



nurture

learning & development

Nurture Policies and Procedures: Managing COVID-19 for In-Clinic Service

The following policies and procedures are based on information provided by:

- BC Centre for Disease Control, "[Infection Prevention and Control for Community-Based Allied Health Care Providers in Clinic Settings](#)"
- BC Ministry of Health, "[COVID19 Public Health Guidance for Childcare Settings](#)"
- WorksafeBC, "[Health Professionals: Protocols for Returning to Operation](#)"
- Jonathan Choi, Acting Manager, North Shore Health Protection, Vancouver Coastal Health Authority (email communication).

These policies may require revision and are considered up to date as of May 29, 2020.

Nurture Society for Learning and Development provides intensive home, community, and clinic based services for children with ASD and other special needs and their families. We have conducted a risk analysis and developed policies and procedures to mitigate these risks:

We have 4 primary areas of mitigation:

- Elimination Measures, ensuring that staff and families who are sick do not attend therapy
- Environmental Measures, including Increased precautions for therapy spaces and materials
- Personal Measures including hand hygiene and respiratory etiquette.
- Personal Protective Equipment

Level 1: Elimination Measures

- Daily Checks for Respiratory Illness and Staying Home When Sick
 - All parents, caregivers, children and staff who have symptoms of COVID-19 **OR** travelled outside Canada in the last 14 days **OR** were identified by Public Health as a close contact of a confirmed case **must stay home and self-isolate.**
 - **Parents and caregivers** must assess their child and all members of their household daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before participating in sessions.

- Children who are ill, or who have household members who are ill, may not attend therapy at the clinic or at home.
 - **Staff** must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to working and stay home if they are ill.
 - Staff must complete the Staff COVID screening survey each workday prior to 8:30am
 - If a parent, caregiver or staff member is unsure if they or a child should self-isolate, they should be directed to use the BC COVID-19 Self-Assessment Tool, contact 8-1-1 or the local public health unit. They can also be advised to contact a family physician or nurse practitioner to be assessed for COVID-19 and other respiratory diseases.
- Therapists will check each child’s COVID19 prescreen on their Jane chart before admitting the child and their caregiver to office area or before entering a child’s home.
 - A maximum of 18 people will be allowed in the clinic space at one time, with no more than 4 clients with one caregiver each.
 - Limiting contact with caregivers:
 - A maximum of 1 caregiver will be permitted to participate in sessions.
 - Caregivers who participate in sessions will be asked to wear a mask or faceshield.
 - Caregivers who are not actively participating in sessions will be asked to say goodbye to their child at the door of the clinic and wait in their car or elsewhere. There will be no waiting room provided.
 - Household members who are not participating in the session will be asked to remain outside the area in which therapy is being provided.
 - Staff are requested to work from home as much as possible including for preparation and planning, meetings with colleagues, meetings with families, or clinical work that can be appropriately conducted at a distance.
 - At the clinic, families will buzz in from the hall door prior to their session. They will be admitted only when their therapist is ready to provide service.

Level 2: Environmental Measures:

- Frequently touched surfaces will be cleaned a minimum of twice daily (light switches, doorknobs, faucets, and all hard surfaces in bathrooms).
- Shared materials (e.g. therapy toys and supplies) and surfaces in the therapy room will be cleaned and disinfected between each client.
 - After sessions, therapists should collect their materials and place in the “to be cleaned” area for the therapy assistant to sanitize

- iPads, keyboards, or other technology used during a session should be cleaned and disinfected with a sanitizing wipe.
- Therapists will not bring their own toys into sessions, with the exception of paper products. Therapists may use toys in the Nurture provided toy kit, or a supply of cleaned and disinfected toys provided by the family (this will be by prior arrangement only).
- If a client or household member becomes sick, the child's toy supply kit will be replaced.
- Work tables will be located to allow physical distancing. The maximum occupancy of each room will be:
 - Office Assistant's Office: 1 person
 - Large Therapy Rooms: 1 Family Unit (child and caregiver) and 2 staff, or maximum 3 staff if no family present.
 - Middle Therapy Room: 1 Family (child and caregiver) and 1 staff, or maximum 2 staff if no family present.
 - Gym: 1 Family Unit (child and caregiver) and 2 staff, or maximum 4 staff if no family present.
 - Waiting Area: Maximum 4 people.
- Staff will sanitize hands immediately prior to beginning a session (entering a home), and after leaving the home. At the clinic staff will sanitize their hands on entering the clinic, and on entering a therapy room and again on exiting.
- Children (and their parents) will begin each session with handwashing. Children will be taken to wash hands once each hour, or after obvious contact between hands and nose/mouth.
- Staff, clients, and caregivers will additionally sanitize or wash their hands after using the washroom, before and after eating or drinking, after sneezing or coughing, using a tissue on their face, or when visibly soiled.
- Hand sanitizer will be available in each room of the clinic and additional signs posted to encourage handwashing.

Level 3: Rules and Guidelines

- Staff are expected to maintain a 2-metre distance from each other at all times. If closer contact is required, staff are expected to communicate clearly.

- Staff are expected to refrain from physical contact from caregivers, and to maintain a distance of 2 metres whenever possible. Staff should communicate clearly to caregivers when closer contact is required.
- Physical contact with clients should be limited when possible. For example, if a child does not require physical prompting, it should not be provided. If a no- or low-contact alternative would meet the same therapeutic goal as a high-contact activity, the no/low contact activity is preferable.
- When appropriate, sessions may be conducted outside to decrease prolonged physical contact in close spaces.
- Food and drinks should not be shared during sessions. If this is required for therapy reasons, disposable dishes and cutlery will be used.
- Staff are asked to maintain high vigilance and to politely correct colleagues (including supervisors) if they notice a lapse in distancing, hand hygiene, or other concern.
- Staff who identify a potential risk that has not been discussed are asked to let Directors know immediately so that the potential risk can be assessed.

Level 4: Masks and Other PPE

- Why would we consider PPE?
 - Worksafe BC recommends that if 2m physical distancing cannot be maintained, use of masks “may” be considered. Personal protective equipment is not our primary protection and must be used carefully.
 - The provincial government has not recommended the use of masks for childcare, as children are at lower risk of COVID-19, and are thought to be less likely to transmit the virus.
 - Non-medical and surgical masks are primarily to prevent the wearer from transmitting infection to others, not for providing protection for themselves.
 - Due to the ongoing, close contact involved in our work, we believe that added protection will offer an additional layer of safety for clients and staff.
- Wearing a face shield or mask is not required when inside the clinic and maintaining a 2m distance from others, however staff may choose to do so.
- If prolonged close contact with another adult is required, staff will wear a facemask. All efforts should be made to alter projects and work requirements to prevent this.
- When working with clients, therapists will wear a face shield. Face shields will be wiped down after each contact.

- Because facial expressions and cues are a critical part of therapy, and because staff will be working only with healthy children, we will not require the use of masks underneath face shields. However, masks will be provided for any staff who prefers to wear one. If a family requests staff to use masks, we will do so.
- If providing both at home and in clinic services throughout the day, therapists working with clients will wear a clean gown or smock covering arms, body, and down to the knees. This gown will be disposed of or laundered after each client.
- When working with clients, therapists will wear a face shield. Face shields will be wiped down after each contact.
 - Because facial expressions and cues are a critical part of therapy, and because staff will be working only with healthy children, we will not require the use of masks underneath face shields. However, masks will be provided for any staff who prefers to wear one. If a family requests staff to use masks, we will do so.
- Staff will be required to practice appropriate technique for donning and doffing gowns and face shields.
- Caregivers will be asked to wear a non-medical mask when entering the clinic.