

## My Home Rehab (MHR) COVID-19 Safety Plan

### PUBLIC HEALTH MEASURES

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Are actions taken across society to limit the spread of the SARS-CoV-2 virus and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.

### ENVIRONMENTAL MEASURES

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Are physical changes in the setting that reduce the risk of exposure by isolation or ventilation. Examples include being in outdoor spaces, having suitable ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate, and frequent cleaning and disinfection of work and living spaces.

#### Therapy Equipment handling

Patients should obtain or purchase their equipment for scheduled therapy sessions. MHR therapists will avoid using the same equipment with multiple clients.

1. Patients/Clients should buy or obtain therapy equipment for their use only
  - Therabands
  - BP monitors
  - Transfer belts
  - Weights (dumbbells)
  - HR monitors
  - Ankle weights

If some equipment are used with more than one patient or client, MHR therapist's will follow the guidelines on the cleaning and disinfection section below

#### Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Areas and equipment used in patient's/client's homes should be cleaned and disinfected before and after each treatment.

Each therapist should carry the following cleaning and disinfectant products

- Hand sanitizer, Lysol wipes, alcohol spray and Bleach spray
1. If therapeutic modalities, measuring tools or safety equipment are used between clients, the therapist must clean the equipment before and after each treatment. This includes:
    - **Transfer belt** – disinfected with generous amounts of alcohol spray (70% alcohol, 30% water) or Bleach spray ( 1/3 cup bleach per 1 gallon of water or 4 teaspoons bleach per 1 quart of water)
    - **Measuring tools (BP monitors, oximeters, thermometers, etc.)** - disinfected with generous amounts of alcohol spray (70% alcohol, 30% water) or Bleach spray ( 1/3 cup bleach per 1 gallon of water or 4 teaspoons bleach per 1 quart of water)
    - **Treatment tools (Ultrasounds, TENS, IFC, laser, etc.)** - - disinfected with generous amounts of alcohol spray (70% alcohol, 30% water) or Bleach spray ( 1/3 cup bleach per 1 gallon of water or 4 teaspoons bleach per 1 quart of water)

2. Frequently touched surfaces by the therapist must be cleaned and disinfected after use. These includes:

- The patient's medical equipment
- Doorknobs, light switches, telephones.
- Tables, chairs/ wheelchairs,
- Pens cell phones
- All hard surfaces in bathrooms such as sinks, faucets, handles.
- Etc.

There is no evidence that the COVID-19 virus is transmitted via paper or other paper-based products. As such, there is no need to limit the distribution of paper resources, such as leaflets, to patients because of COVID-19.

### Physical Changes to Common Areas

The Professional Room at Amica West Vancouver will not be used during this pandemic. However, If the therapist uses this room, he or she will be required to disinfect the area and wash all linens before and after using this shared space.

### ADMINISTRATIVE MEASURES

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Are measures enabled through the implementation of policies, procedures, training, and education. Examples of these include decreased density of staff in common areas, staggered appointments and using virtual health where appropriate.

Physical distancing means maintaining a distance of 2 metres between two or more people. The following physical distancing strategies should be implemented where possible:

- Avoid close greetings (e.g., handshakes, hugs).
- Stagger break times for staff.
- Manage the flow of people in common areas, including waiting rooms and hallways.
- Minimize the number of caregivers and other non-staff individuals who are not patients/clients entering the patient's/client's home, as much as is practical to do so. They should also be reminded to practice diligent hand hygiene and maintain physical distance before during and after a therapy session.

### Patient Management

Each therapist will be assigned a geographical zone where they can provide treatments for patients living in the area. This would reduce any cross-contamination if the therapist were to work in more than one geographic territory.

A geographical territory includes one of the following:

- 1 senior retirement home and private homes around it
- 1 city and 1 senior retirement home
- 2 senior retirement homes and 1 City (Last option depending on therapist availability)

### Scheduling

Patients and clients requiring services will be scheduled with the therapist assigned to their geographical zone unless a therapist with a specialty is needed.

## Pre-visit Messaging

Our website will clearly instruct patients where to seek up-to-date instructions on assessment for COVID-19. Please see the BCCDC website for information on self-assessment support and lab testing.

<https://bc.thrive.health/>(<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>)

Before a home visit, each therapist must call their patients/ clients to ask the following questions:

1. Do you have any of the following respiratory symptoms?
  - New or worsening cough
  - Shortness of breath
2. Do you have at least TWO of these symptoms
  - Fever
  - Repeated shaking with chills
  - Headache
  - New loss of taste or smell
  - Diarrhea
  - Chills
  - Muscle pain
  - Sore throat
  - Vomiting

If YES to the questions above, cancel the appointment. Advise patient/client to get tested for COVID-19. Advise them to call 811 to find the nearest collection center

Testing is recommended for anyone with cold, influenza or COVID-like symptoms, even mild symptoms. Follow up with the patient /client or their POA in 2 – 4 days before rescheduling.

If NO to the above questions, continue as scheduled

3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

**If yes to this question, cancel the appointment.**

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

**If yes to this question, cancel the appointment.**

## Older Patients or those with Chronic Illnesses

Some administrative measures to consider for protecting these populations include:

- If an in-person appointment is required for an older patient or patient with a chronic illness, consider scheduling these as the first appointments of the day
- Suggest patients who live alone arrange for a friend to check in on them if they fall ill.

A handout for patients with chronic health conditions can be found on the BCCDC website.

(<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID-19-Handout-chronic-disease.pdf>)

## PERSONAL MEASURES

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### Stay Home When Sick

- All MHR Team members and staff who have symptoms of COVID-19 **OR** travelled outside Canada in the last 14 days **OR** were identified as a close contact of a confirmed case **will stay home and self-isolate**.
- MHR Team members and staff will assess themselves daily for symptoms of common cold, influenza, or COVID-19 before visiting their clients.
- Those unsure, if they should self-isolate, will be directed to use the BC COVID-19 Self-Assessment Tool. If concerned, they can be advised to contact 8-1-1 or the local public health unit to seek further input. <https://bc.thrive.health/>

See the BCCDC's Exposures and Return to Work for Healthcare Workers guidance on healthcare workers exposed to COVID-19 while at work, what to do if a staff member becomes ill, and criteria for return to work for those with symptoms.

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/testing-and-case-management-for-healthcare-workers>

### Hand Hygiene

Rigorous hand hygiene with plain soap and water or alcohol-based hand rub (ABHR) is the most effective way to reduce the spread of illness. Both staff and patients/clients can pick up and spread germs easily, from objects, surfaces, food and people. Everyone at My Home Rehab will practice diligent hand hygiene.

#### **How to practice diligent hand hygiene:**

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is **not** needed for COVID-19.
- If sinks are not available, use alcohol-based hand rub containing at least 70% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
- To learn about how to perform hand hygiene, please refer to the BCCDC's hand hygiene poster. (<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters>)

#### **Strategies to ensure diligent hand hygiene:**

- Hand hygiene kits will be handed to each therapist to be used before and after visiting a patient. Each package will contain the following
  - 10 surgical masks
  - 2 reusable masks
  - 1 face shield
  - 1 hand sanitizer
  - 1 alcohol spray
  - 1 bleach spray
  - Lysol wipes (when available)
  - Paper towels
  - Gloves

**For patients/clients, therapist and staff**, hand hygiene should be performed:

- On entering the clients/patients home;
- On leaving the client's/patient's home;
- After using the washroom;

- After using a tissue for their face; and
- After coughing or sneezing.

**For staff, including health care providers, hand hygiene must **also** be performed:**

- Before and after contact with a patient or the patient care environment;
- Before and after breaks;
- After risk of body fluid exposure;
- Before donning PPE; and
- In between each step when doffing PPE.

### Respiratory Etiquette

**Patients and staff should:**

- Cough or sneeze into their elbow sleeve or a tissue;
- Throw away used tissues and immediately perform hand hygiene;
- Refrain from touching their eyes, nose or mouth with unwashed hands; and
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

### Personal Protective Equipment

#### **PPE Guidance**

- Where there is low incidence and prevalence of COVID-19, additional PPE over and above that are required for normal precautions is **not** required. However, when working with vulnerable seniors', the therapist must use the following PPE equipment:
  - Reusable mask or surgical mask
  - Face Shield
  - Gloves (optional) – Use if hands have open wounds or if hand sanitizer causes an allergic reaction or if hands start to break with frequent hand sanitizer use or if in contact with patient bodily fluids.
  - Medical gowns if working with a patient presenting symptoms or tested positive with COVID-19 (**Emergency case**) or if it is a policy at a Senior Retirement Home. (**MHR team members will not enter homes or work with patients infected with COVID-19 or presenting COVID-19 symptoms unless it is an emergency**)

#### **Advice:**

- Point-of-care risk assessment (PCRA) for COVID-19. Prior to any patient interaction, all health care providers have a responsibility to assess the infectious risks posed to themselves, other health care workers, other patients and visitors from a patient, situation or procedure. The PCRA is based on the health care provider's professional judgment about the clinical situation, as well as up-to-date information on how the specific health care facility has designed and implemented physical (engineering) and administrative controls, and the use and availability of PPE.
- Performing a PCRA to determine whether PPE is necessary is also important to avoid over-reliance on PPE, misuse, or waste. Over-reliance on PPE may result in a false sense of security. Incorrect use and doffing of PPE can expose clinicians and staff to infectious agents and contaminate the environment.

#### **Key Points:**

- Our therapist will follow routine practices and conduct a PCRA prior to any patient interaction.
- Therapist or Health care providers and staff who have direct contact with symptoms suggestive of COVID-19 must follow droplet and contact precautions. This includes wearing a

surgical/procedure mask, eye protection, gloves and gown. **(MHR team members will not enter homes or work with patients infected with COVID-19 or presenting COVID-19 symptoms unless it is an emergency)**

- PPE is not required for Home Care Workers who work more than 2 meters from patients at all times.

#### When wearing PPE:

- Avoid touching your mask or eye protection or face shield unnecessarily. If you must touch or adjust your mask or eye protection or face shield, perform hand hygiene immediately. [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_SurgicalMaskPoster.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SurgicalMaskPoster.pdf) (Wearing a face mask)
- If you see a colleague touch or adjust their mask/eye protection or face shield, remind them to perform hand hygiene.
- Use *extreme care* when doffing/removing PPE and always perform hand hygiene when finished.
- Use an N95 respirator and eye protection (i.e., goggles or face shield), gloves and gown for procedures that are aerosol-generating for patients with suspected or confirmed COVID-19 or airborne diseases. **(MHR team members will not enter homes or work with patients infected with COVID-19 or presenting COVID-19 symptoms unless it is an emergency)**
- Properly doff, clean and disinfect your eye protection or face shield when leaving the patient care area or home (e.g. at the end of shift, during a break or leaving a private home or facility).
- Eye protection can be face shields, goggles or safety glasses. When using eye protection for multiple patient encounters, they should be cleaned and disinfected as per the guidance found on the BCCDC Personal Protective Equipment webpage <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_EyeFacialProtectionDisinfection.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf) (Cleaning face shield)
- [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_MOH\\_BCCDC\\_Donning.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf) (Putting on PPE)
- [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_MOH\\_BCCDC\\_Doffing\\_AirbornePrecautions.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing_AirbornePrecautions.pdf) (Taking off PPE)

#### Donning and Doffing PPE

Posters can guide therapists and staff on how to wear PPE properly. For up-to-date information on PPE, donning and doffing, as well as posters and signage, please refer to the BCCDC Personal Protective Equipment webpage. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

- Consider having a spotter to guide you during the donning and doffing procedure.
- Proper donning and doffing of PPE should be practised *prior* to the treatment of any patients.
- Hand hygiene is *required* before donning and after doffing PPE.
- When doffing, resist the urge to touch your clothes, skin, hair or face with your hands until after the final hand washing.

#### MHR Safety Covid-19 procedures during patient visits

##### When leaving your home :

1. Put your clean reusable mask/surgical mask on (use donning procedures)
2. Hang your clean face shield in your car where it will not obstruct your view or touch any car surface or, place it in a clean and disinfected Ziplock bag

**When you arrive at your first client's home:**

1. Use hand sanitizer and put the shield on

**The therapist should arrive at a patient's door with clean PPE:**

1. Reusable mask/surgical mask on
2. Face shield on
3. Disposable gown (if required by Senior Retirement Home)
4. Gloves (if needed)
5. Hand sanitizer
6. Extra reusable mask/surgical mask in a separate plastic ziplock bag
7. Alcohol spray or bleach spray
8. Lysol wipes or clean paper towels in a separate ziplock bag

**Before entering the home, ask the following:**

1. Do you have any of the following respiratory symptoms?
  - New or worsening cough
  - Shortness of breath
2. Do you have at least TWO of these symptoms
  - Fever
  - Repeated shaking with chills
  - Headache
  - New loss of taste or smell
  - Diarrhea
  - Chills
  - Muscle pain
  - Sore throat
  - Vomiting

If YES to the questions above, cancel the appointment. Advise patient/client to get tested for COVID-19. Advise them to call 811 to find the nearest collection center

Testing is recommended for anyone with cold, influenza or COVID-like symptoms, even mild symptoms. Follow up with the patient /client or their POA in 2 – 4 days before rescheduling.

If NO to the above questions, continue as scheduled

3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

**If yes to this question, cancel appointment.**

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

**If yes to this question, cancel the appointment.**

**When leaving patients home or facility:**

1. Take off face shield (use doffing procedure). Hang it in your car where it will not obstruct your view or touch any car surface

2. Keep reusable mask/surgical mask on. If the reusable mask/surgical mask is uncomfortable or you are taking a break, take it off (use doffing procedure) and hang it in your car where it won't obstruct your view or touch any car surface

#### **When arriving at your next patients' home:**

1. If your reusable mask/surgical mask was off, spray it with the alcohol spray. Let it dry for a minute and put the mask on (use donning procedures)
2. Use hand sanitizer. Clean your face shield with either Lysol or bleach spray and wipe with a clean paper towel on the inside and outside of the shield. Put the shield on (use donning procedures)

#### **At the end of your shift and In your home:**

1. Dispose surgical mask or hang reusable mask and shield in your car where it will not obstruct your view or touch any car surface when you drive home
2. At home, wash your reusable mask and shield with soap and water.
3. Hang reusable mask and shield where it won't touch any walls or surfaces to dry until next use.
4. Take your work close off and put it in the laundry. Do not use your cloth again the next day.

## **OFFICE MANAGEMENT**

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My Home Rehab has a Response Plan, an Organized and Ethical Decision Making Procedures including clearly defined roles and responsibilities, balanced by cross-training of staff and planning for backfilling positions should a staff member be unable to work.

### **COVID-19 Practice Lead**

My Home Rehab's Director is the designated office member to lead a coordinated response to COVID-19 at the practice level. He or she, in conjunction with the Client Care Manager and Client Care Coordinator, will sort staff responsibilities, information gathering and dissemination, and develop a preparedness plan for the company. A Checklist can be found in Appendix A to assist with planning.

### **Staff Education and Communication**

My Home Rehab's Director will update a communication strategy for times of crisis that ensures their therapist, health care providers and staff have the most up-to-date information.

- The Director of Rehab Services will ensure email and communications channels are working.
- The Director will regularly communicate information to his/her colleagues and staff.
- The Director will ensure staff have clear, up to date information for communicating with patients/clients.
- The Director will ensure there is a process for reporting health and safety concerns.
- The Director will prepare and review re-start and/or adapt plans with staff to ensure smooth implementation.

### **Psychosocial Support**

My Home Rehab will do its best to support the psychosocial well-being of its therapists, health care providers and staff during the COVID-19 pandemic.

- Team members will have access to up-to-date information on COVID-19, including how to protect against infection and transmission.
- Team members will be provided with flexible options for remote/teleworking options, where possible and appropriate.

## APPENDIX A PANDEMIC COVID-19 PREPAREDNESS CHECKLIST

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### Pandemic Phase

#### **Tasks:**

- Acquaint yourself with current clinical information about the recognition, treatment and prevention of transmission of COVID-19.
- Educate all staff about COVID-19.
- Make plans to ensure your family will be looked after in a pandemic so that you can continue to work.
- Develop a contingency plan for staff illnesses and shortages.
- Assign a staff member to coordinate pandemic planning and monitor public health advisories.
- Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health).
- COVID-19 posters and signage should be placed at entrance doors, reception area and exam rooms (and preferably in all of these places).
- Post signage and create voicemail message advising patients to check-in by phone before presenting for in-person appointments.
- Post hand hygiene and cough etiquette signs in the waiting area.
- Ensure alcohol-based hand sanitizer (with at least 70% alcohol) is available at multiple locations: office entrance, reception counter, waiting room, and by every exam room for use before entering and upon exit.
- When available, provide staff with small bottles of alcohol-based hand sanitizer (with at least 70% alcohol).
- Consider installing Plexi-glass partitions to separate patients from reception staff
- Limit the use of shared items by patients (e.g. pens, clipboards, phones).
- Rearrange waiting room to ensure 2m distance between people wherever possible.
- Remove difficult to clean items (e.g. toys) from the waiting area
- Replace cloth-covered furnishings with easy-to-clean furniture where possible.
- Provide disposable tissues and no-touch waste receptacles in the waiting area and exam rooms.
- Provide plain soap and paper towels in patient's washrooms and at staff sinks with clear instructions on hand hygiene.
- Display PPE donning and doffing instructions in locations available to all health care providers.
- Empty exam rooms of all but bare minimum of equipment (e.g. exam table, chair, BP cuff, lights).
- Provide paper sheeting for exam tables and change between patients.
- Increase air circulation in all areas of the clinic wherever possible.
- Keep frequently used doors open to avoid recurrent door handle contamination.

#### **Patient and Staff Management**

- Telephone triage all patient requests for visits.
- Cohort patients with suspected COVID-19 who need in-person review through centralized assessment centres, where possible.
- In group practices, consider having one care provider or one team see all patients with suspect or confirmed COVID-19.
- If possible, schedule patients with symptoms suggestive of COVID-19 during designated time slots.
- Provide patients with symptoms suggestive of COVID-19 a procedure/surgical mask, if available and medically tolerated.
- If possible, provide a separate entrance and waiting area for patients with symptoms suggestive of COVID-19.

- Avoid multiple patients in the office at the same time (e.g. patients to wait outside or in the car until called in one at a time). Minimize the number of patients in waiting or exam rooms.
- Avoid non-essential accompanying visitors, where possible.
- Advise patients and accompanying essential visitors to practice diligent hand hygiene and cough etiquette.
- If possible, designate one exam room for all patients with symptoms suggestive of COVID-19, as close to the entrance as possible to minimize patient travel.
- Minimize the number of tasks that have to be done in the exam room, e.g. chart completion.
- Perform hand hygiene before and after each patient contact.
- Wear recommended PPE (procedure or surgical mask, eye protection, gown and gloves) for any direct contact with patients with symptoms suggestive of COVID-19.
- Wear fit-tested N95 respirator when in a room with suspected TB patients, patients with suspected/confirmed COVID-19 undergoing aerosol-generating medical procedures, and patients who may be infected with emerging pathogens with suspected airborne transmission.
- Properly doff and dispose of PPE when leaving patient care area (e.g. at the end of a shift or during a break) or when PPE is visibly soiled or damaged.
- Plan for the disposition of all patients following office visit (choices will include):
- Arrange testing per current guidelines (if suspected COVID-19)
- Send home with self-care guide
- Referral to alternate-care site
- Admission to acute care
- When referring patients with suspected or confirmed COVID-19, notify receiving facility in advance.
- Monitor staff illness and ensure staff with COVID-19 infection follow appropriate guidance.

### **Cleaning Guidance**

- Inform all staff regarding current cleaning and disinfection guidelines, including approved cleaning products.
- Clean and disinfect shared reusable medical equipment (e.g. stethoscopes, blood pressure cuffs, etc.) in between patients and at the end of each shift.
- Clean and disinfect exam rooms at least twice a day (e.g. chairs, tables, floors).
- Clean and disinfect frequently touched surfaces at least twice a day (e.g. work stations, cell phones, doorknobs, etc.).
- Maintain a minimum 2-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks, if possible.

Note: This checklist is adapted from Daly, P. (2007). Pandemic influenza and physician offices [Electronic Version]7