



### COVID-19 Announcement & Safety Precautions

At Avenir Senior Living, our priority is ensuring the well-being of our employees and the residents we serve each day. In light of the recent Coronavirus (COVID-19) outbreak, we are monitoring developments closely and taking all relevant preventative measures to manage the situation in the best way possible. Avenir Senior Living is following all guidance from the BC Centers for Disease Control (BCCDC), which has released guidelines for employers and businesses to contain the spread of the virus.

All non-essential visitors are not be permitted access to any community until further notice. We appreciate the cooperation and patience of all our families in respecting this restriction and will continue to use electronic media devices such as Facetime and Zoom to keep them connected to their loved ones as best we can.

All medical essential personnel and staff will have their temperatures taken and recorded along with completing a questionnaire to confirm that they are not showing or feeling any symptoms connected to the virus. All required Personal Protection Equipment (PPE) will be worn by all essential workers as outlined by the BCCDC and Island Health Authority while in the community at all times. Anyone who presents any signs of illness will not be allowed to enter the community. Our employees are trained to recognize any signs of respiratory illness, and should we see any symptoms of illness we will be ensuring that our residents are referred for additional testing and treatment upon recognition of an illness.

Our infection control protocols have been fully implemented and our communities are taking the necessary precautions to mitigate the risk of the transmission of the virus.

We are in regular communication with BC Public Health, monitoring updates from the BCCDC, and taking direction from the Island Health Authority as required.

Be well and be safe,

Avenir Senior Living Management



## COVID-19 Exposure Control Plan

### Purpose

Avenir Memory Care at Nanaimo is committed to providing a safe and healthy work environment for all our staff. A combination of measures will be used to minimize worker exposure to COVID-19. All employees must follow the procedures outlined in this plan in order to prevent or reduce exposure.

The purpose of this ECP is to protect all workers from harmful exposures to COVID-19, to reduce the risk of infection in the event of an exposure.

AMCN will follow direction and controls as specified by the BCCDC, the Ministry of Health, and the Provincial or Island Health Medical Health Officer.

## 1. Key Responsibilities

### 1.1 Employer

- Ensuring that the safety equipment such as surgical masks, gowns, goggles, N95 respirators, alcohol-based hand rubs, hand washing facilities and other resources required to fully implement and maintain the ECP are readily available where and when they are required. . If due to supply chain disruption, AMC becomes unable to obtain the necessary resources, AMC will advise the appropriate emergency agency and re-evaluate this plan.
- Ensuring supervisors and workers are educated and trained to an acceptable level of competency
- Ensuring that a copy of the exposure control plan (ECP) is available to all workers
- Ensuring that workers are using the proper personal protective equipment including gloves, surgical masks, and N95 respirators
- Conducting a periodic review with the involvement of the JOHS Committee or Worker Health and Safety Representative to measure the effectiveness of the ECP. This will include a review of the available control technologies to ensure these are selected and used when practical
- Maintaining records of training, inspections and incident investigations
- AMC staff are directed to stay home if sick.

### 1.2 Managers

- Share awareness and informational resources with all workers.
- Provide training, Safe Work Procedures (SWP's), PPE and other equipment, as needed.
- Assess the risks related to COVID-19 for the positions under your management with appropriate stakeholders (e.g. Professional Practice, IPC, OHS).
- Provide workers training on the selection, care, maintenance and use of any PPE, including fit testing for those employees who may require it.
- Ensure all workers use appropriate PPE, e.g. gloves, gowns, eye protection, masks/N95 respirators when required.



- Direct work in a manner that eliminates and if not possible, minimizes the risk to workers.
- Share information regarding worker concerns with Director, Occupational Health & Safety (OH&S), and Infection Prevention & Control (IPC).

### 1.3 Workers

- Read awareness and information resources, ask questions and follow-up with supervisor to ensure understanding and adherence.
- Knowing how and when to report exposure incidents.
- Take part in training and instruction.
- Review and follow safe work practices
- Select, care, maintain and use PPE as trained and instructed.
- Rely on information from trusted sources including Island Health, BCCDC, PHAC and WHO.
- Understand how exposure can occur and when/how to report exposure incidents.

### 1.4 Occupational Health and Safety Committee

- Ensure a copy of the exposure control plan is available to managers, and workers.
- Ensure the Exposure Control Plan for COVID-19 response is reviewed annually and updated as necessary.
- Support the development of supporting resources, as needed.
- Ensure a system for documenting instruction, training and fit testing is in place.
- Assist with the risk assessment process and consult on risk controls, as needed.
- Ensuring that the Exposure Control Plan is properly implemented
- Participating in the development of the ECP

## **2. Risk Identification, Assessment, and Control**

### 2.1 Risk Identification

The novel coronavirus, COVID-19, is spread from an infected person through droplets and contact with contaminated surfaces, such as:

- Respiratory droplets generated when they cough or sneeze.
- Close, prolonged personal contact, such as touching or shaking hands.
- Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.

Airborne transmission of COVID-19 occurs when an AGMP is performed on a suspected/confirmed case. When performing an AGMP strict hand hygiene and PPE requirements (N95 -see table below) must be followed.

The following risk assessment table is informed by Ministry of Health, Provincial Medical Health Officer, Island Health Infection Prevention and Control.

Table 1	COVID-19 positive/ under investigation <b>with</b> AGMP	COVID-19 positive/under investigation for patient care <b>no</b> AGMP	Patient/client/resident no-symptoms of COVID-19
All Inpatient Care Areas (including MHSU, Pediatric, Long Term Care, Porters and Lab Techs)	High Risk	Moderate Risk	Low Risk

**Droplet Contact:** Some diseases can be transferred by infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. **Currently, health experts believe that coronavirus can also be transmitted in this way.**

**Airborne transmission:** This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs. Examples of diseases capable of airborne transmission include measles, chickenpox and tuberculosis. **Currently, health experts believe that coronavirus cannot be transmitted through airborne transmission.**

## 2.2 Risk Assessment

Risk assessment is about assessing a worker's potential exposure to a hazard while completing the assigned tasks of their job. Some factors that are reviewed include: level of exposure, likelihood of becoming ill, impact of becoming ill, etc.

Each job within our community has been assessed to determine what level of risk applies and is located in the table below.



Job Risk Table		
Low Risk	Moderate Risk	High Risk
Risk Assessment of Exposure		
Workers who typically have no contact with COVID-19 infected persons	Workers who may be exposed to COVID-19 infected persons through providing indirect or direct care.	Workers who are involved in performing Aerosol Generating Medical Procedures (AGMPs) (CPR, Nebulized Therapy)
Work category (List names of positions and employees in each category)		
Receptionist Marketing OM FSS	HCA MSW Cook Dietary Aide Recreation Aide Maintenance WM AWM RC GM	LPN

### 2.3 Risk Controls

Principles of Control are the accepted occupational best practices to reduce any kind of potential exposure to a risk.

Controls instituted by AMC will follow the standard hierarchy of controls; substitution, engineering controls, administrative controls, and use of personal protective equipment.

**Elimination** of face-to-face contact is the preferred control.

**Engineering controls** include the following: Visitor access restriction, cleaning contaminated equipment and mechanisms to control social distancing, increased hand sanitization areas, visitor and staff screening for COVID-19 Symptoms on entrance to building and when calling in ill.



**Administrative controls** include hand washing and cough/sneeze etiquette. Cover your mouth and nose with a sleeve or tissue when coughing or sneezing. Allow a reasonable personal distance space to reduce human-to-human transmission. An increase in cleaning frequencies for shared work surfaces and equipment. Staff who become symptomatic with Influenza-like symptoms need to remain off work for the prescribed period of time. Informational and directional signage. Screening tool developed. Supervise and coach in safe work procedures and use of PPE. Educate regularly on COVID-19.

**Personal Protective Equipment (PPE)** is the last resort of mitigation such as wearing of masks, respirators, coveralls/turnout gear, gloves, goggles and/or face-shields. AMC has a variety of PPE available for staff dealing with patients. Information on what types of PPE is required with contact, droplet, or airborne transmission can be found in **appendix A.**

**Surgical masks** - are effective at capturing droplets and must be used in combination with eye protection, frequent hand-cleaning with soap and water or alcohol-based hand rub, gloves and a gown.

**N95 Respirators** - are used to contain large droplets generated during an AGMP on a person under investigation for or diagnosed with COVID-19 to minimize the spread of potentially infectious material. Workers must wear an N95 when directly involved in an AGMP. **An N95 masks must be fit tested.**

### **3. Education and Training**

AMC goal is to ensure that staff are educated on the following items:

- Specific hazard or risk
- Exposure Control Plan
- Appropriate safe work procedures and how best to use them

All staff must follow Clinical Practice Guidelines and Required Organizational Practices for their occupation. AMC has established the following means of sharing information across the Community:

- AMC emails to staff and families on a weekly, and as needed basis
- COVID-19 related bulletin on our OH&S Board
- COVID-19 webpage, BCCDC - sources of truth
- COVID-19 Resource Coach (CRC)
- Infection Control Manual
- Fit testing as defined by PPE Requirements
- Hand Hygiene and cough/sneeze etiquette



#### **4. Safe Work Procedures**

##### **4.1 Hand Hygiene**

All AMC staff must follow the proper Hand Hygiene precautions. Proper hand hygiene helps prevent the transfer of infectious material from the hands to other parts of the body – particularly the eyes, nose and mouth – or to other surfaces that are touched.

Hand Hygiene must be performed:

- Before putting on and after removing any type of gloves.
- Before putting on and after removing personal protective equipment (Putting on PPE and Removing PPE).
- At each of the “4 Moments for hand hygiene” as defined by the World Health Organization.
- Before contact with a patient or patient’s zone which is the area surrounding a patient.
- Before carrying out an invasive or aseptic procedure.
- After contact with blood or body fluids.
- After contact with a patient or patient’s zone.

For proper hand hygiene techniques, refer to the following two posters:

I. How to Clean Your Hands with Alcohol Based Hand Rub – **See Appendix B1**

II. How to Clean Your Hands with Soap and Water – **See Appendix B2**

Note:

- Avoid touching your eyes, nose or mouth with unwashed hands
- Use utensils: consider using forks, spoons or tooth picks when eating and serving foods

##### **4.2 Cough/Sneeze Etiquette**

All staff are expected to follow cough/sneeze etiquette, which is a combination of preventative measures that minimizes the transmission of diseases via droplet routes. Cough/sneeze etiquette includes the following components:

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing to reduce the spread of germs
- Use tissues to contain secretions, and immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- Turn your head away from others when coughing or sneezing



#### 4.3 Social Distancing

We know that social distance and hand hygiene are the 2 best things we can ALL do to remain safe and healthy. This needs to be done to the best of our abilities given the reality of the situation.

While at work there are going to be situations where we can adjust, but there are also going to be instances we cannot with social distancing. Understand this, and that there is no one size fits all for our Community and we need to be able to keep that in mind.

#### **Examples:**

- when seating residents in the lounge area, try and keep some separation between residents by moving chairs around.
- when providing recreation activities (including informal activities provided by care staff) try and keep the groups smaller and spread the available seating out at a reasonable space
- when seating residents in dining room, limit it to 2 persons per table. Residents may sit on their own if appropriate (i.e. not damaging to their mental well-being)

Remember : Residents will move about on their own, without the ability to remember social distancing and without self-awareness to hand hygiene.

We need to be realistic about how well we can impose rules upon our residents. Focus on doing the best you can in the given situation, and on the ability to make the resident feel secure and happy in their environment. (and wash their hands !)

#### 4.4 Decontamination Procedures

Adequate Hand washing and Hand Sanitizing stations are provided throughout the Community.

Increased cleaning of environmental areas and frequently touched surface with approved disinfectant.

#### 4.5 Additional Safe Work Practices

Additional safe work practices will be adapted, refined and developed in response to COVID-19. This includes area specific guidelines, work practices and protocols.

### **5. Reporting and Health Monitoring**

If a staff experiences any symptoms, they are to follow sick call procedures and communicate immediately to their supervisor by telephone. Supervisor will use COVID-19 Screening Tool along with judgement to determine if swab is required. If suspected COVID-19 symptoms, employee will be given Island Health's central phone line for long term care staff to call to self refer. This number is 1.844.901.8442. Employee will remain off work until results return and symptoms will be monitored on an ongoing basis with Supervisor.

In the case of a positive case of COVID-19, direction will be taken by CDC or Public Health.





## 6. Employee Resources

### 6.1 AMC Staff Support Line

- Regularly scheduled sessions for employees to call in to review any questions they may have with COVID-19

### 6.2 Mental Health Resources

- Our mental health is so important in these times as we need to make sure we are taking care of ourselves while we work more tirelessly as ever to take care of our residents. Allison was able to find some great resources for anyone that may need them:
  - **LifeSpeak** is a digital wellness platform that is now available and it's a great site! It has expert information on a **variety of wellness** and mental topics, including coping with COVID-19, relationships, family concerns, financial health and much more. Select the topics that best speak to your wellness needs.
  - Click this link to access the platform: <https://hbt.lifespeak.com>, and then enter the password: **lifespeak**
  - Also a link that is more specific to healthcare workers: <https://careforcaregivers.ca/>
  - Also another link that draws on the anxiety directly to COVID19 anxiety: <https://info.starlingminds.com/covid19-free-mental-health>

## 7. Resources

- Island Health Guidelines – Various sources
- BCCDC – <http://www.bccdc.ca>
- WorkSafeBC- <https://worksafebc.com>
- PHAC - <https://www.canada.ca/en/public-health.html>
- WHO - <https://www.who.int/>

# Appendix A- Personal PPE Required

Long-term Care									
Patient Description	Excellent Hand Hygiene	Isolation Gown (Level 2 reusable or disposable)	Gloves	Surgical Mask	Face Shield/Visor or Goggles	N95 Mask	Head and Neck Covers	Doffing	Provincial Guideline Adherence?
No respiratory symptoms or fever reported by patient or detected by assessment.	✓	Not required	Not required	✓	Not required, however eye protection is available if you choose to wear it	Not required	Not required	Change mask when it is visibly dirty, damp or too damaged for safe use. Hand hygiene required when touching or removing mask. If the mask is subsequently used to care for patient on droplet precautions area, doff mask as part of leaving that area (see below). <a href="#">Clean and disinfect</a> eye protection between use	Meets guidelines
Patient reports/develops respiratory symptoms or fever.	✓	✓	✓	✓	✓	Not required	Not required	If HCP already wearing a procedure mask, mask can remain on. Face shields require cleaning. Masks must not be stored in a pocket or bag after use with the intention of reusing.	Meets guidelines
Known or highly suspected COVID (i.e., awaiting testing) patient.	✓	✓	✓	✓	✓	Not required	Not required	If HCP already wearing a procedure mask, mask can remain on. Face shields require cleaning. Masks must not be stored in a pocket or bag after use with the intention of reusing.	Meets guidelines
COVID Cohorted Unit. (Designated sites only).	✓	✓	✓	✓	✓	Not required	Not required	If HCP already wearing a procedure mask, mask can remain on. Face shields require cleaning. Masks must not be stored in a pocket or bag after use with the intention of reusing.	Meets guidelines
Aerosol generating procedures for any resident with confirmed influenza, suspect or confirmed COVID-19 (CPAP or open airway suctioning, nebulization).*	✓	✓	✓	Not required	✓	✓	Not required	Face shields require cleaning and disinfection after use.	Meets PHAC guidelines; no provincial guideline available.
Aerosol generating procedures for asymptomatic residents not suspicious for COVID-19 (CPAP or open airway suctioning, nebulization).*	✓	Not required	Not required	Not required	Not required	Not required	Not required		Meets guidelines.

AGMPs should only be performed if medically necessary. All persons in the room are wearing a fit-tested, seal-checked N95 respirator, gloves, gown and face or eye protection. If no negative pressure room available, patient must be in a single room with the

# How to Clean Your Hands with Alcohol Based Hand Rub

Use Alcohol Based Hand Rub if your hands are not visibly soiled.

Use soap and water if your hands are visibly soiled.



Apply enough Alcohol Based Hand Rub to cover all areas of your hands as shown below. Rub Alcohol Based Hand Rub into your hands until they are dry (about 15-25 seconds).

**palm to palm**



**back of hands**



**Between fingers**



**Back of fingers**



**Thumbs**



**Fingernails on palm**



**Wrists**





# How to Clean Your Hands with Soap and Water

Use soap and water if your hands are visibly soiled.

Use Alcohol Based Hand Rub if your hands are not visibly soiled.



Wet hands and apply soap. Cover all areas of your hands as shown below. Rinse hands and pat dry with disposable towel. Turn off tap with towel.

**palm to palm**



**Back of hands**



**Between fingers**



**Back of fingers**



**Thumbs**



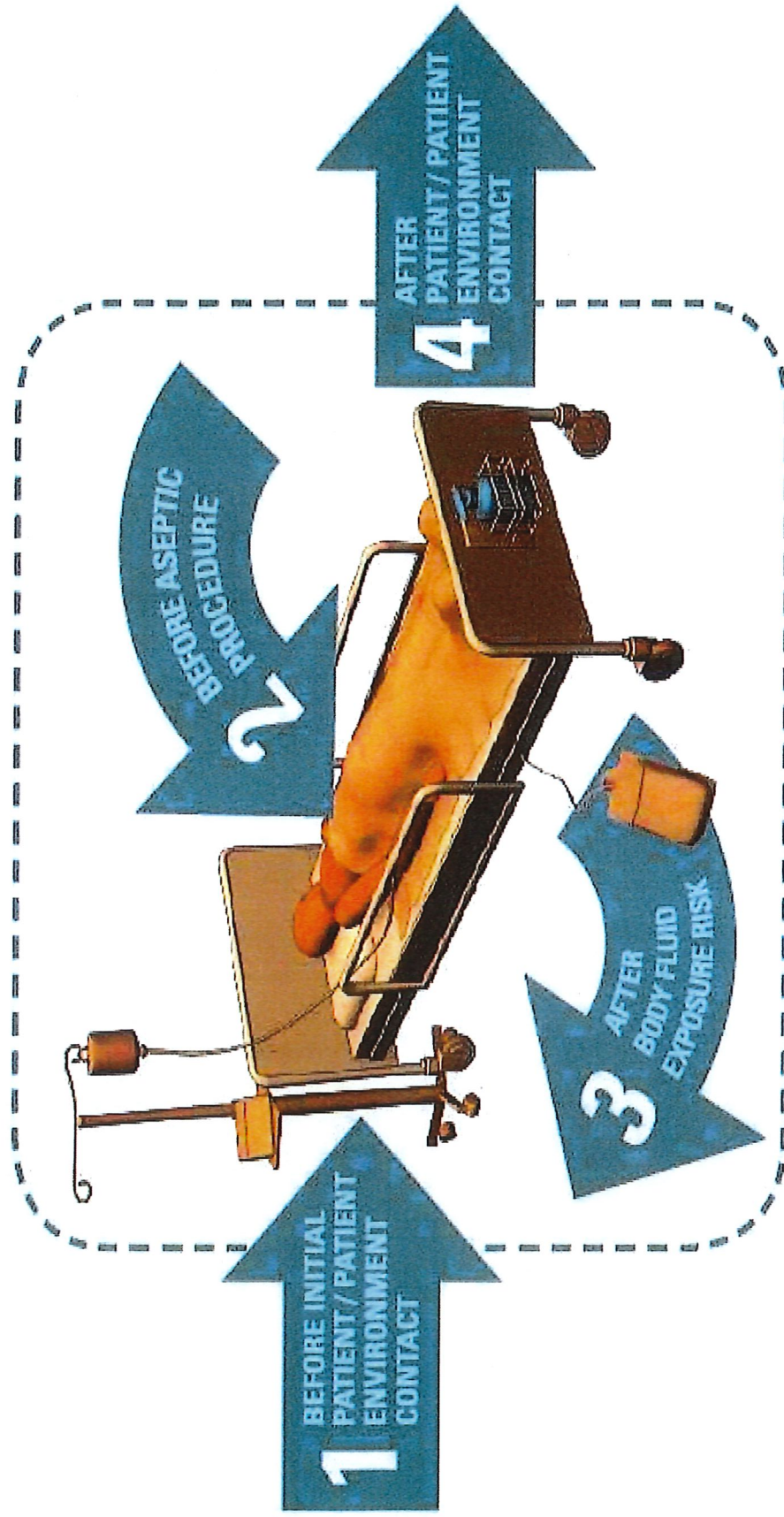
**Fingernails on palm**



**Wrists**



## The 4 Moments for Hand Hygiene





# Prepare to Clean your Hands Checklist

## Information for Health Care Providers

1. Remove artificial nails, nail extensions, nail polish, and nail embellishments. ☐
2. Trim nails to keep them short. ☐
3. Remove all rings, hand/wrist jewelry and wrist watches. ☐
4. Keep sleeves at elbow level or higher up arm (out of the way during patient care activities).
  - Long sleeves must be pulled up in order to complete proper hand hygiene. ☐
  - Floppy sleeves must not be worn, as they may become contaminated. ☐
5. Report hand injuries (cuts or scrapes) or skin conditions to your department manager and the Occupational Health & Safety Nurse.
  - You may not be able to perform hand hygiene due to an injury that requires a hand splint, cast, dressing or bandage, etc., or a skin condition (e.g., extensive cracks and bleeding from eczema, psoriasis, etc.). ☐
  - If you are not able to perform effective hand hygiene, as determined by your department manager or the Occupational Health & Safety Nurse, alternate, non-patient care work arrangements may be considered. ☐



## Myths about Hand Hygiene and Alcohol based hand rub (ABHR)

### ABHR is also known as "Sanitizer"

- For any patient care, health care workers (HCWs) must complete hand hygiene before putting on gloves.
  - True. Hand hygiene before putting on gloves minimizes the risk of contaminating the gloves, the patient or the patient's environment with any harmful microorganisms.
- ABHR will cause resistance and not be effective in cleaning hands.
  - False. Unlike other antiseptics and antibiotics, there is no evidence that ABHR stops being effective against germs.
- Since the emphasis is to use ABHR to clean hands, HCWs are no longer required to use soap and water.
  - False. Best practice guidelines promote hand hygiene. Both ABHR or soap and water are excellent ways to clean hands. ABHR provides an effective and quick means to clean hands particularly when a hand hygiene sink is not available. Remember that when hands are visibly soiled (blood, feces) soap and water is required to remove the organic matter.
- There are a specific number of times that a HCW can use ABHR in a row.
  - False. There is a common misconception that hands should be washed after every 5-6 applications of ABHR. There is no reason to do this especially when the new product is foam based and contains excellent emollients. Keep in mind that frequent combining of ABHR and soap and water actually promotes hand dryness.
- By using pocket bottles of ABHR a HCW is contaminating the bottle, gown and their hands.
  - False. The potential contamination of pocket bottles by HCWs gowns can occur. However, this does not pose a problem for hand hygiene action as hands are always rubbed after touching the bottles. The same rationale applies to touching wall-mounted ABHR dispensers.
- Frequent use of ABHR may have adverse effects for HCWs.
  - False. There is no evidence to suggest this. Published studies to date have shown that after using ABHR, alcohol levels found in the blood are not detectable.

- The best way to prevent hand dryness is to avoid washing your hands.
  - False. The best way to prevent hand dryness and promote healthy hands is to use ABHR for routine hand hygiene and use hand lotion throughout the day. Hand lotion dispensers will be provided throughout Island Health facilities.
- If your unit is switching from 400ml bottles to 1 litre dispensers, you may have several partially used 400 ml bottles leftover after the install, which can be used elsewhere.
  - True. Please exhaust your supply by using these in meeting rooms or other spaces in which there may not be a wall-mounted ABHR dispenser.
- If you are switching from 400ml bottles to 1 litre dispensers, there may be a large initial outlay of product to stock the new sanitizer dispensers.
  - True. However, the first round of product to fill the dispensers will be funded centrally so as not to create pressure on unit budgets. Units are responsible for purchasing refills on an ongoing basis, however.
- If you are having issues with the hand hygiene products available to you at work you should simply avoid cleaning your hands.
  - False. Routine practice of hand hygiene is extremely important for you, your family and your patients. Please contact Occupational Health and Safety to report issues you are having with the products.