

OVERVIEW

Its My Life Kamloops Society (IMLKS) is committed to providing a safe and healthy workplace for all persons served, staff, families, and stakeholders. A combination of measures will be used to minimize exposure to infectious disease in the workplace, including the most effective control measures possible. Our work procedures will protect not only IMLKS employees, but other employees, individuals we serve, the public and families. All employees are expected to follow the procedures outlined in this plan to prevent/reduce exposure to infectious diseases.

This document will provide guidance to staff during the COVID-19 pandemic. This document contains information specific to this outbreak and may be revised as more information becomes available.

In a pandemic outbreak, there are defined stages and the responses specific to each stage.

This document will be updated and amended from time to time

COVID-19 belongs to a group of viruses called corona virus. It is in the same group of viruses responsible for SARS in 2003 and MERS in 2012. It is a novel virus, meaning that it is new and as such no-one has immunity to it. It is anticipated that the majority of individuals who contract the virus will recover from it. However concurrent health issues increase the risk of serious illness and/or death for vulnerable individuals.

Symptoms of COVID-19:

- Respiratory symptoms (shortness of breath or difficulty breathing)
- Fever
- Cough
- Sore Throat

Transmission of the virus occurs through droplets and direct contact:

Droplet: Person-to-person spread occurs through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. The most important things you can do are to wash your hands regularly and avoid touching your face. Cover your mouth when you cough or sneeze with your arm not your hand.

Direct contact: The virus can spread by touch. This may happen if a person touches something with droplets containing the virus and then you touch your face, eyes, nose or mouth. Washing your hand regularly is the best defense against spreading and contracting the virus.

Employee Responsibilities

All staff must follow the procedures outlined in this plan to prevent or reduce exposure to COVID19

ALL IMLKS EMPLOYEES WILL:

1. Follow control measures including:
 - a. Universal safe work procedures;
 - b. Point-of-care risk assessments; and
 - c. Personal protective equipment procedure. (only required if person served has confirmed Covid-19 or symptoms of Covid-19)
2. Check the IMLKS ShareVision homepage (minimum once every shift).
3. Stay home if you have symptoms of COVID-19 or feel sick, follow Medical Health Office guidelines for seeking medical attention, and contact your Service Coordinator. Prepare in advance for your personal life in the event of a COVID-19 outbreak (e.g. childcare, schools closing, quarantine of yourself and/or a member of your family).
4. Follow Health recommendations for entry and exit of homes, washing your hands upon entering the home and leaving the home. Staff who have been out of the country, or living with someone in the household that have been out of the country, will need to follow the recommendation of the BC Health Minister and stay away from work for 14 days following their return to BC (whether or not they are symptomatic) and **must inform their direct supervisor**.

COVID-19 Exposure and Control Plan

All employees must:

- follow the Infectious Disease Plan;
- follow the Hand Washing information provided on Sharevision;
- follow the “Universal Precautions and Personal Protective Equipment” on Sharevision;
- Disinfect Surfaces at least 3 times daily
- follow the COVID-19 Training Plan (included in this document).

Contact your Service Coordinator IF:

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

Manager Responsibilities

- Ensure that all staff are advised to review all uploaded correspondence on sharevision about Covid- 19
- Ensure that an adequate supply of Personal Protective Equipment (PPE) is available;(working with local government due to shortages, kits have been supplied and will be added to as supplies become available. Masks do NOT need to be work to provide personal care, mask are worn only when the person served has symptoms of COVID-19 or confirmed COVID-19. Homemade masks can be provided to staff if they wish to wear them when supporting an individual with person care. Please advise your supervisor and they will provide you with a personal homemade mask for your use.
- Manage all staff coverage and communicate to the Executive Director regarding staffing challenges; and in any case where an employee or person served tests positive or has symptoms of COVID-19, inform the necessary people. This would include the director, persons served, their families and employees working in that home.
- Work with appropriate Health Authority to organize the testing and coordination of medical treatment for persons served;
- Comply with reporting obligations with the appropriate authority; and
- Communicate on a regular basis with the Executive Director.

Executive Director Responsibilities

- Send memorandums to the agency with COVID-19 updates;
- Communicate with all family/Ministries/Health Authorities/Stakeholders;
- Make decisions regarding essential services
- Liaise/meet with stakeholders (funders, other agencies). Monitor notices from provincial health authorities, BC Centre for Disease Control and the World Health Organization on an ongoing basis and ensure any changes to procedures are relayed in a timely manner.

CRITICAL STAFFING LEVELS

Where reasonable, IMLKS will endeavor to maintain all locations during a pandemic threat; however, closures or partial closures may be necessary and individuals may be moved if necessary.

COVID-19 Exposure and Control Plan

Staffed Residential Services

Staffed residential homes to be essential services, and will prioritize these to maintain service delivery and staffing during a COVID-19 outbreak. Service Coordinators will determine the staffing levels

necessary to ensure the safety of the persons served under emergency conditions, in conjunction with the Executive Director and CLBC.

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

In extreme cases where no staffing is available and when able, a person served families may be asked to either take their family member home OR come into their home to care for them. In extreme cases if no family is available IMLKS may have to move person served to other locations and staff accordingly.

In addition to observing recommendations of the local Health Authority, IMLKS Community Inclusion Services will:

Practice social distancing while providing support; do not go in areas where there is more than 5 people

Provide support remotely wherever possible (i.e. via telephone, video conference)

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

IMLKS recognizes the importance of obtaining information from credible health and news agencies.

Regular internal updates will be posted:

- on Sharevision;
- on the IMLKS website if necessary

Contacts

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

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

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

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

Symptoms of Novel Coronavirus (COVID-19)

Symptoms include: respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties.

Transmission of COVID-19

COVID-19 can be transmitted by:

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

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

Control Measure- Prevention

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

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

UNIVERSAL WORK PROCEDURES/PREVENTION

IMLKS will focus on steps that can prevent the possible spread of the illness.

- Avoid community activities

- Limit outings to open spaces such as uncrowded parks and other uncrowded nature-type settings
- Practice social distancing by ensuring 6 feet or two arm's lengths space from another person. IMLKS work one on one with the person served further minimizing contact with numerous staff in the home. During orientation with new team members it is expected that the social distancing of 6 feet is followed between staff, each location allows for this to occur.
- Limit visitors to the home, or no visitors at all during an active outbreak. Do NOT allow anyone to enter the home if they are sick.
- Increase cleaning regiments, IMLKS purchased cleaner for each home to be used
- Practice Universal Safe Work Procedures/Prevention, which includes good hand hygiene

We expect all employees to continue to follow routine practices, which include hand hygiene (hand washing is the simplest, most effective means of controlling the spread of COVID-19) and the use of Personal Protective Equipment (PPE) such as gloves, eye protection, and gowns if a person served has symptoms of COVID-19 or a confirmed case.

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

When to Wash Your Hands:

- Before preparing, handling, serving, or eating food; after performing personal body functions or supporting someone with personal care.
- Before putting on any PPE including gown, gloves, facial, and eye protection; (only required if supporting a person with symptoms of COVID-19 or a confirmed case of COVID-19)
- After taking off any PPE;
- Before and after engaging in group activities;
- Before contact with a person served or their environment;
- Before doing an antiseptic procedure;
- After contact with bodily fluids; and
- After contact with the person served and/or their environment.

Proper Methods of Hand Washing

Where possible, use plain soap that does not contain anti-bacterial agents (plain soap removes the grease and dirt that attracts bad bacteria, while keeping good bacteria alive). Staff should refrain from wearing non-essential hand/arm jewelry during the COVID-19 pandemic.

1. Wet your hands with warm water;
2. Apply plain soap to your hands and rub together for 20 seconds (the length of time it takes to sing "Twinkle, Twinkle Little Star" or "Happy Birthday");
3. Wash the front and back of your hands, as well as between your fingers and under your nails;
4. Rinse your hands well for 10 seconds under warm running water, using a rubbing motion;
5. Wipe and dry your hands gently with a paper towel or a clean towel (drying them vigorously can damage the skin);
6. Turn off the tap using the paper towel so that you do not re-contaminate your hands (when using a public bathroom, use the same paper towel to open the door when you leave); and
7. If skin dryness is a problem, use a moisturizing lotion.

Respiratory Hygiene (Cough/Sneeze Etiquette)

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

Cleaning and Disinfecting During an Outbreak

- All equipment should be disinfected after every use, and before used by another person served/staff;
- High-touch surfaces (e.g. doorknobs, handrails, etc.) should be disinfected at least twice per day;
- Follow WHMIS guidelines for dilution and PPE instructions;
- Wash dishes in the dishwasher on "hot;" and
- Immediately upon soiling, machine wash laundry on "hot."

QUARANTINE MEASURES DURING A COVID-19 OUTBREAK

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

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

- Inform the appropriate medical practitioner, and follow any directives given;

- Inform the appropriate government Ministry, per reporting guidelines;
- Inform the appropriate Health Authority, and follow any directives given;
- Where tolerated, have the person served wear a procedure mask to minimize droplet transfer;
- Isolate and provide as much care/meals as possible to persons served in their rooms;
- If leaving the room is necessary, have the person served (where tolerated) wear a procedure mask, and observe a minimum two-metre distance from other person(s) served, staff, and visitors; and
- Restrict participation in any group activities.

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

- Where possible, dedicate one staff to work with infected/symptomatic persons served, to minimize risk of transfer to multiple persons;
- When not possible to dedicate staff, care will be provided first to non-infected/non-symptomatic persons served, to minimize risk of transfer;
- Wear appropriate PPE while providing support to persons served; and
- Staff who begin to exhibit signs of illness and/or COVID-19 will immediately self-isolate in a designated area of the residence, and will report to their Service Coordinator. Staff may be asked to isolate with the person they are supporting to prevent further transmission to community and their families.

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

- Non-essential visits will not be permitted to person(s) served until advised by a medical practitioner and/or Health Authority and/or Ministry body that it is permitted to do so;
- Families/friends will observe the same universal precautions/pandemic event procedures as IMLKS staff for essential visits; and
- Families/friends of person(s) served exhibiting signs of and/or who have tested positive for COVID-19 will not be permitted into the residence until such time that they are well, unless authorized by the Manager in conjunction with the Executive Director.

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

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

When Should a Risk Assessment Be Conducted?

The Point-of-Care Risk Assessment (PCRA) is an assessment that must be performed by every IMLKS employee before every interaction with a supported individual who is exhibiting symptoms of infectious disease. This can be performed at the person served home.

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

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

Before every interaction with a person served, IMLKS employees must ask themselves the following three questions:

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

It is helpful to classify the support as either direct or indirect.

Most “hands-on” support would be considered direct care. Direct care would increase the risk of exposure to influenza or any infectious disease to the employee. Transporting a person(s) served may be classified as direct care also, depending on the level of support required.

Indirect care might include (but not be limited to):

- Accompanying a person(s) served on a walk (unless direct support is required);
- Preparing dinner in the residence;
- setting the table for a meal and cleaning up after; and
- Socializing with person(s) served, etc.

What is the health status of the person(s) served?

2. What is the health status of the individual(s)?

Is the person(s) served symptom-free and healthy, or does the individual have symptoms associated with infectious disease?

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

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

The risk of COVID-19 is decreased If supporting persons served outside or in larger, well-ventilated areas.

Consider whether or not the space where you are providing support has been sufficiently disinfected, and disinfect according the guidelines contained herein, if necessary.

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

- a. What actions to take; and
- b. What (if any) Personal Protective Equipment (PPE) you should use.

Indirect Care/Healthy Person Served No PPE is required; all hand hygiene and cough/sneeze etiquette should be followed, including the use of hand sanitizers as necessary.

Indirect Care/Direct Care to Person(s) Served with Symptoms of COVID-19 If tolerated, have the person(s) served wear a procedure mask. Person(s) served who are symptomatic of/have COVID-19 will be isolated to their bedrooms.

When providing direct care, staff will wear:

- A procedure mask;
- Eye protection (such as a face shield or goggles);
- Gloves; and
- Gowns

Instructions for putting on and taking off PPE are found at the following links:

http://www.bccdc.ca/Health-ProfessionalsSite/Documents/COVID19_MOH_BCCDC_Donning.pdf

http://www.bccdc.ca/Health-ProfessionalsSite/Documents/COVID19_MOH_BCCDC_Doffing.pdf