

Ministry of Health

# COVID-19 Guidance: Home and Community Care Providers

Version 4 – May 4, 2020

## Highlights of Changes:

- Revised screening procedures
- Revised masking recommendations for care providers

This guidance is aimed at home and community health care provider who provide in-person (i.e., one-on-one) services. This guidance is not aimed at congregate living settings.

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 COVID-19 Reference Document for Symptoms, mental health resources, and other information.
- Please check the [Directives, Memorandums and Other Resources page](#) regularly for the most up to date directives.

## Screening for Care Providers and Clients

### For Care Providers

1. All care providers performing client visits should conduct [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 [Reference Document for Symptoms](#).

## For Clients

2. All clients should be screened over the phone before visits using the [Patient Screening Questions](#).
  - Over the phone screening processes should be established and performed consistently by a personal support worker, scheduler or manager.
  - If a 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 a 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. Care providers should also ask about any other person(s) who will be in the home during the appointment and where appropriate, screen these persons too.

# Positive Screening: What to Do

## For Care Provider

4. If a care provider has screened positive, they should inform their supervisor immediately and contact their primary care provider or Telehealth Ontario (1-866-797-0000) for further direction on clinical assessment.

## For Client

5. If a client has screened positive, care providers should instruct the client to call their primary care provider or Telehealth Ontario (1-866-797-0000) for further clinical assessment.
6. All testing for COVID-19 will take place through hospitals, assessment centres and/or through primary care providers. Home and community care providers must not conduct testing.
7. If individuals are referred to hospital (e.g., emergency department) for testing, the care provider and/or agency should coordinate with the hospital, [local public health unit](#), paramedic services, and the client, to make safe arrangements for travel to the hospital

incorporating [Droplet and Contact Precautions](#). All referrals to hospital should be made to a triage nurse.

8. If a client is very ill and requires acute care, the care provider should call 911 and let them know that the client has symptoms of COVID-19.

## Reporting of Positive Screening

9. 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). Where a home and community care provider is required to report a disease of public health significance under section 25 of the HPPA, they must contact their [local public health unit](#) to report a person who has or may have COVID-19. Care providers should also be encouraged to follow any other internal reporting procedures that may exist.

## Occupational Health & Safety

10. Care providers should wear surgical/procedure masks at all times during the entirety of the home visit.
  - Under extreme personal protective equipment (PPE) supply limitations, a single mask can be worn for an extended period, as long as it is not visibly soiled, damp, damaged or difficult to breathe through.
  - If a mask is to be re-used, keep it from being contaminated by storing it in a clean paper bag, or in a cleanable container with a lid.
    - Paper bags are to be discarded after each use and reusable containers are to be labelled with the individual's name to prevent accidental misuse.
  - Hand hygiene is to be performed before putting on and after removing or otherwise handling masks.
  - For more information on universal masking for care providers, see Public Health Ontario's [universal masking document](#).
11. If a client has a suspected or confirmed case of COVID-19, care providers should delay care if possible and only provide essential nursing, therapies and personal support services.

**12.** 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 use Routine Practices with additional precautions ([Contact and Droplet](#)) during the entirety of the home visit. These precautions include:

- Hand hygiene;
- Wearing appropriate personal protective equipment (PPE) including the use of gloves, gowns, surgical/procedure masks, and eye protection;
- The use of an N95 respirator as part of precautions for Aerosol Generating Medical Procedures (AGMPs) on patients with known or suspected COVID-19; and
- The client should be instructed to wear a procedure mask (if tolerated) while the care worker is providing care.

**13.** Detailed general occupational health and safety guidelines for COVID-19 are available on the Ministry of Health [COVID-19 website](#). Refer to [Emergency Homecare Protocols](#) from the Ontario Personal Support Workers Association for additional information.