

A photograph of an elderly man with white hair wearing a light blue surgical mask. He is looking slightly to the right with a gentle expression. A caregiver, also wearing a light blue surgical mask and a white lab coat, has their hand on the man's shoulder in a comforting gesture. The background is a bright, out-of-focus window with greenery outside.

Home Care Infection Prevention and Control Practices (IPAC):

**CARING FOR ONTARIANS SAFELY AT HOME
DURING COVID-19 | FALL 2020**

Executive Summary

Home Care Ontario and the Ontario Community Support Association are pleased to present an overview of the home care sectors¹ response to protect patients/clients and staff during Wave One of COVID-19. This paper informs the Ministry of Health (MOH) and other health partners about the extraordinary efforts and success that the sector demonstrated in maintaining the lowest levels of virus transmission. Ontario's home care sector is a safe option and must be a key part of future plans to help people stay home and stay safe.

Specialized home care sector IPAC leadership implemented leading safe work practices in anticipation of mandated official provincial guidance. As a result, the incidence of transmission from home health care staff to patients in any part of the health care system was extremely rare while seniors and other vulnerable populations continued to receive high-quality care.²

The data clearly demonstrates that during Wave One, Ontario's home care patients benefitted from receiving health care that was safely and competently delivered at home.

During the period January 15, 2020 to May 15, 2020 there were 2388 (LTC-1621, RH-339, Hosp-345 and Home Care-83) positive staff cases in the Long Term Care, Retirement Home, Hospital and Home Care sector. Of these cases the home care sector reported approximately 83 cases (3.48%) as home care is not listed in the official PH sources, this data was retrieved from 5 large home care providers delivering home care in Ontario.³

Introduction

As the COVID-19 pandemic has evolved and has presented significant challenges, the home care sector (see Appendix A) has developed and implemented responsive strategies to reduce transmission by delivering care to over 750,000 Ontarians in their own homes-the safest place to be⁴. A sector-wide collaborative approach between both Associations has been used to implement leading practices that support remotely-managed staff to prevent the spread of COVID-19 and provide on-going quality health care to patients.

***DESPITE THE MANY LOGISTICAL CHALLENGES EXPERIENCED
THROUGHOUT WAVE ONE, HOME CARE PROVIDERS DELIVERED
QUALITY SERVICE, ACCEPTING REFERRALS AND SCHEDULING VISITS
FOR ONTARIANS RECEIVING HEALTH CARE AT HOME.***

Patients and staff received ongoing guidance on the safe use of personal protective equipment (PPE) and infection prevention and control practices (IPAC) consistent with the ever-evolving COVID-19 directives from government. As well as meeting these expectations, home care providers quickly implemented virtual care options which enabled clinicians to provide patient visits by telephone and/or video session. In addition, many family-funded providers gave additional support and reassurance to an increased number of anxious and concerned clients.

Caring for Patients, Staff and the Community:

RESPONSIVE HOME CARE INFECTION PREVENTION AND CONTROL PRACTICES

The home care sector's unique ability to care for one patient at a time was a significant factor in the containment of transmission.

During Wave One of the pandemic, the safety and care of patients, staff and the wider community was the sector's utmost priority. The COVID-19 situation changed frequently as new recommendations and/or provincial practices were implemented in response to emerging trends and evidence. The home care sector worked collaboratively, monitoring and adhering to all Public Health Agency of Canada (PHAC) and Ministry of Health guidance, including adapting to changing directives. Provincial policy changes were rapid and the leadership of the sector demonstrated alignment with all the necessary new requirements.

During enhanced Quality Checks, home care patients receiving services during the pandemic cited that the top reasons for 'feeling safe' included:

- consistency of caregivers
- frequent communication
- appropriate use of PPE
- respect for socially distanced treatment whenever possible

BEST PRACTICES

Communication to Patients and Families

Frequent and ongoing communication occurred through websites, letters, emails and phone calls to inform patients and families and provide assurances and reminders that their safety and care was an utmost priority. As home care providers were already knowledgeable about the patient's home environment and unique setting, it was possible to provide even more timely and relevant suggestions and support. In addition, patients were provided information on the safety measures that were being taken to protect patients, families, staff and communities from transmission. Information about these additional safety measures included:

- **Enhanced screening:** Patients were informed that enhanced staff and patient screening was in place to protect patients and family members, staff and communities from exposure
- **Universal masking and additional PPE:** Patients were informed that staff would wear masks while providing health services and that the use of the mask was for the patients' added protection and did not indicate any change in the health of the staff member. Patients were also informed that staff may be required to wear additional PPE for the protection of both patient and staff
- **How to Keep Safe:**
 - Practice good hand hygiene practices, coughing etiquette, abstain from shaking hands, hugging or kissing
 - Stay informed
 - Complete the pre-visit screener
 - Contact the service provider if feeling unwell



A survey of 468 patients showed that 93% of respondents felt safe to receive home care from their home health care provider.

SCREENING

Screening was an essential part of limiting transmission in the home care sector and prevented transmission to the broader community. Daily screening of staff and patients protected patients, family members, other staff and communities from exposure. The following practices were undertaken to support both patient and staff safety:

Staff Screening

All staff⁵ proactively and effectively self-screened daily to ensure fitness for work. There was regular communication between staff and supervisors to discuss any need for self-isolation, testing or return to work plans which all followed required Public Health recommendations. This underscores the sector commitment to promoting a safety culture in home care. (See Appendix B)

Patient Screening

Home care providers called patients prior to each visit to review the Point of Care Risk Assessment (PCRA) (Appendix C - A sample of a Point of Care Risk Assessment) which included a COVID-19 specific screener with each patient and/or family member/others in the home. This was an important step to ensure that staff donned the appropriate PPE. Additionally, screening was repeated at the door when staff arrived at the home.

If a patient screened positive for COVID-19, the necessity of the visit was assessed by clinical supervisors using a risk-based approach. The decision regarding the treatment plan was made collaboratively with the client, caregivers and care coordinators. The following three options were considered:

1. Don full PPE and complete the visit
2. Postpone the visit due to COVID-19 symptoms or
3. Complete the visit virtually

As part of the work of the Ontario Health Toronto Regional Pandemic Planning and Preparedness table, a stakeholder group of Toronto Region Service Provider Organizations was created. This group worked together to create shared guidelines for universal masking in the home care sector that were adopted across Ontario. These guidelines were adopted by the home care sector well before universal masking guidelines were mandated by the government.

COMMUNITY SUPPORT SERVICES-RISK ASSESSMENT

Over the course of the pandemic, many community-based programs were paused to minimize in-person contacts. Community Support Services utilized a risk-based assessment process (e.g. InterRai CHA)⁶ to identify an at-risk client/caregiver situation prior to the resumption of service for:

- At-risk clients who may have had existing or escalating cognitive impairments or responsive behaviours
- Escalating caregiver stress over the course of the pandemic when programs were paused

UNIVERSAL MASKING

In March/April, 2020, home care providers across the province implemented 'universal masking' policies for all patient interactions to ensure the protection of patients and staff. Mask Safety guidelines and videos were created for staff, updated regularly and shared to ensure safety of patients.

The universal masking policy was implemented by the sector prior to being mandated by the government.⁷

PERSONAL PROTECTIVE EQUIPMENT (PPE)

A Point of Care Risk Assessment (PCRA) (APPENDIX C - A sample of a Point of Care Risk Assessment) was completed prior to entering each patient's home. A PCRA is the first step in routine practice and additional precautions. Routine practices were used with all patients for all care and all interactions. The PCRA assisted staff to decide if any additional precautions were required to prevent transmission. Home care providers completed a PCRA for each visit with the addition of specific COVID-19 screening questions throughout the pandemic.

Home care providers ensured sufficient supply and distribution of additional PPE as required (eye protection, goggles, N95 respirators, face shields, gowns). Guidelines were created to ensure the correct use of any additional PPE. The PCRA and proper use of PPE significantly contributed to low workplace-acquired transmission of COVID-19.

Caring for Staff Working Remotely

Home care providers are expert at supporting a large mobile home health care workforce and have demonstrated on-going leadership and ingenuity in maintaining and sustaining connections with staff. This has been a success story built on a long history of experience, agility and resourcefulness in the home care sector.

A telephone system was created for staff to consult directly with an IPAC specialist 24/7/365 to receive advice on specific situations and/or provide support.

Supervisors contacted staff weekly to ensure that staff had access to all necessary information, equipment and supplies in order to provide care safely. Staff were also updated on all new directives.

BEST PRACTICES

This success was achieved through the following practices:

- Establishment of clinical COVID-19 on-call systems
- Use of remote staff scheduling systems
- Ongoing testing and assessment
- 24/7 telephone lines for staff and patients to maintain daily communication
- Supplying appropriate PPE and conducting PPE-use competency checks virtually
- Establishment of remote PPE pick-up sites to reduce staff time spent travelling
- Use of FAQ app on smart phones to solicit staff questions and share all responses daily
- Hosting virtual meetings and training sessions for staff
- Supervisory staff called front-line staff to offer support and allay fears, and
- Use of Intranet systems to ensure up-to-date information was available and provided

Enhanced Organizational Policies, Procedures and Guidelines

Enhanced organizational responses specific to COVID-19 and built on previous outbreaks (e.g. SARS) were developed. Education was provided to staff via email, dedicated web page, face-to-face PPE drop-off sessions, frequent virtual staff meetings, video conference calls, home visits, Intranet and voicemail. This education included:

- Guidelines for mask use and safety, hand hygiene and self-screening
- Use of risk algorithm to guide PPE
- Use, donning, doffing and disposal of PPE
- Cleaning and disinfecting of equipment using Health Canada guidelines
- Guidelines for N95 use during Aerosol Generated Medical Procedures (AGMP's)
- Guidelines for the performance of CPR
- Communication guidelines to care for patients with special needs (e.g. patients with a dementia diagnosis or communication deficits such as hearing impairment)
- Guidelines for virtual care and support and
- Enhanced caregiver support programs

MONITORING AND UPDATING EDUCATIONAL MATERIALS

All directives and materials regarding COVID-19 to staff were continually updated, including the latest information from the World Health Organization (WHO), Public Health Agency of Canada (PHAC), Local Public Health Units, Ontario Health (OH), Public Health Ontario (PHO) and the Ministry of Health (MOH). This information was quickly disseminated and supported staff knowledge and confidence.

INNOVATIVE PROCUREMENT OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING A GLOBAL SHORTAGE

Given that other parts of the health care sector were prioritized ahead of home care for receipt of PPE from provincial and regional stockpiles, all home care providers independently sourced PPE through suppliers to secure adequate supplies. As a result, home care providers paid greatly inflated prices due to worldwide shortages. Despite having little to no access to regional/provincial stockpiles, home care providers were required to report detailed inventory levels to MOH⁹ on a daily, then twice weekly basis. The lack of access to PPE during Wave One was a great stressor on the entire health care system and particularly difficult for the home care sector. In addition, family-funded providers had no access to government PPE stockpiles or funding despite strong advocacy by Home Care Ontario related to the negative public health implications of this policy. To address these challenges, home care providers created:

- Dedicated PPE procurement teams to ensure all staff had adequate and appropriate PPE
- PPE Leads who closely monitored supplies and ensured proper stewardship and
- Opportunities for home care providers to discuss and share PPE procurement strategies

The process to reimburse contracted home care providers for purchased PPE was time consuming and extensive.

VOLUNTARY TESTING PROGRAM

Home care staff participated in the voluntary testing program initiated at Ontario Long-Term Care Homes and Retirement Homes. Staff complied willingly recognizing that the testing was a critical tool to protect residents, care staff, and the community. As a result of these measures there were very rare reports of transmission that took place from home care staff providing care in long term care or retirement homes.

Due to a provincial shortage of PPE the innovative use of cloth masks by home care workers while travelling in the community between patient visits or using public transit was an early practice by home care staff. On May 20th, 2020, the provincial government formally recommended the use of cloth masks for use by the general public.

One home care provider, of many across the province, dedicated over 30 staff to a LTC home in outbreak. Staff remained until the outbreak was controlled.

SUPPORTING LONG TERM CARE HOMES

Home care providers across the province supported local long term care homes and other congregate settings that were struggling with staffing shortages. Home care teams were dedicated to congregate settings and did not visit community patients.

QUALITY CHECKS

Random quality checks were conducted with patients to ensure that staff used proper procedures and safety precautions during their visit. The quality check also identified additional questions that patients and families might have had about their care directly related to COVID-19.

COMMUNICATION

Home Care Ontario and the Ontario Community Support Association worked collaboratively with all system partners and disseminated COVID-19 information to all members. Weekly clinical teleconferences were conducted to:

- Ensure consistent sectoral approaches to emerging issues
- Share best practices and educational tools
- Bring challenges and questions forward to provincial tables and
- Provide support to each other during challenging times

MINISTRY OF LABOUR, TRAINING, AND SKILLS DEVELOPMENT (MOLTSD) GUIDELINES

Inspection visits from the MOLTSD were regularly made to home care providers to support compliance throughout the pandemic. Investigations were thorough, thereby ensuring that appropriate and safe practices were followed. The MOLTSD requested a demonstration of regular updates as evidence of compliance with the evolving recommendations and guidelines provided by the PHAC and the MOH.

Patients were contacted by phone to explain COVID-19-related risk mitigation strategies and answer questions, thus helping to alleviate the concerns of patients and families.

Caring for Home Care Patients Safely in Long Term Care and Retirement Homes

Ontario health care partners (acute and congregate care settings) can be confident in home care staff to provide safe home health care to Ontarians. The Ministry of Health and Public Health Ontario have created several measures to protect Ontario's vulnerable populations and limit transmission in congregate settings. Health care partners can work confidently with home care providers to develop innovative work practices that take patient and family care expectations into account when establishing new scheduling and routines.⁹

One of the measures employed during COVID-19 was to limit the number of locations at which employees, particularly in health care, were working.¹⁰ To protect patients and care staff, home care providers ensured that staff assigned to a long term care or retirement home were dedicated to specific homes. This initiative has included all home care staff, including personal support and regulated staff members.¹¹ Through this process, best practices emerged that further assisted in reducing transmission, and keeping both residents/patient and staff safe.

" Family members were anxious to have us resume services in the Retirement Home. The appreciation for our support from staff in the home was gratifying. "

A patient living in a Retirement Home mentioned that she had not seen her son since the beginning of COVID-19. A Speech Language Pathologist (SLP) visited the patient and connected the patient's son virtually into a clinical session. The son and mother also had a short private visit. The son stated that just seeing his mother made *'all the difference in the world'*.

BEST PRACTICES

- Staff self-screened daily, prior to any patient contact
- All patients were screened prior to each visit
- Staff were educated in the proper use, disposal and cleaning of PPE
- Staff participated in voluntary testing
- Ongoing communication with all patients, staff and health partners

Conclusion

Home Care Ontario and the Ontario Community Support Association membership continue to provide excellent home health care to Ontarians through adherence to all public health safety guidelines. Home care IPAC leaders have implemented safe work practices for staff to protect Ontarians receiving home health care from the transmission of COVID-19. These practices include: enhanced education for staff and patients, responsive infection control practices, screening and universal masking practices and the procurement, management and stewardship of PPE. Regardless of setting home care providers have ensured the health and safety of all Ontarians receiving home health care.

As the lessons of COVID-19 become clear, Ontario's home care sector must be seen as a key partner in the health care system, keeping Ontarians safe at home - where they want to be.

ACKNOWLEDGMENT

Home Care Ontario and the Ontario Community Support Association would like to thank all members for their support and contribution to this paper.

APPENDIX A

About Home Care Ontario

Home Care Ontario, the voice of home care in Ontario™, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. For over thirty years Home Care Ontario has promoted the growth and development of home care as a key pillar of Ontario's health care system through advocacy, knowledge transfer, thought leadership, and member service.

In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, respiratory therapy, infusion therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and family-funded home health care services are provided annually across the province.

For more information, visit www.homecareontario.ca and [@HomeCareOntario](https://twitter.com/HomeCareOntario)

About the Ontario Community Support Association

Ontario Community Support Association (OCSA) represents close to 230 not-for-profit organizations that provide home care and community support services that help seniors and people with disabilities live independently in their own homes and communities for as long as possible. These compassionate and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. They are the key to a sustainable health care system for Ontario.

For more information, visit www.ocsa.on.ca and <https://twitter.com/OCSAtweets>

APPENDIX B

Guidelines for Home Care Staff Self-Screening included the following:

- Staff received education about self-monitoring and completion the COVID-19 Self Screener
- Staff self-monitored a minimum of once per day prior to commencing the workday
- If staff answered 'yes' to any of the questions on the COVID-19 Self Screener they did not attend work and immediately notified supervisory staff and were directed to contact the local Public Health Unit for further direction (i.e. testing, self-isolation)
- If staff tested positive for COVID-19, the employer stayed in regular contact with the employee and facilitated follow-up with the local Public Health Unit and/or testing facility and followed all required public health recommendations
- Safe return to work plans were discussed when permitted by Public Health clearance and in accordance with Ministry of Health guidelines

APPENDIX C - A sample of a Point of Care Risk Assessment (PCRA) is inserted below



This resource is an excerpt from the [Best Practices for Routine Practices and Additional Precautions \(Appendix B\)](#) and was reformatted for ease of use

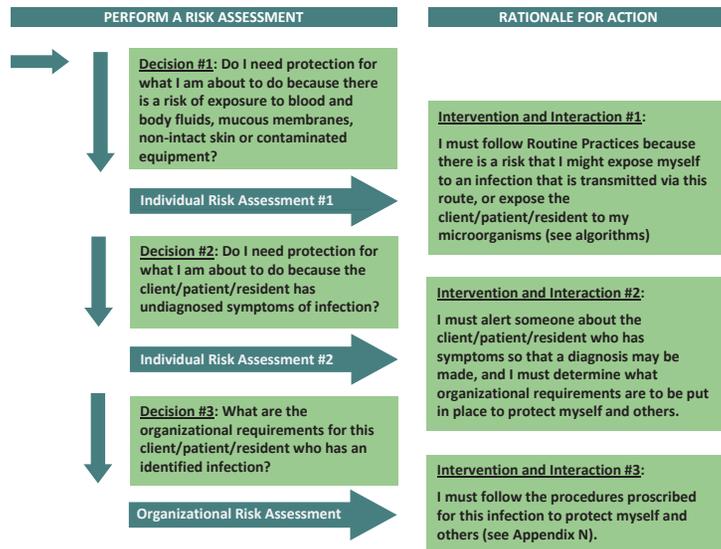


This resource is an excerpt from the [Best Practices for Routine Practices and Additional Precautions \(Appendix B\)](#) and was reformatted for ease of use

Performing a Risk Assessment Related to Routine Practices and Additional Precautions

An individual assessment of each client/patient/resident’s potential risk of transmission of microorganisms must be made by all health care providers and other staff who come into contact with them. Based on that risk assessment and a risk assessment of the task, one may determine appropriate intervention and interaction strategies, such as hand hygiene, waste management, use of personal protective equipment (PPE) and client/patient/resident placement, that will reduce the risk of transmission of microorganisms to and from the individual.²⁵ When a client/patient/resident has undiagnosed symptoms or signs of an infection, interventions must be informed by organizational requirements.

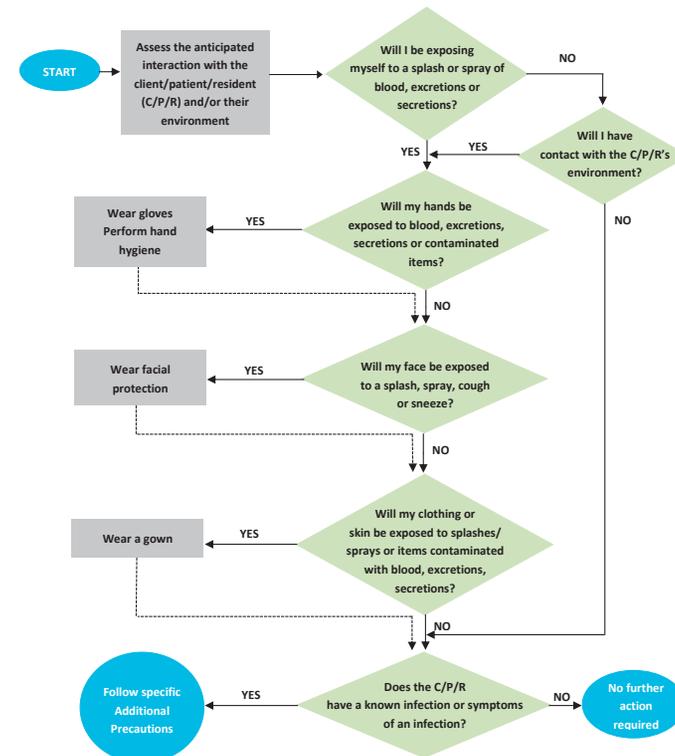
Risk assessment steps to be performed by a Health Care Provider to determine an individual’s risk of transmission of infectious agents and the rationale for associated protective measures



For more information please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpo.ca or visit www.publichealthontario.ca



Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions



For more information please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpo.ca or visit www.publichealthontario.ca



Endnotes

¹ The Home and Community Care Sector provides publicly, or family-funded care for people at home, wherever they define that “home” to be.

² Patient’s receive care in their homes, ‘home’ is defined as the location in which the patient resides or lives. Types of locations include, but are not limited to, individual residences, shared care buildings, long term care homes, retirement residences, assisted living environments, boarding schools, hospitals, supportive housing, disability housing, attendant outreach, congregate living settings, correctional facilities, group homes and shelters.

³ <https://www.homecareontario.ca/news-events/news/2020/10/27/public-health-ontario-epidemiologic-summary-covid-19-in-ontario-jan-15-20-to-may-15-20>

⁴ For the purposes of this paper, “home” is defined as wherever Ontarians believe their “home” to be.

⁵ All front-line patient-facing staff as well as all administrative staff self-screened.

⁶ The risk assessment may be a published tool such as InterRAI CHA; Zarit Burden Interview tool or an organizational document/tool that when used - alerts staff to changes in the client’s home/living situation or caregiver perspectives about the client’s behaviours indicating a need – which may impact the caregiver.

⁷ “The Ontario Health Home and Community Care Guidelines were issued making universal masking mandatory across the province in May 2020.”

⁸ On March 27, 2020 A Minister’s Order was issued requiring all service providers within the meaning of the Home & Community Care Act, 1994 to provide PPE inventories on a daily basis.

⁹ These innovative work practices involved working collaboratively with home care staff to manage family and patient care expectations and schedules.

¹⁰ <https://www.ontario.ca/laws/regulation/r20146> (“one employer rule”)

¹¹ Coordinating the reassignment of thousands of remotely managed home care staff in Ontario was a significant and complex logistical challenge.