

Ministry of Health

COVID-19 Guidance: Home and Community Care Providers

Version 5 – September 17, 2020

Highlights of Changes:

- Updated screening guidance
- New Testing for COVID-19 section
- Expanded guidance on Occupational Health and Safety, including infection prevention and control.

This guidance is aimed at home and community health care providers who provide in-person (i.e., one-on-one) services.

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.

Screening

For Care Providers

1. All care providers performing client visits should conduct, at minimum twice daily, [self-monitoring](#) practices for COVID-19 in addition to screening practices established by the employer. Care providers should be aware of signs and symptoms of COVID-19, as listed in the [COVID-19 Reference Document for Symptoms](#).

For Clients

2. All clients should be screened over the phone before in-person visits building on the

[COVID-19 Patient Screening Guidance Document](#).

- Over the phone screening processes should be established and performed consistently by a personal support worker, scheduler or manager.
 - If phone screening is not possible due to client limitations, screening should be conducted upon arrival at the client's home from a safe distance of at minimum 2 metres.
 - If phone screening took place, but the care provider would like further confirmation or clarity on screening responses, the care provider should ask more questions upon arrival at the client's home using a safe distance of at minimum 2 metres.
3. Clients should be asked whether they have a mask or face covering available to them to wear (where tolerated) for source control during their appointment. If the client does not have their own mask, one should be provided to them.
 4. Care providers should also ask about any other person(s) who will be in the home during the appointment and where appropriate, screen those persons too.

Positive Screening: What to Do

For Care Provider

5. If a care provider has screened positive, they should inform their supervisor immediately and go to an [assessment centre](#) to be tested.

For Client

6. If a client has screened positive, care providers should instruct the client to go to an [assessment centre](#) to be tested.
7. 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.

Testing for COVID-19

8. All testing for COVID-19 will take place in hospitals or a testing location (e.g., emergency departments, drive-thru testing and assessment centres).
9. If an individual is referred to a hospital or an assessment centre for testing, the care provider and/or agency should coordinate with the hospital, paramedic services, and the client, to make safe arrangements for travel to the testing location that maintains isolation

of the patient (i.e., patient should wear a surgical/procedure mask and should not take public transit). All referrals to hospital should be made to a triage nurse.

Reporting

10. COVID-19 is designated as a disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#) (HPPA). 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.
11. Care providers should also be encouraged to follow any other internal reporting procedures that may exist.

Occupational Health & Safety

12. Employers should ensure that workers are trained on the safe use, care, limitations and disposal of PPE, including the donning (putting on) and doffing (taking off) of PPE.
13. Employers should encourage (but not mandate) care providers to download the [COVID Alert App](#) to be better notified of any potential exposures to COVID-19.
14. Care providers should instruct the client to minimize the number of non-essential individuals present at the home during the home visit and wear a non-medical mask or face covering, if tolerated.
15. Care providers should wear surgical/procedure masks at all times during the entirety of the home visit.
 - Eye protection (e.g., face shield or goggles) is also required while within 2 meters of an unmasked patient
 - Hand hygiene is to be performed before putting on and after removing or otherwise handling PPE.
 - For more information on universal masking for care providers, see Public Health Ontario's [universal masking document](#).
16. Equipment used on the client (e.g., scissors, thermometer, BP cuff) should be cleaned and disinfected after each use.
17. Perform hand hygiene before and after contact with the client and the client's environment.
18. If a client is suspected or confirmed COVID-19 positive, care providers should delay

care if possible and only provide essential nursing, therapies and personal support services.

- 19.** If a care provider must conduct a home visit to someone who has a known or suspected case of COVID-19, to provide essential nursing, therapies and personal support services, they must be appropriately protected using [Droplet and Contact Precautions](#) (e.g., surgical/procedure mask, gloves, gown and face shield or goggles) during the entirety of the home visit. Additional precautions may also include:
- Hand hygiene;
 - The use of an N95 respirator is recommend only for [Aerosol Generating Medical Procedures](#) (AGMPs) on patients with known or suspected COVID-19, and;
 - Instructing the client to wear a surgical/procedure mask (if tolerated) while the care worker is providing care. If the patient does not have their own surgical/procedure mask, one should be provided to them.
- 20.** If COVID-19 is suspected or diagnosed in staff, 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).
- Detailed occupational health and safety guidelines for COVID-19 are available on the Ministry of Labour, Training and Skills Development (MLTSD) [website](#).
- 21.** 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.
- 22.** Refer to [Emergency Homecare Protocols](#) from the Ontario Personal Support Workers Association for additional information.