



Infection Prevention and Control: COVID-19

Facilities for Vulnerable
Populations
Mar 20, 2020

Acknowledgement and appreciation

We gratefully acknowledge that this work takes place on the unceded ancestral homelands of the x^wməθk^wəy̓əm, Skxwú7mesh and səlilwətaʔt peoples.

Our thanks go out to the housing staff and community members working hard under difficult conditions to protect our communities.

Objectives

By the end of this training we will be able to:

- Describe the basic facts about COVID-19
- Identify reliable resources on COVID-19
- Demonstrate basic COVID-19 Infection Prevention and Control
- Describe COVID prevention in a housing facility
- List mild and severe symptoms of COVID-19
- Describe what to do when clients have symptoms
- Describe Personal Protective Equipment (PPE)
- Understand when PPE or a mask is needed

Different settings, different needs

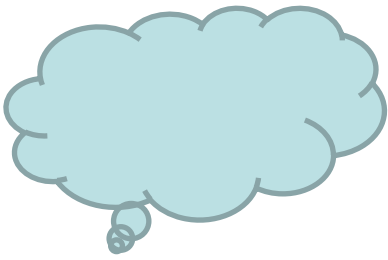
- Existing congregate housing with rooms (SRO, social housing)
- Shelters
- Temporary COVID Shelters (for confirmed or suspected cases)
- Temporary COVID congregate housing (for confirmed or suspected cases)

You will need to adapt for your site and clients

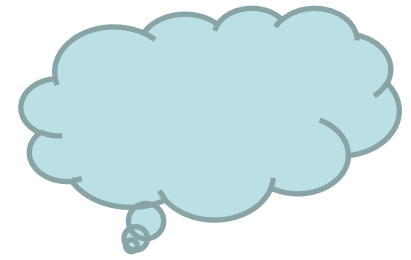
WEBSITES – SOURCE OF TRUTH

Where do I go for the right information?

- **BC Centre for Disease Control:**
[http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-\(covid-19\)](http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19))
- **VCH – Infection Prevention & Control:**
<http://ipac.vch.ca/Pages/Emerging-Issues.aspx>
- **VCH – Public Page:**
<http://www.vch.ca/about-us/news/vancouver-coastal-health-statement-on-coronavirus>
- **VCH – Coronavirus updates [staff page]:**
<https://my.vch.ca/news-discussion/novel-coronavirus-update>
- <https://my.vch.ca/news-discussion-site/Documents/COVID-19-VC-Memo-March-18-2020.pdf>



Ask yourself



- Who is our client population?
- Do I know where to find reliable information and updates on COVID-19?
- Do I know where to find specific updates for my agency and site?

Information is frequently changing/ updating!

Overview of COVID-19

- Coronaviruses cause mild to severe illnesses (eg: common cold, SARS)
- Most people will have a mild illness and recover
- Symptoms are similar to common cold
- People at high risk (older, other underlying conditions) may experience complications or severe illness including **difficulty breathing**

Symptoms of COVID-19

Similar to common cold

Cough

Difficulty
breathing

Fever

Sneezing

Fatigue

Sore
throat

Transmission of COVID-19

- Understanding transmission helps us to assess risk
- Via larger liquid droplets when a person coughs / sneezes.
- Droplets enter through the eyes, nose or throat if you are in close contact (<2 meters)
- On a surface or an object or a body part contaminated with the virus and then touching one's eyes, nose and mouth.
- The virus is NOT known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin.

Infection Prevention and Control



Clean your hands often with soap and warm water for 20 seconds or use alcohol-based hand cleanser.

Stay home if you are sick.

Throw tissues away immediately.

No tissue? Cough or sneeze into your upper sleeve, not your hands.

Avoid touching your face.

- Clean and disinfect frequently touched surfaces
- Wear a mask only **IF YOU HAVE SYMPTOMS**



2019 Novel Coronavirus (COVID-19)



Do you have a FEVER, or NEW COUGH
or DIFFICULTY BREATHING?



Clean your hands



Put on a mask



Report to
reception or a
health care provider

HOW TO HANDWASH



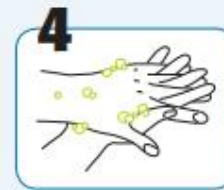
1
Wet hands with warm water.



2
Apply soap.



3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for a total of 30 seconds



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



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.



11
Your hands are now safe.



Vancouver
CoastalHealth

HOW TO HANDRUB



1
Apply 1 to 2 pumps of product to palms of dry hands.



2
Rub hands together, palm to palm.



3
Rub in between and around fingers.



4
Rub back of each hand with palm of other hand.



5
Rub fingertips of each hand in opposite palm.



6
Rub each thumb clasped in opposite hand.



7
Rub hands until product is dry. Do not use paper towels.



8
Once dry, your hands are safe.



Vancouver
CoastalHealth

Vancouver
CoastalHealth

Promoting wellness. Ensuring care.

Download and print this poster at:

<https://sneezediseases.com/assets/uploads/1539201829xXDGT0rbI0sIydTDZMZSk59o14nR.pdf>

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

Cover your Cough



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

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

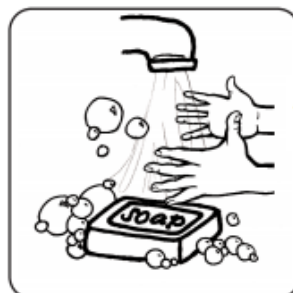


Put your used tissue in
the waste basket.



Clean your Hands

after coughing or sneezing.



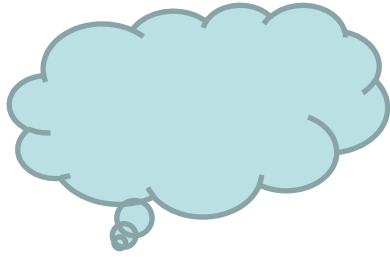
Wash hands
with soap and
warm water

or
clean with
alcohol-based
hand cleaner.

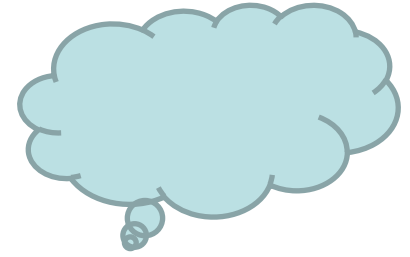


Additional Planning for Facilities:

- Minimize face-to-face contact
 - Fewer staff with contact, use physical barriers
- Wear **gloves** to touch client belongings
- ALL **beds 6 ft apart**, head to toe
- Provide fluids, tissues, garbage bags
- Stock **sinks**: soap, drying materials
- Alcohol **hand sanitizer** (60%) at key points
- **Signs** at entrance: Masks for symptoms, no visitors etc.



Ask yourself



- Do I know the basic Infection Control steps for COVID?
- Are they posted for staff and clients?
- What symptoms should we ask about at the door of our facility?
- Where can people at our site wash their hands?
Use sanitizer? Dispose of used tissues?
- How far apart should beds be in common spaces?

Cleaning and Disinfection

- COVID-19 is not very hardy virus – cleaning and disinfection work!
- Clean, then disinfect equipment and surfaces after every use. These are two separate steps.
- Pre-made solutions (no dilution needed) or ready-to-use wipes can be used. Always follow the manufacturer's instructions.
- High touch surfaces (e.g. door knobs, hand rails etc.) at least 2X a day
- Any equipment that is shared between residents should be cleaned and disinfected before moving from one resident to another.
- Clean the entire room/bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails) when someone who is suspected or confirmed for COVID-19 has moved.



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Environmental Cleaning and Disinfectants for Physicians' Offices

Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Environmental cleaning for COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in hospitals and health care settings are strong enough to deactivate coronaviruses and prevent their spread. **Cleaning of visibly soiled surfaces followed by disinfection is recommended for prevention of COVID-19 and other viral respiratory illnesses.**

Suggested cleaning frequencies for physicians' offices:

Type of surface to be cleaned	Cleaning frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes	IN BETWEEN PATIENTS
2. Horizontal and touch surfaces Examples: counters, baby scales, tables, exam bed	AFTER A PERSON WHO PRESENTED WITH RESPIRATORY SYMPTOMS LEAVES AND AT LEAST DAILY
3. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
4. General cleaning of exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

For electronic equipment please comply with manufacturer's instructions to not void the warrantee.



To print this resource (and details on cleaners):
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Bathrooms

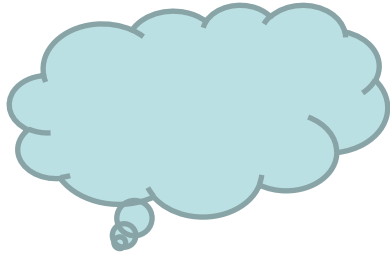
- Stocked with **soap** and **drying** materials
- Close **toilet seats** before flushing
- Thorough, frequent **cleaning** (after every use)
- **Designated** bathroom for sick (COVID-19 symptoms) clients, if possible
- **Individual** bathrooms and showers for each person/ couple are ideal

Food

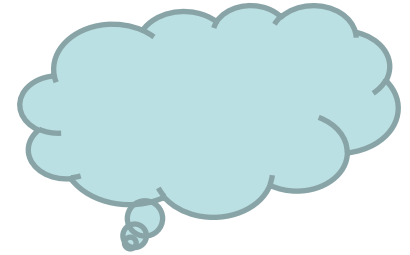
- Ideally, food is to be **individually packaged**
- Deliver food outside doors, leave for pickup
- Avoid buffets or shared food, unless all are confirmed positive

Harm Reduction

- Give harm supplies in **individual packages**, not bulk
- **Minimize sharing** of supplies, including for **smoking or snorting** (joints/ pipes/ straws)
- Clients should **stock up** on harm reduction supplies and drugs in case of need to self-isolate
- People using should **wash hands** and prepare own drugs
- Keep **surfaces** clean before and after use (use microbial wipes, 70% alcohol, bleach)
- Prepare for **overdose**: Use an OPS, buddy system, Naloxone, wellness check (through doors)



Ask yourself



- How often should high-touch surfaces be cleaned and disinfected?
- How should harm reduction supplies and food be packaged and distributed?

Symptoms of COVID-19

Similar to common cold

Cough

Difficulty
breathing

Fever

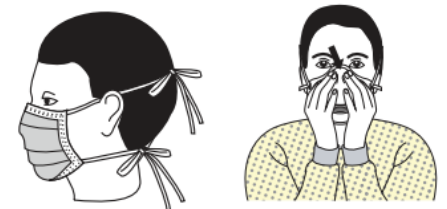
Sneezing

Fatigue

Sore
throat

Clients with symptoms

- Clients WITH SYMPTOMS: give mask, respiratory etiquette, 2 m. distance, hand and surface hygiene.
- If client is coughing and refusing mask, staff should wear a mask.
- Physical barriers: sneeze guard or table
- **Confine to room**, avoid common areas or ask to wear mask when outside
 - Separate **bathroom** if possible



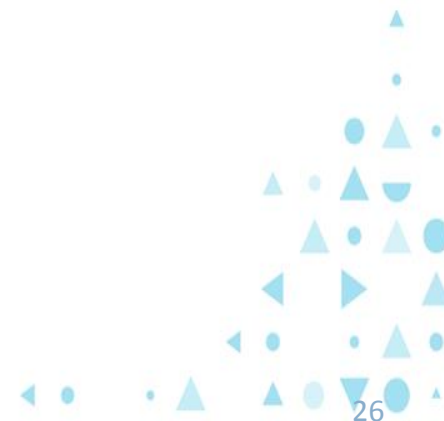
Secure ties at middle of head and neck, fit nose band to your nose and pull bottom down to completely cover chin

Other considerations

- Staff at high risk (older, underlying conditions) should not care for sick clients
- Monitor high-risk clients (older, underlying conditions) for symptoms
- Avoid entering client rooms if possible
- Close contact (< 2 m.) with client or belongings (i.e changing beds) requires Personal Protective Equipment (PPE)
- Staff to use point-of-care risk assessment to choose appropriate actions and protective equipment

WHAT IS PPE FOR DROPLET CONTACT PRECAUTIONS?

- Procedure mask, eye protection, gloves, gown
- N95 only required for aerosol generating medical procedures
- And, a note about hand hygiene... we all think we know, but opportunity to review!
 - Eg - how long is 20 seconds?? Chorus to Stayin' Alive, Jingle Bellsx2 – or you choose!



Putting On (Donning) Personal Protective Equipment

HAND HYGIENE



1. Clean your hands.
2. Alcohol based hand rub (ABHR) is the preferred way to clean your hands.

GOWN



1. Fully cover torso from neck to knees, arms to wrists, and fasten ties at the back of neck and at the waist.

MASK or RESPIRATOR



1. Secure ties or elastic bands at the crown of your head and neck (or fit loops over ears).
2. Fit to face and chin.
3. Form the flexible band at the nose bridge.
4. Perform fit check if using N95 respirator.

EYE PROTECTION



1. Goggles, full face shield, or visor attached to mask are all acceptable methods of eye protection. If using a face shield/visor, it should fit over the brow.
2. Prescription or fashion eye glasses do not offer sufficient eye protection.
3. Place over face and eyes, adjust to fit.

GLOVES



1. Extend over the cuffs of the gown.
2. Keep gloved hands away from face and limit touching surfaces.
3. Change gloves as needed (e.g. visibly soiled, between contaminated and clean tasks)

<http://ipac.vch.ca/Documents/Emerging%20Infections%20and%20VHF/Donning%20PPE.pdf>



Taking Off (Doffing) Personal Protective Equipment (PPE)

GLOVES - the outer surface may be contaminated



1. Pinch the outer glove surface with a gloved hand and remove the first glove; hold this in your gloved hand.
2. Slide fingers of ungloved hand under the other glove at the wrist.
3. Peel glove over wrist and discard.

GOWN - the outer surface may be contaminated



1. Unfasten ties.
2. Cross your arms and pull the gown away from your neck and shoulders.
3. Turn the gown inside out and roll the gown into a bundle and discard.
4. Exit room.

HAND HYGIENE



1. Clean your hands according to point of care risk assessment (e.g. if hands are visibly soiled).
2. Alcohol based hand rub (ABHR) is the preferred method. If hands are visibly soiled then you must wash with soap & water.

EYE PROTECTION - the outer surface may be contaminated



1. When removing eye protection, handle only the elastic bands or ear pieces.

MASK or RESPIRATOR - the outer surface may be contaminated



1. Remove ear loop or elastic from nape of neck.
2. Lean forward and gently remove the elastic from the crown of your head without disturbing the respirator or mask.
3. Discard in waste container.

HAND HYGIENE

<http://ipac.vch.ca/Documents/Emerging%20Infections%20and%20VHF/Doffing%20PPE.pdf>

DOFF (TAKING OFF) STEPS

FIRST - GLOVES the outer surface may be contaminated

1. Pinch the outer glove surface with a gloved hand and remove the first glove; hold this in your gloved hand.
2. Slide fingers of ungloved hand under the other glove at the wrist
3. Peel glove over the wrist and discard

SECOND - GOWN the outer surface may be contaminated

1. Unfasten ties
2. Cross your arms and pull the gown away from your neck and shoulders
3. Turn the gown inside out and roll the gown into a bundle and discard

THIRD – HAND HYGIENE (see instructions)

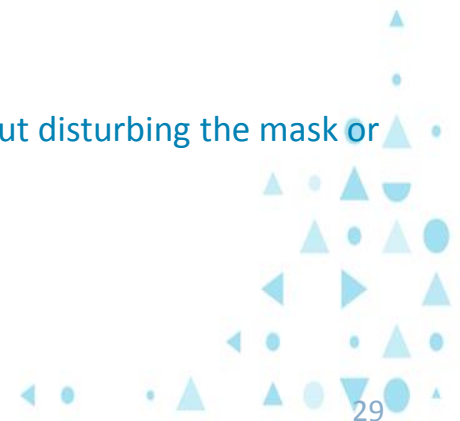
FOURTH – EYE PROTECTION the outer surface may be contaminated

1. When removing eye protection, handle only the elastic bands or ear pieces.

FIFTH – MASK OR RESPIRATOR the outer surface may be contaminated

1. Remove ear loop or elastic from nape of neck
2. Lean forward and gently remove the elastic from the crown of your head without disturbing the mask or respirator.
3. Discard in waste container.

SIXTH - HAND HYGIENE (see instructions)



Point of Care Risk Assessment

What is the likelihood of transmission?

from a specific interaction



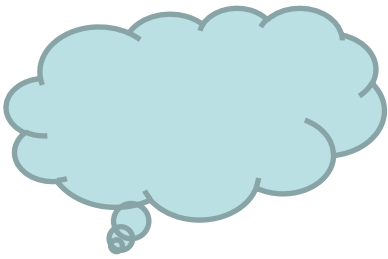
with a specific patient



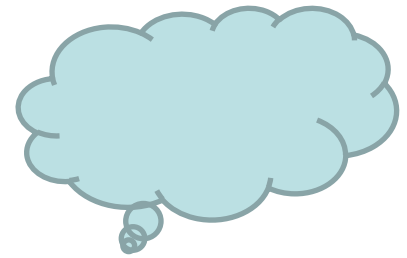
in a specific environment



Choose the appropriate actions/ equipment needed to minimize the risk of exposure



Ask yourself



A resident at our site has a mild illness and a cough.

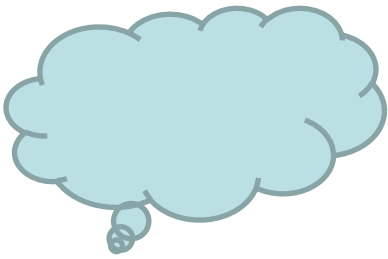
What direction to give the resident?

What do I need to consider?

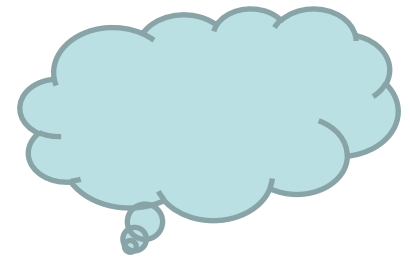
What equipment is needed?

Severe symptoms

- Extreme difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Chest pain
- Confusion, change in level of consciousness
- **Call 911, inform them that the person may have COVID-19**



Ask yourself



- A resident at our site has a cough and extreme difficulty breathing.
- What steps do I need to take?
- What equipment is needed?

Resources and Links

- All posters in slides are online and can be downloaded and printed for your site
- BC Housing COVID Guidance: <https://www.bchousing.org/covid-19>
- BC Centre for Disease Control: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- Vancouver Coastal Health COVID updates; <http://www.vch.ca/about-us/news/vancouver-coastal-health-statement-on-coronavirus>
- Interim Guidance for Homeless Shelters: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

Thank you