

Ministry of Health

# COVID-19 Guidance: Home and Community Care Providers

Version 6 – May 21, 2021

## Highlights of Changes:

- Updated Screening and Testing Guidance (Page 1-5)
- New section on Client and Household member education (Page 7)
- Updated Occupational Health & Safety Guidance (Page 7-13)

This guidance is for home and community care providers who provide in-person (e.g., one-on-one) services in a client's home or in non-congregate living settings. For congregate community living settings please consult [Congregate Living Setting Guidance Documents \(gov.on.ca\)](#).

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, the latest [COVID-19 Reference Document for Symptoms](#), mental health resources, other guidance documents and COVID-19 related information.
- Please check the [Directives, Memorandums and Other Resources page](#) regularly for the most up to date directives This document should be used in conjunction with applicable legislation, including [the Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020, S.O. 2020, c. 17 \(ROA\)](#) and regulations made under that Act.

## Screening

### For Care Providers

1. All care providers performing client visits should [self-monitor](#) for COVID-19 symptoms continuously using the COVID-19 Reference Document for Symptoms noted below. Self-screening practices should be established by the employer and take place at minimum twice daily. Care providers should

be aware of signs and symptoms of COVID-19, as listed in the [COVID-19 Reference Document for Symptoms](#) and as described in the Ministry of Health's Self-Assessment tool: <https://covid-19.ontario.ca/self-assessment/>. Care providers who feel unwell, screen positive, had an unprotected exposure (e.g., without appropriate PPE) to a suspected or confirmed COVID-19 case and/or who are advised to self-isolate, must stay home and not go to work.

## For Clients

1. All clients and other persons that will be in the home during the visit should be screened over the phone before in-person visits using the [COVID-19 Patient Screening Guidance Document](#) to identify symptoms or contact with COVID-19 positive cases.
  - The processes for phone screening prior to each visit and training for those who are performing the phone screening should be established. Screening should be performed consistently by a trained staff member.
  - Clients should be asked if they and others that will be in the home during the visit are able to wear masks for source control. If they are able to tolerate a mask, they should don the mask at the time of the visit, prior to the arrival of the care provider.
    - In certain client populations masking may be challenging (e.g., clients with dementia, some psychiatric conditions, moderate to severe hypoxia, paediatric clients, etc.), and client care should not be refused based on an inability of the client to mask.
    - Masks should be appropriately sized and cover the nose, mouth and chin without gaps, remaining in position without the need for repeated re-positioning.
    - If the client is able to tolerate wearing a mask and does not have their own, a surgical/procedure mask should be provided to them at the time of the visit.
  - If phone screening in advance is not possible, screening should be conducted upon arrival at the client's home from a distance of a minimum of 2 metres, with the client wearing a mask (if tolerated), and the care provider using appropriate personal protective equipment (PPE).

2. The client and other persons in the home should be screened by care providers again at the time of the visit to assess for any new symptoms and exposure history, from a distance of a minimum of 2 metres, with the client and other persons in the home wearing masks (if tolerated), and appropriate PPE worn by care providers. If the client is able to tolerate wearing a mask and does not have their own, a surgical/procedure mask should be provided to them.
3. Clients and other persons in the home should wear a mask (if tolerated) for source control during their appointment.

## Ongoing

4. Clients and household members should be instructed to screen themselves on an ongoing basis, and report to the home care organization if they have signs or symptoms of COVID-19, have been tested for COVID-19, or if they have had an exposure to someone with COVID-19 and/or have been directed to self-isolate by public health authorities.

## Positive Screening: What to Do

### For Care Provider

1. If a care provider has screened positive, has symptoms consistent with COVID-19, has been alerted to exposure through the COVID Alert App, or had unprotected exposure (e.g., without appropriate PPE) to a suspected or confirmed COVID-19 case they should seek medical advice which may include booking a COVID-19 test at an appropriate [assessment centre](#). They should inform their supervisor immediately, self-isolate, and not go to work.
2. Return to work should be determined by the individual in consultation with their health care provider, the [local public health unit](#), and the [Quick Reference Public Health Guidance on Testing and Clearance](#) document (where applicable).
  - a. Detailed occupational health and safety guidelines for COVID-19 are available on the Ministry of Labour, Training and Skills Development (MLTSD) [website](#).

- b. Where a case involves staff considered likely to have been infected as a result of a workplace exposure, employers are reminded of their duty to notify the MLTSD, Joint Health and Safety Committee and labour union, as appropriate. See [COVID-19 and workplace health and safety](#) for more information.

## For Clients screened over the phone

1. A client or household member who screens positive for symptoms or exposure over the phone using the [COVID-19 Patient Screening Guidance Document](#) can be referred to a local assessment centre or emergency department as appropriate based on where testing is offered in the client's community. Clients with severe symptoms should be directed to the emergency department or assisted to activate 911 if requiring urgent critical care. See the Ministry of Health's [Self-Assessment Tool](#) for additional advice.
  - Care providers can use the Ontario [assessment centre](#) locator to direct clients to appropriate nearby testing locations
2. Care providers may conduct a test of the client in their home if the community care provider has the capacity to do so safely, following guidance from the Ministry of Health as it becomes available.
3. Clients should be instructed to [self-isolate](#) immediately and until test results are received and further instructions are provided.
4. If a client screens positive over the phone care providers should follow Droplet and Contact precautions. This includes the following PPE: gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield). If the care providers is not able to follow Droplet and Contact Precautions they should delay or divert the care of the patient as appropriate, including to the emergency department if the reason for the visit is medically urgent.
5. If a household member screens positive over the phone they should be instructed to stay in a separate area of the house for the entirety of the visit. If they are unable to do so, the care provider should follow Droplet and Contact precautions.

## For Clients screened in person

1. If a client or household member has screened positive for symptoms or exposure using the [COVID-19 Patient Screening Guidance Document](#) during in-person screening, care providers should:
  - Provide a surgical/procedure mask for the client or household member to wear (if tolerated)
  - Instruct the client or household member to book an appointment at an [assessment centre](#) to be tested
    - Conduct a COVID-19 test of the client, if home and community care provider has the capacity to do so safely
  - Review instructions on how to [self-isolate](#)
  - If a client is very ill and requires acute care, the care provider should call 911 and inform the call attendant that the client has symptoms of COVID-19
2. If a client has screened positive and is housebound due to their medical illness, clinical complexity, or other barriers, the home and community care provider may conduct a test if the provider has the capacity to do so safely, or may contact the Local Public Health Unit.
3. If a client screens positive, care providers should follow Droplet and Contact precautions. This includes the following PPE: gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield). If the care providers is not able to follow Droplet and Contact Precautions they should delay or divert the care of the patient as appropriate, including to the emergency department if the reason for the visit is medically urgent.
4. If a household member screens positive in person they should be instructed to stay in a separate area of the house for the entirety of the visit. If they are unable to do so the care provider should follow Droplet and Contact precautions.

## Testing for COVID-19

### For Care Provider

Testing options for COVID-19 continue to evolve. Testing guidance for asymptomatic home and community care providers can be specific to the type of setting in which care is taking place (e.g., retirement homes) and/or as directed by their [local public health unit](#) (e.g., related to case and contact management). For the most recent information on the tests currently available and their indications, please consult the [Provincial Testing Guidance Update](#).

### For Client

1. Testing for COVID-19 may occur at a testing location (e.g., emergency departments, drive-thru testing and [assessment centres](#)), in congregate care settings (e.g., retirement home) or in a person's home (once available).
2. If an individual is referred to a hospital or an assessment centre for testing, the care provider and/or agency should make efforts to coordinate with the hospital, paramedic services, and the client, to make arrangements for safe travel to the testing location that maintains isolation of the client as much as possible. During travel, the client should wear a surgical/procedure mask, if tolerated. The client should avoid public transit if possible.

## Reporting

1. COVID-19 is designated as a disease of public health significance and a communicable disease in O. Reg. 135/18 under the Health Protection and Promotion Act (HPPA) and is thus reportable to the local public health unit. Regulated health professionals should contact their [local public health unit](#) to report any probable and confirmed cases of COVID-19, based on the latest [case definition](#).
2. Home and community care providers should also be encouraged to follow applicable law, including any requirements as specified in the Emergency Management and Civil Protection Act (EMCPA) or the Reopening Ontario Act, instructions, advice or recommendations of local medical officers of health, as

well as any other internal and Ontario Health regional reporting procedures that may exist.

## Client & Household Member Education

1. Clients and household members should be directed to appropriate educational materials for COVID-19 that include:
  - [Signs and symptoms of COVID-19](#)
  - [How to wear a mask](#) (if tolerated) while care providers are in the home
  - [Hand hygiene practices](#) (e.g., how to perform it effectively, its role in COVID-19 prevention) and its importance prior to putting on and after removing or touching their mask, to reduce risk of self-contamination.
  - Respiratory hygiene (i.e. covering their cough with a tissue or coughing into their elbow, followed by hand hygiene)
  - [How to care](#) for someone in the home with suspected or confirmed COVID-19
  - [How to self-isolate](#) or quarantine when required

## Occupational Health & Safety

Employers involved in home and community care (including external staffing agencies and service providers) are reminded that they have obligations under the [Occupational Health and Safety Act](#) (OHSA) to protect the health and safety of their workers, including from transmission of infectious disease in the workplace. The OHSA requires employers to take every precaution reasonable in the circumstances for the protection of a worker. This requirement applies to all Ontario workplaces at all times including during breaks and rest periods, and includes the need to put controls in place to protect workers from infectious disease hazards such as COVID-19.

Employers should implement a variety of measures to control potential exposure to COVID-19 using the hierarchy of controls to help guide the selection of specific measures to be used in their workplace. The effective use of administrative controls (such as active screening of clients ahead of visits) and masks as source control or PPE requires workers and other people to implement them properly and consistently every time. The best way to reduce the likelihood of a transmission in

the workplace is to have multiple controls in place. This is especially important in situations where one or more controls cannot be consistently maintained.

The employer/management of an organization that provides home and community care, in collaboration with infection prevention and control (IPC) experts and in consultation with workplace health and safety representatives or joint occupational health and safety committees wherever possible, should conduct an organizational risk assessment to identify and mitigate the risks of home and community care staff exposure to COVID-19. In addition:

- Ongoing education, training, instruction and practice, as well as monitoring for compliance with IPC practices, including proper hand hygiene and selecting, putting on, wearing and removing PPE to minimize contamination of themselves and the immediate environment, is an important part of IPC
- Care providers that perform [Aerosol Generating Medical Procedures](#) (AGMPs) must be fit-tested for an N95 or equivalent respirator, carry a supply of respirators, and be supported to ensure proper wearing, seal-checking and removal of their assigned size and type
- Specific policies and procedures for cleaning and disinfection of any reusable PPE are an important part of an organizational IPC plan.
- Plans for managing occupational exposures (e.g., contact when not wearing appropriate PPE or while wearing PPE improperly) must be in place

Employers may consult the [Develop your COVID-19 workplace safety plan | Ontario.ca](#) for assistance in implementing controls suitable for their workplace as part of their obligation to prepare a safety plan under the [Reopening Ontario Act](#).

### **Caring for all clients:**

- 1.** Care providers should instruct the client and other individuals present during the home visit to wear a mask, if they are able to tolerate wearing one, during the home visit.
  - Employers should provide care providers with a surgical/procedure mask for clients that do not have their own mask.
  - As it may not be clear whether cloth masks worn by clients meet recommendations for acceptable mask design and fit, care providers may choose to provide clients with surgical/procedure masks to replace the client's personal masks.
- 2.** Care providers should instruct the client to minimize the number of non-essential individuals present at the home during the home visit.

- Wherever possible only household members who are essential for communication with care providers, or who assist care providers with care, should be in the same room as care providers during visits. If their presence is essential household members/family members who are not involved in the immediate care should be asked to maintain at least a 2 metre/6 ft distance from care providers and wear a mask for source control (if tolerated)
- 3. Client should optimize home ventilation where feasible, e.g., by opening a window prior to and during the home and community care visit if safe and weather permits, and running exhaust fans that vent outdoors from the bathroom and/or kitchen, particularly if anyone in the home has had exposure to, is suspected of or confirmed to have COVID-19.
- 4. Care providers should limit equipment brought into the home to only that which is essential. Dedicate re-usable medical equipment to the client for the duration of care if possible. Equipment used on the client (e.g., scissors, thermometer, BP cuff) should be cleaned and disinfected after each use, in accordance with the manufacturer's instructions.
- 5. Employers should, if possible, limit/cluster the number of client homes/work locations for their staff to mitigate risk for both staff and clients.
- 6. Policies and procedures should be in place for environmental cleaning, disinfection and laundry practices to be used by care providers when this is part a client's plan of service, and provided as guidance to clients and household members
- 7. Policies and procedures should be in place for storage of PPE (e.g., staff should bring adequate PPE with them to each visit) and proper cleaning and disinfection of any reusable PPE (e.g., face shields),
- 8. Care providers have necessary PPE and cleaners and disinfectants (e.g., disinfectant wipes) available to them at the point-of-care for all home and community care visits.
- 9. Employers should ensure that care providers are trained on Routine Practices and Additional Precautions. Training must also include the safe use, care, limitations and disposal of PPE, including the donning (putting on) and doffing (taking off) of PPE. A visual factsheet for [Putting on and taking off PPE](#) is available on [PHO's website](#). Videos are also available on [PHO's website](#).

**10.** Proper hand hygiene refers to hand washing, or hand sanitizing to maintain clean hands and fingernails. Hand hygiene should be performed upon entry and exit of the client's home as well as before initial client contact, before aseptic procedures, after body fluid exposure risk and after client contact. Hand hygiene should be performed frequently with [alcohol-based hand rub \(ABHR\) for a minimum of 15 seconds](#) or with [liquid soap and water](#) when hands are visibly soiled. The use of gloves does not replace the need for proper hand hygiene practices. See [Hand Hygiene | Public Health Ontario](#) for more details on hand hygiene.

**11.** Care providers should wear appropriate PPE.

- Care providers giving direct care should perform a point of care risk assessment to guide PPE use and take appropriate precautions based on the nature of the planned interaction and what is known about the health status of the client. See this [tool](#) for more information on determining appropriate PPE use.
- A summary of required PPE precautions for COVID-19 is displayed in the table below.

Activity	Home and Community Care Provider Precautions
Before every client interaction	<ul style="list-style-type: none"> <li>• Health Care Workers should conduct <a href="#">a point-of-care risk assessment</a> to determine the level of precautions required</li> </ul>
In-Person Screening prior to the home care visit	<ul style="list-style-type: none"> <li>• Maintain a 2 meter distance where possible</li> <li>• Surgical/procedure mask required</li> <li>• Eye protection (e.g., face shield or goggles) required if within 2 meters of the client</li> <li>• Gown and gloves should also be worn if screening will require direct physical contact (e.g., temperature taking)</li> </ul>

Activity	Home and Community Care Provider Precautions
All interactions with and within 2 metres of clients who screen positive	<p>Droplet and Contact precautions:</p> <ul style="list-style-type: none"> <li>• Surgical/procedure mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (e.g. goggles, face shield or safety glasses with side shields)</li> <li>• Perform hand hygiene before and after contact with the client, the client environment and after the removal of PPE</li> <li>• The use of a fit tested, seal checked N95 respirator or equivalent for <a href="#">Aerosol Generating Medical Procedures</a> (AGMPs)</li> </ul>
All interactions with and within 2 metres of clients who screen negative	<ul style="list-style-type: none"> <li>• Surgical/procedure mask should be worn at all times</li> <li>• Eye protection (e.g., goggles or face shield) should be worn at all times during direct client care for the entirety of the visit</li> </ul> <p>Perform hand hygiene before and after contact with the client, the client environment and after the removal of PPE</p>

- a. A surgical/procedure mask (or N95 or equivalent respirator if determined to be needed based on PCRA) should be worn at all times during the entirety of the home visit. A properly fitting mask is an appropriate size and covers the nose, mouth and chin without gaps, and remains in position without the need for repeated re-positioning.
- b. Eye protection (e.g., goggles, a face shield, safety glasses with side shields) should be used during direct client care for all clients for the entirety of the visit. Eye protection is either disposable or should undergo safe reprocessing according to organizational infection

prevention control policies.

- c. Hand hygiene is to be performed regularly as well as before putting on and after removing gloves and when otherwise handling PPE.
- d. Use of N95 or equivalent respirators
  - i. Fit-tested NIOSH-approved and equivalent filtering face piece respirators are required PPE for aerosol generating medical procedures (AGMPs) on clients who screen positive, are high risk contacts of COVID-19 cases, or are suspected or confirmed COVID-19 cases. For a list of AGMPs consult Public Health Ontario's: [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 \(publichealthontario.ca\)](#).
  - ii. Employers should ensure that care providers are fit-tested in the event that a N95 or equivalent respirators are needed
- e. For more information on universal masking for care providers, see Public Health Ontario's [universal masking document](#).

## **Caring for a client that has screened positive**

1. If a care provider must conduct a home visit for a client who screens positive they must
  - Follow [Routine Practices](#),
  - Ensure appropriate hand hygiene
  - [Follow Droplet and Contact Precautions](#) (e.g., surgical/procedure mask, gloves, gown and eye protection, such as a face shield or goggles) during the entirety of the home visit.
  - Instruct the client to wear a surgical/procedure mask (if tolerated) while the care provider is providing care. If the client does not have their own surgical/procedure mask, one should be provided to them.
  - Additional precautions may also include:
    - The use of a fit tested, seal checked, N95 respirator or equivalent for [Aerosol Generating Medical Procedures \(AGMPs\)](#)

## When a home or community care provider is a suspected or confirmed COVID-19 case

1. If COVID-19 is suspected or diagnosed in care providers, if they have screened positive, have symptoms consistent with COVID-19, have confirmed COVID-19, have been alerted to exposure through the COVID Alert App, or had unprotected exposure (e.g., without appropriate PPE) to a suspected or confirmed [COVID-19 case see above section Positive Screening: What to Do](#) for guidance.

Refer to the [Coronavirus Disease 2019 \(COVID-19\) | Public Health Ontario](#) portal for additional information on Coronavirus and using PPE. Care providers may wish to check their professional association websites for additional profession specific guidance on practicing during the COVID-19 pandemic.