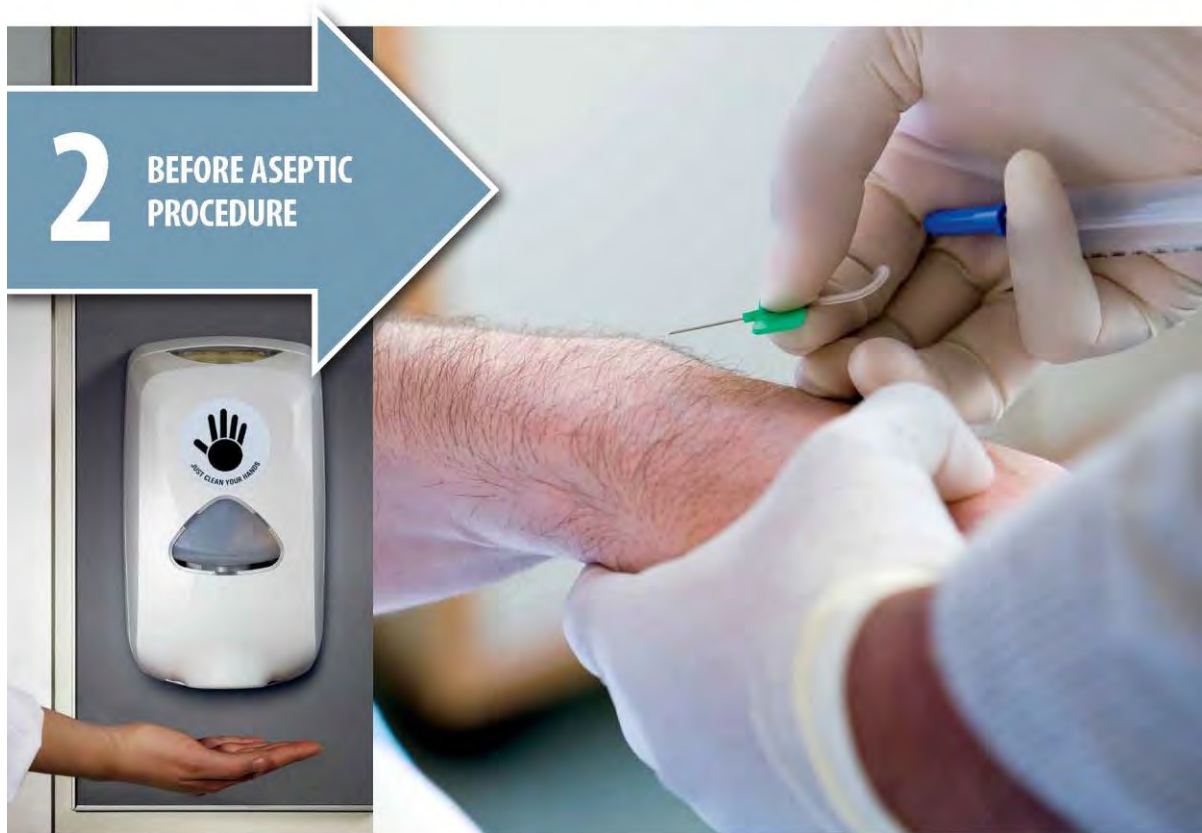
Ontario Health, 1000 St. Lawrence St., Toronto, Ontario M5S 1A5

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Your 4 Moments for Hand Hygiene



CLEAN YOUR HANDS immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication

WHY: To protect the patient against harmful germs, including the patient's own germs, entering his or her body

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Your 4 Moments for Hand Hygiene



CLEAN YOUR HANDS immediately after an exposure risk to body fluids (and after glove removal)

WHY: To protect yourself and the health care environment from harmful patient germs

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Your 4 Moments for Hand Hygiene



CLEAN YOUR HANDS

when leaving the patient's environment:

- after touching patient or
- after touching any object or furniture

WHY: To protect yourself and the next patient from harmful patient germs

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Resource E – Donning and Removing Non-Sterile Gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:



1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

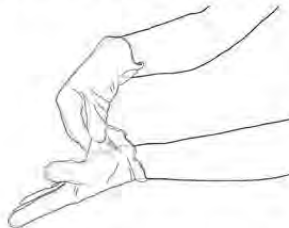


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

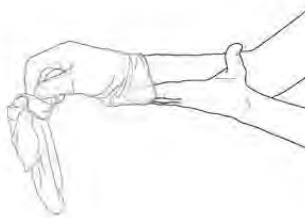


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove

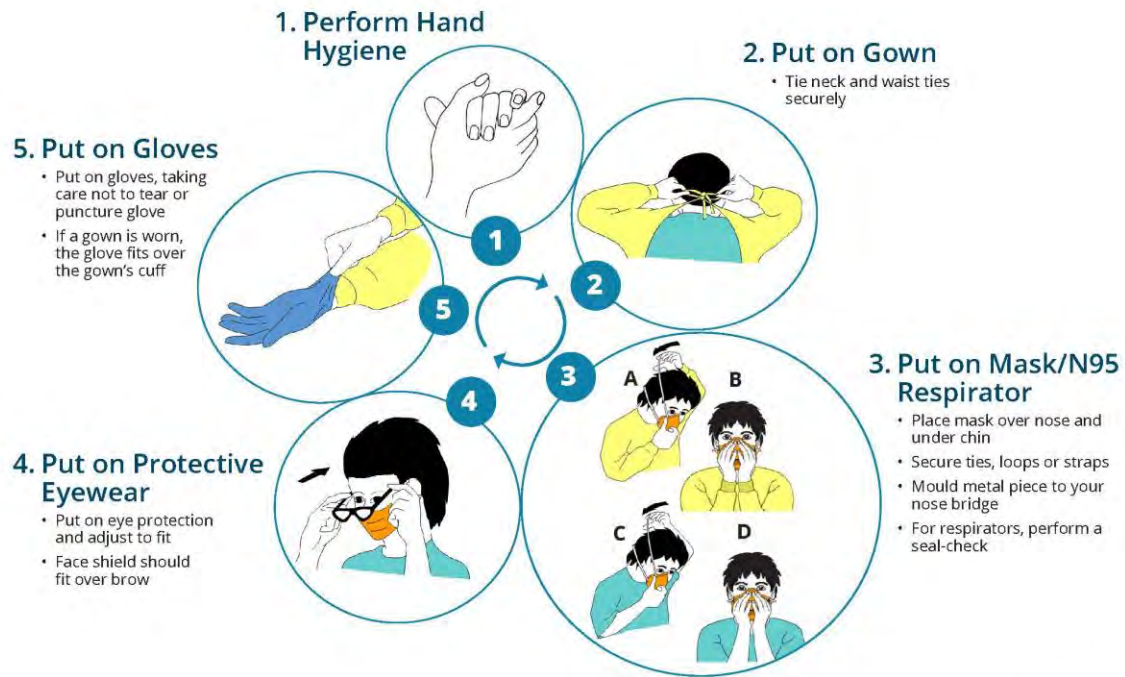


3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

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**Recommended Steps:
Putting On Personal Protective Equipment (PPE)**



For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@ohpp.ca or visit www.publichealthontario.ca.

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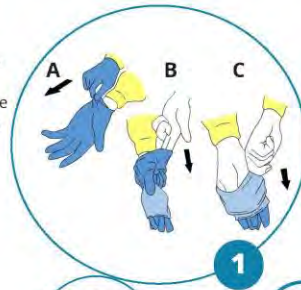
Resource F – Recommended Steps for Doffing (Taking Off) PPE

Recommended Steps: Taking Off Personal Protective Equipment (PPE)



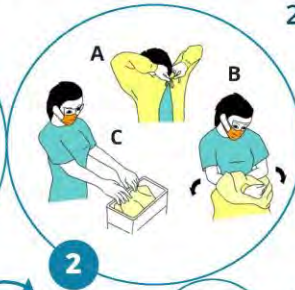
1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.



6. Perform Hand Hygiene

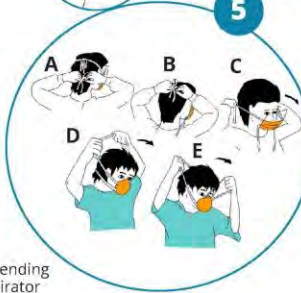


3. Perform Hand Hygiene



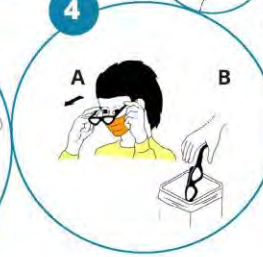
5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.

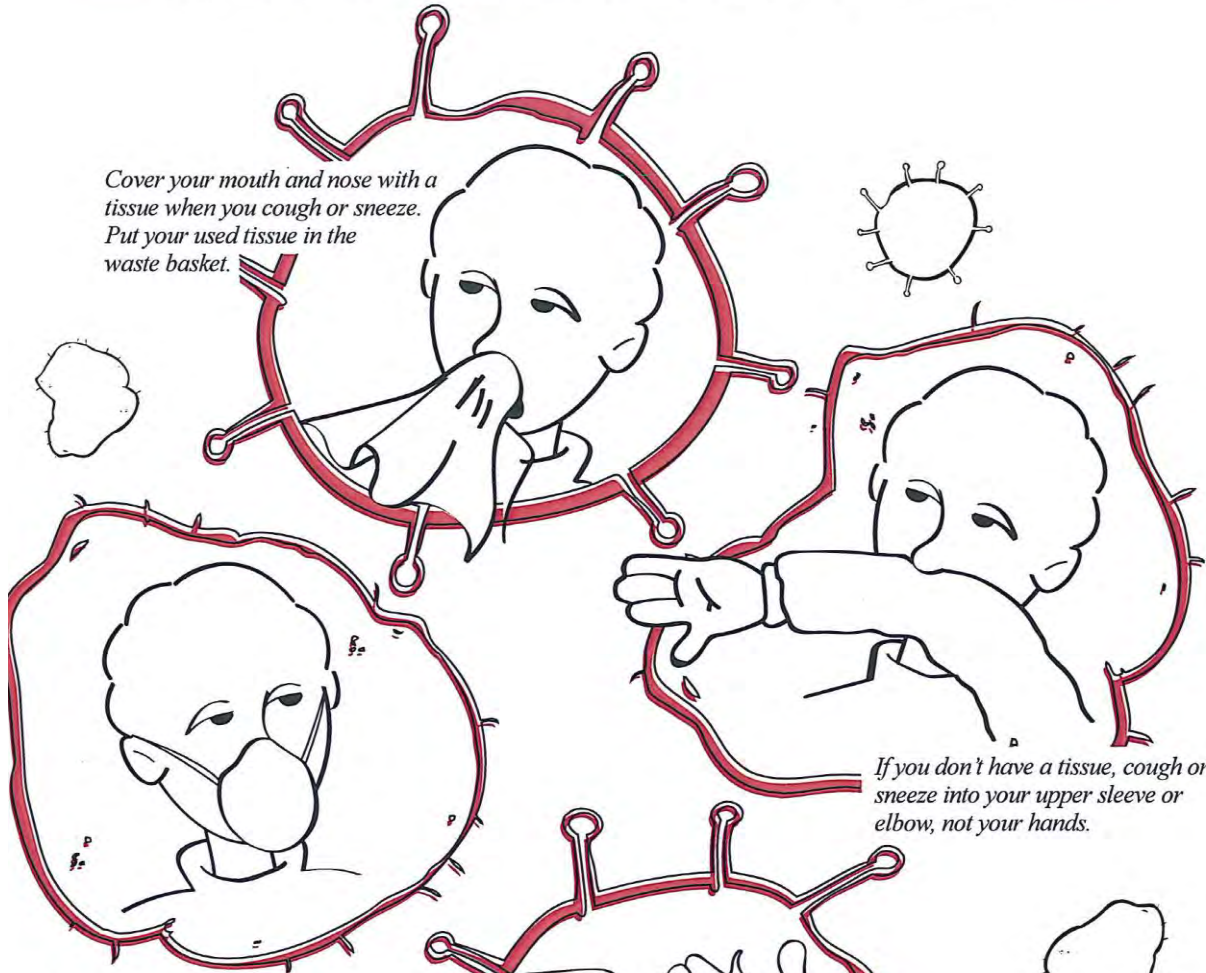


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Cover Cough

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

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

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VENTILATION AND INDOOR AIR QUALITY

NATURAL
The air circulates through:

MECHANICAL
The air flow is created by the use of:

WHAT IS VENTILATION?

Ventilation is the movement of air into or out of homes. It can be used to improve indoor air quality by removing pollutants from the home and by bringing in fresh air.

SIGNS THAT VENTILATION IS TOO LOW

High humidity Mould Odours Stuffiness

SIGNS THAT VENTILATION IS TOO HIGH

Higher heating (or cooling) bills Dry air Drafts and discomfort

USING VENTILATION TO IMPROVE INDOOR AIR QUALITY

- Opening windows
- Using bathroom fan
- Setting your mechanical ventilation system to a higher setting or letting it run longer
- Installing a fresh air duct into your forced-air furnace
- Using your HRV or an ERV
- Using your furnace fan or, if necessary, a separate fan to distribute air
- Using your range hood on the highest setting while cooking

For more information on Ventilation, please visit www.canada.ca/en/health-canada/services/air-quality.html or contact us at: hc.air.sc@canada.ca

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