

## Q & A- Universal Pandemic Precautions (UPP) for Home Care & Community Care Settings

After careful consideration of the increasing numbers of COVID-19 cases in several counties, the Department of Health & Wellness is mandating the implementation of **Universal Pandemic Precautions (UPP)** for home care providers (in the specified counties) who have direct client contact in home care, regardless of client symptoms.

Specifically, home care providers visiting clients in the home will be asked to wear face/eye protection in addition to a procedure mask for every client encounter and throughout the entire client visit. Face/eye protection (in addition to procedure/surgical masks) will be distributed by the leadership team to home care providers.

Staff working in administrative areas who are not face to face with clients are NOT required to wear face/eye protection, but must still wear a mask while working in the area.

*Please note: At time of publication of this document, UPP is effective in the counties of Halifax, Hants, Kings and Annapolis. This guidance is subject to revision based on changing epidemiology.*

### QUESTION AND ANSWERS

#### **What are universal pandemic precautions?**

Universal pandemic precautions (UPP) is one of several strategies used to protect home care providers from acquiring COVID-19. This includes use of organization-supplied mask and face/eye protection (which are the elements of droplet precautions) for all direct client contacts. Droplet transmission is the most common way for COVID-19 to spread. Implementing UPP does not mean that the other controls are no longer necessary. It is still critical to screen clients for infection or infection risks, postpone visits with clients who have symptoms in keeping with COVID-19 and directing them to call 811 for testing, providing care virtually when safe and effective, and taking steps to avoid contact with others in the home who are not receiving care.

#### **Why are we implementing UPP?**

The transmission of SARS CoV-2, the virus that causes COVID-19, has been well described from pre-symptomatic and asymptomatic people who are infected. Given the increased number of individuals with COVID-19 and recognition of community spread, in certain counties, additional targeted measures have been taken to decrease the risk of introducing COVID-19 in the home care setting.

In the community setting, using UPP when caring for clients in the home should decrease risk of infection to providers from asymptomatic clients, or others in the home, who are not wearing a mask. Droplet and contact precautions are still to be used when caring for symptomatic clients. By protecting providers from infection, UPP serves to preserve the workforce by minimizing COVID-19 infections and exposures. This is a targeted measure to protect the health system and limit the spread of COVID-19. Nova Scotia case numbers are reviewed daily and this policy will be extended to other zones as needed.

#### **What does this mean for providers working in home care & community care?**

Providers working in home care providing direct client care will be provided with a mask and face/eye protection for client encounters. In home and community care settings, masks and face/eye protection will be worn for extended periods and reused after being removed. Mask and face/eye protection should be removed when driving, for breaks, or eating a meal. Medical mask and face/eye protection should be changed out only when it becomes soiled/dirty/wet/compromised, and at end of shift.

A gown and gloves will continue to be used based on Point of Care Risk Assessment and for Contact Precautions.

#### **What are acceptable methods of face/eye protection?**

Face/eye protection includes:

- Face shields (disposable-foam headband or reusable plastic headband)
- Visors attached to masks
- Goggles

\*Prescription eye glasses are not considered accepted eye protection.

Face shields provide the most coverage to the face and eyes of the wearer. While goggles are an acceptable form of eye protection for droplet precautions, currently they are in short supply and not readily available. Providers are to only use face/eye protection that has been approved by Occupational Health, Safety, and Wellness.

### **Are safety glasses and goggles equivalent?**

No. Safety glasses allow air in and around the eye area due to small gaps. They are designed to fit firmly but not tightly around the eyes. Goggles fit tightly against the face to form a seal around the eyes. **Safety glasses** do not provide the same level of **protection** from splashes, sprays, and droplets as face shields or goggles, and generally should not be used for UPP for COVID-19. They are not recommended for close clinical contact, especially if the client is unmasked.

### **How do I wear face/eye protection during a visit?**

- Face/eye protection is to be used for the entire duration of a visit, without removing it, and should be put on **prior** to entering the client's residence. The same face/eye protection should be used throughout the shift with appropriate cleaning and disinfecting protocols (as above).
- Remove and clean/disinfect your face/eye protection at breaks, after visits, and at end of shift. Discard non-reusable face shields at end of shift. Avoid touching or readjusting your face/eye protection as much as possible when it is on.
- If you touch the front of the face/eye protection while you are gloved or with unwashed hands, readjust/manipulate it during client care, it becomes wet, or a client directly coughs at you, the face/eye protection should be cleaned and disinfected. If it becomes damaged, it will need to be replaced.
- If your face/eye protection is damaged, clean hands and obtain a clean face/eye protection and a bag for disposal. Find a suitable location at least 2 metres from client/support persons. Clean surface area with a disinfectant wipe, and put down clean paper towel or pad for clean face/eye protection. Clean hands and remove face/eye protection, placing in bag for disposal. Clean hands and put on new face/head protection.
- If your face/eye protection needs to be cleaned and disinfected, clean hands and obtain cleaning supplies/wipes and clean paper towel/pad. Find a suitable location at least 2 metres from client/support persons. Clean surface area with a disinfectant wipe, and put down clean paper towel or pad. Clean hands and remove face/eye protection and place on towel/pad. Clean/disinfect as outlined in the table below. Allow to air dry and put on clean face/eye protection.

<p align="center"><b>Full Face Shield (without foam) or Goggles</b></p>	<ol style="list-style-type: none"> <li>1. Perform hand hygiene. Don a clean pair of gloves.</li> <li>2. Use a wipe/disposable cloth to clean the surfaces. Wipe the interior of the face/eye protection (considered cleanest area) and then the exterior. Ensure any visible soiling is removed.</li> <li>3. Use a second wipe/disposable cloth to disinfect the surfaces. Wipe the interior of the face/eye protection and then the exterior.</li> <li>4. Ensure all surfaces remain wet for the disinfectant's contact time (Disinfectant products' contact times differ. The manufacturer's product label will indicate the specific time required).</li> <li>5. Remove gloves and perform hand hygiene.</li> <li>6. If the face/eye protection's visibility is compromised by residual disinfectant following the contact time, it may be rinsed with tap water. Allow to air dry or use clean absorbent towel.</li> <li>7. Return goggles/glasses to the PPE clean container/bag.</li> <li>8. If full face shield or goggles appear damaged or compromised- discard- do not reuse</li> </ol>
<p align="center"><b>Full Face Shield (with foam)</b></p>	<p><b>Face protection with foam headbands should be dedicated to an individual worker for one shift. Worker should label the shield with their name, using permanent marker.</b></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene. Don a clean pair of gloves.</li> <li>2. Use a wipe/disposable cloth to clean the surfaces. Wipe the interior of the shield/visor (considered cleanest area) and then the exterior. Ensure any visible soiling is removed.</li> <li>3. Use a second wipe/disposable cloth to disinfect the surfaces. Wipe the interior of the shield/visor and then the exterior.</li> <li>4. Ensure all surfaces remain wet for the disinfectant's contact time (Disinfectant products' contact times differ. The manufacturer's product label will indicate the specific time required).</li> <li>5. Remove gloves and perform hand hygiene.</li> <li>6. If the full face visor visibility is compromised by residual disinfectant following the contact time, it may be rinsed with tap water. Allow to air dry or use clean absorbent towel.</li> <li>7. Store face shield in clean PPE container/bag.</li> <li>8. If the full-face visor/shield appears damaged or compromised-do not reuse. Discard face shield with foam when damaged or at the end of each shift.</li> </ol>

**What do I do when it is time for a break or at the end of my visit?**

Follow all the steps to safely remove, clean, and disinfect, face/eye protection just prior to exiting the client home. Store the face/eye protection according to your organization's protocol when travelling between clients homes, the office, or taking a break. PPE should be stored in a manner that does not allow for contamination or damage. Some options include cleaning and placing in a paper or plastic bag, laying on a clean surface such as a clean piece of paper towel, towel, blue incontinence pad, cleanable container etc.

Leave mask on until ready to eat. Perform hand hygiene, remove mask, place on clean surface/store as per protocol, and perform hand hygiene again. Ensure there are 2 metres between you and everyone else while mask is off

**What do I do when it is the end of my day/shift?**

- Remove your face/eye protection just prior to leaving the clients residence while in an area where client or other household members are not present
- Discard in a waste receptacle or reprocess reusable face/eye protection following organizational process for cleaning/disinfection and reuse.
- Place reusable face/eye protection in a clean container or bag for storage.
- Perform hand hygiene.

**Can I bring my OWN procedure mask or face/eye protection?**

No. At this time, we do not support providers bringing in their own supply of medical masks or face/eye protection. Our PPE are controlled for quality and we cannot ensure equipment brought in from elsewhere meets our quality standards without additional evaluation.

**What does this mean for providers in other zones or counties?**

For now, providers in other zones or counties outside of the counties affected should continue to use the Risk Assessment for COVID-19. It instructs you to apply Droplet and Contact precautions for a client with risk factors for COVID- 19, such as living in a community cluster. Visits with clients having symptoms of COVID-19 should be postponed and the client advised to call 811 to arrange testing.

**How long will UPP be in play?**

We expect that UPP will remain in place until it is determined that the area/counties are without community transmission and preventing transmission of COVID-19 can be accomplished by using our risk assessment tool, which identifies when Droplet and Contact Precautions are needed.

Home care providers can refer to ***Quick Reference Guide- Universal Pandemic Precautions (UPP) for Home Care & Community Care Settings*** for additional details to apply UPP in a client's home.

*December 22, 2020*