

Ministry of Health

Novel Coronavirus (COVID-19) Guidance for Home and Community Care Providers

Version 2 – February 11, 2020

This guidance provides basic information only. It must not take the place of medical advice, diagnosis or treatment. This guidance is for home care providers who see clients in their home/community setting.

What you need to know:

- All staff should know their client's risk for COVID-19.
 - Where possible, clients should be screened before staff enter their home to provide care.
 - Screening questions should be extended to all other people who will be in the home during the staff member's visit.
- With appropriate direction from supervisors (if applicable), staff should follow routine precautions as well as contact, droplet, and airborne precautions when providing care to any person under investigation for COVID-19 or a confirmed case of COVID-19 including:
 - hand hygiene, and
 - the use of appropriate personal protective equipment including the use of gloves, gowns, fit tested N95 respirator, masks, and eye protection.

The COVID-19 in a Home Care setting

The 2019 novel coronavirus associated with Hubei province (Wuhan), China (COVID-19) is a newly identified virus. Of the cases reported to date, some have developed severe illness and deaths have been reported. However, many people have had only mild symptoms and did not require hospital care.

This guidance is important for you to read and understand if you are a home and community health care provider who may encounter:

- persons under investigation (PUI) for COVID-19;
- persons who have COVID-19 and do not need to stay in a hospital (i.e., can be safely isolated at home); OR
- a home care patient/client with a symptom and travel history that meets the criteria to be assessed and tested for COVID-19 (a potential PUI).

Because COVID-19 is a newly identified virus, the exact way it spreads is not well understood. There is evidence that COVID-19 can be spread from people who are sick to others with whom they have close contact. Close contact involves situations such as caring for or living with someone. It is important to take steps to protect yourself and so that the virus is not spread to others.

Screening and Triage

- All clients should be screened by the appropriate staff member by phone before appointments are scheduled (e.g., by personal support workers, schedulers, managers, etc.) to determine the risk for COVID-19.
- Staff should also ask about any other person who will be in the home during the appointment (e.g., visitor or family member) and where appropriate, screen this person too.
- Staff should provide further guidance (e.g., over the phone) to patients and others in the home who are experiencing symptoms of COVID-19 and have a recent travel history (within 14 days) to mainland China (e.g., they should call Telehealth Ontario or their local [public health unit](#)).

- Staff should be trained on screening primary questions.

Sample Screening

Is the patient presenting with:

1. Fever, and/or new onset of cough, or difficulty breathing,

AND any of the following:

2. Travel to mainland China in the 14 days before the onset of illness

OR

Close contact with a confirmed or probable case of COVID-19

OR

Close contact with a person with acute respiratory illness who has been to mainland China in the 14 days before their symptom onset.

- If a person answers yes to both questions (1) and (2), either the patient or other person in the home, staff should call the local public health unit to report the possible PUI and discuss the most appropriate setting for clinical assessment, and, if warranted, testing.
 - If the care provider is not a practitioner with a duty to report diseases of public health significance to local public health, they should follow their organization's relevant policies and procedures, or contact their supervisor or Medical Director for guidance.
- If individuals are referred to hospital (e.g., emergency department) for testing, the staff member and/or agency should coordinate with the hospital, local [public health unit](#), paramedic services, and the patient, to make safe arrangements for travel to the hospital that maintains isolation of the patient. Notification should be provided to the hospital of the case's impending arrival. All referrals to hospital should be made to a triage nurse.
- If a patient is very ill, the staff person should call an ambulance and let the paramedic call-takers know that the client is at risk for having the 2019-CoV virus.

Occupational health & safety and infection prevention & control advice for home and community care settings

- If a care provider is conducting a patient visit to the home of someone who is a PUI or confirmed case for COVID-19, providers should use routine practices with additional precautions (contact and droplet and airborne). These precautions include:
 - Hand hygiene
 - Wearing appropriate personal protective equipment (PPE) including the use of gloves, gowns, fit tested N95 respirator, masks, and eye protection.
- The patient should be instructed to wear a procedure mask (if tolerated) while the care worker is providing care.
- The ministry is recommending that care workers apply Airborne Precautions based on a precautionary basis to this novel virus for which little information about transmission and clinical severity is available.
- For more information please see:
 - [PIDAC Routine Practices and Additional Precautions in All Health Care Settings](#)
 - [Emergency Homecare Protocols](#) from the Ontario Personal Support Workers Association

Care providers who become ill with a respiratory infection should report their illness to their manager or to Employee Health/Occupational Health and Safety. The manager or Employee Health/Occupational Health designate must promptly inform the Infection Control Practitioner or designate of any cases/clusters of employees/contract staff who are absent from work with acute respiratory infection.

If the care provider's illness is determined to be health care acquired:

Under subsection 52(2) of the *Occupational Health and Safety Act*, an employer must provide written notice within 4 days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or that a claim has been filed by, or on behalf of a worker, with the Workplace Safety and Insurance Board (WSIB) with respect to an occupational illness, to:

- the Ministry of Labour;
- the joint health and safety committee (or health and safety representative); and
- the trade union, if any.

Any instances of occupationally-acquired infection shall be reported to the Workplace Safety and Insurance Board within 72 hours of receiving notification of said illness.

If COVID-19 is suspected or diagnosed in a staff member, return to work should be determined in consultation with the local [public health unit](#). Staff must report to Occupational Health and Safety prior to return to work.

Testing

Home and community care providers are not required to conduct testing. Where a physician is part of a home or community care organization, that provider should refer to primary care guidelines for more information about testing outside of hospitals.

Reporting

The home and community care providers should use routine reporting procedures to contact their local Public Health unit. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).

What is known about the COVID-19

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans, likely through bat reservoirs. Several known coronaviruses are circulating in animals that are not infectious to humans.

On December 31, 2019, the World Health Organization (WHO) [was informed](#) of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (COVID-19) [was identified](#) as the causative agent by Chinese authorities on January 7, 2020.

Common signs of infection include fever, respiratory symptoms such as cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, kidney failure and even death.

Recommendations to prevent infection spread of nCoV in the general public include performing hand hygiene (either use of alcohol-based hand rub or hand washing with soap and water), respiratory hygiene and cough etiquette (e.g., covering mouth and nose when coughing and sneezing, using tissues to contain respiratory secretions).

As of January 25, 2020, cases of COVID-19 have been announced in Ontario. While it is anticipated that we may see additional cases with travel history to the impacted region, the overall risk to the community remains low.

At this time:

- Almost all cases have direct or indirect epidemiological link to Wuhan, China.
- Effective infection prevention & control measures are in place across Ontario's health system.

For more information

If you have any questions, please consult the ministry's [website on COVID-19](#) or contact your local [Public Health Unit](#).

Appendix 1- Sample language for home care workers

Provided by Ontario Health, can be adapted for other organizations

Secondary Screening Guide for Frontline Staff from the Ontario Health nCoV Response Teams

I am reaching out to you because a recent assessment by *the health care professional* identified that you may be experiencing a respiratory illness and we want to ensure everyone's health and safety in delivering your care. As you may be aware, there has been an emergence of the novel coronavirus in Ontario, so as a precaution I would like to ask you a few questions to make sure you get the follow-up care you need.

[Confirmation of secondary travel questionnaire responses] If negative:

Thank you for taking the time to answer these questions. *[Outline infection control process and protocols for care]*. You should also contact your primary care provider on the phone; would you like support to do this? Should your condition worsen or change, please contact your Care Coordinator immediately or inform *[Service Provider]*.

If confirmed positive:

Thank you for taking the time to answer these questions. We feel it is important that you go to your local hospital for further testing and assessment. Are you able to get to the hospital independently?