

# Point of Care Risk Assessment (PCRA)

## WDGPH IPAC Hub Facilitation Plan for Congregate Settings

<b>Activity Purpose</b>	<ul style="list-style-type: none"> <li>• To review what is and how to complete a point of care risk assessment</li> <li>• To empower staff to apply critical thinking skills in order to determine what personal protective equipment (PPE) is needed in a given scenario</li> <li>• To practice giving critical feedback to staff</li> <li>• Work through scenarios to apply the PCRA principles commonly encountered in congregate settings</li> <li>• Practice donning and doffing necessary PPE based on hypothetical scenarios</li> <li>• To incorporate adult learning principles to increase learner engagement in the concepts</li> </ul>
<b>Links and Resources</b>	<p> <a href="#">PCRA Video</a>  <a href="#">Public Health Ontario poster</a>            WDGPH PCRA poster/info cards  <a href="#">WDGPH PPE videos and PPE tips poster</a>            PPE <a href="#">donning</a> and <a href="#">doffing</a> posters            PHO PPE <a href="#">donning</a> and <a href="#">doffing</a> videos  <a href="#">PHO 4 Moments of hand hygiene</a>  <a href="#">PHO fact sheet – IPAC control measures</a>            PowerPoint slide deck            Session activity resources         </p>
<b>Estimated Time and Format</b>	<p>~1 hour</p> <ul style="list-style-type: none"> <li>• This session can be created to be shorter (10-15min) or longer and held over many dates as part of an IPAC huddle or as one session based on your needs and staff availability.</li> <li>• This program is flexible and can be used to suit your teams needs</li> <li>• See the appendix for sample 15-minute sessions that you can implement in your facility</li> </ul>

### PCRA Training Tool Options and How to use This Guide

- The concepts are reviewed by a facilitator and discussed at a high level with those participating
- These tools can be used for meetings in person or virtual
- You can decide what to cover based on the time you have as well as the points/topics you want to cover and the format that best works with your team

- You can review the goal and the format you will be using before each session
  - What topic will you be covering (i.e., PCRA, hand washing, PPE donning/doffing)
  - Will you be doing an interactive activity or just having a discussion?
  - Review how long the session will last with the participants
- Format options can include IPAC huddles/small groups/one on one (~15min), lunch and learn session (~30min), formal presentation (~1 hour) or however you would like! You can mix and match the training tool options below to customize your training plan. This guide is meant to provide the content and ideas around what to review and options around how to provide the information to get the most out of the time you have.
- For more information around how to run your own IPAC huddle or education session, refer to the fact sheet “How to facilitate a learning session” for tips and points to consider
- **Training tool options include**
  - **Discussion and talking points**
    - These can be used as talking points during an informal discussion or IPAC huddle or as part of a formal presentation
    - Content includes:
      - **SECTION 1:** PCRA content:
        - General overview of what a PCRA is
        - Routine practices and additional precautions
      - **SECTION 2:**
        - PCRA walk through
      - **SECTION 3:**
        - Interactive scenarios and activities
      - **SECTION 4:**
        - Wrap up and discussion points
  - **Videos:**
    - The videos can be played as stand alone videos, or shown as a series. The videos can also be incorporated into a formal presentation or emailed out to your team to view on their own time.
      - PCRA
      - Routine Practices
      - Additional Precautions
      - Hand hygiene demonstration videos
  - **Power point slide deck**
    - Can be used to display to participants during a formal session or as background notes for the facilitator during a more informal discussion
    - You can choose to use only a few slides at a time or use the entire presentation from start to finish
  - **Scenarios:** which include questions to ask, alternative twists to the scenario and additional considerations for each.

- You can take parts of the scenario and split up over more than one session or cover one scenario as a whole during each session. The choice is yours.
- Scenario themes include:
  - Symptomatic resident (respiratory symptoms)
  - Symptomatic resident (gastrointestinal symptoms)
  - Bathing
  - Toileting
  - Feeding
  - Outing
- **Interactive Activities**
  - These are paired with each scenario
  - Each activity will include the format, purpose, time to complete and materials needed
  - Activity options include both in person and virtual options
  - Activities can be run individually, in pairs/small groups, or in one large group

## PCRA Content

### SECTION 1: General Overview

- **Provide a brief overview of what a point of care risk assessment is and when to complete one**
  - A PCRA is a series of questions you will ask yourself before performing a task
  - The answers to these questions will help you decide IF and WHAT PPE is needed to complete your task
  - Knowing what situation you may walk into will help you decide what to do and how to protect yourself
  - The level of risk of exposure depends on the task you are doing as well as the environment and the state of the resident.
  - A PCRA should be done before every resident care interaction even if they are not isolating/on precautions.
- **Explain why it is important to complete a PCRA**
  - A PCRA is important to protect yourself from getting an illness and reduce the spread of illness between residents or from staff to resident. It can also help with preventing safety concerns.
- **Discuss briefly the difference between Routine Practices and Additional precautions**
  - A PCRA applies for every encounter, whether the resident is symptomatic at the time or not. PPE should be worn based on your PCRA and not just because the resident is symptomatic.
  - We should implement routine practices every day all the time and also use additional precautions when someone is symptomatic.

- **Routine practices** – Regular day-to-day things we do all the time to keep us from getting sick and passing on illnesses
  - Examples include washing our hands, cleaning surfaces and shared equipment, covering your cough/sneeze, disposing of sharps safely
- **Additional precautions** – These are other measures or extra steps we can put in place to stop the spread of illness when someone is sick
  - **(Bring signage to show as examples: Contact, Droplet/Contact, Airborne)**
  - For example: If someone has vomiting or diarrhea, this can spread through contaminated surfaces and can be caused by many different pathogens. Other things like increased cleaning and disinfection, hand hygiene, glove, and gown use need to be put into place to break the chain of infection and stop transmission. These measures are called contact precautions
  - Other germs can spread via contact and droplets when people cough or sneeze (COVID-19, influenza) while others are airborne (TB, measles). Different control measures or additional precautions should be put into place for these pathogens to stop the spread.
  - Each category of germs requires different types of PPE and precautions to keep staff and residents safe.
  - These additional precautions or extra steps must be used WITH routine practices to stop the spread of germs
    - Examples include PPE based on the symptoms a resident has, increased cleaning and disinfection, dedicated equipment, special accommodations (i.e., private room or cohorted), signage

## SECTION 2: PCRA Walk Through

- Work through the questions and discuss each, seeking feedback and input from the group. Ask the group to refer to their handouts/information cards to prompt the discussion. (These can be in any order)
- Consider the following categories and provide examples of the types of questions you would ask yourself prior to entering the room or approaching the situation.
- All of the questions will help inform what PPE to wear in order to keep yourself and the resident safe.
- If participants don't offer any suggestions, provide one to get the ball rolling or provide all and discuss why each is important.

### Client/Resident:

**Question:** What type of care is required for the resident?

- Do you know the resident? Will they understand your direction? How much assistance is needed? How close will you need to come to the resident? Is it close contact? Will you be touching contaminated equipment? Changing a dressing?

**Question:** What is the resident's diagnosis or infection status and is the resident experiencing any symptoms?

- Is there signage on their door? Has the daily wellness check already been completed?

**Environment:**

**Question:** What type of environment are you entering to provide care?

- Are there sharps out, a spill, soiled linens? (potential hazards)
- Is there enough space to physically distance?

**Question:** Will you be at risk of exposure to blood or body fluids?

- Open wound? Dressing change? Symptomatic resident?

**Task:**

**Question:** Am I properly trained to complete this task?

**Type of Task:**

**Question:** Is there a chance your hands will be exposed to blood, vomit/stool, secretions, broken skin, dirty items?

If YES → clean your hands and wear GLOVES

**Question:** Is there a chance that your face (eye/nose/mouth) be exposed to a splash, spray, cough or sneeze?

If YES → clean your hands and wear a MASK and EYE PROTECTION

**Question:** Is there a chance your clothing could be contaminated with splashes or spray, body fluids or contaminated item?

If YES → clean your hands and wear a GOWN

**OTHER QUESTIONS:**

- Are there any immediate or potential risks to safety?
- Is the resident incontinent? Gloves and gown likely required
- Do they have an open wound (e.g., skin ulcer or a rash)? Gloves and gown likely required
- Do they have any lines like an IV that would need special care to keep clean? Follow your facility policy for any lines or catheters and use sterile gloves where appropriate

**SECTION 3: Interactive Scenarios and Activities**

- **Scenarios:** include questions to ask, alternative twists to the scenario and additional considerations for each.

- You can take parts of the scenario and split up over more than one session or cover one scenario as a whole during each session. The choice is yours.
- Scenario themes include:
  - Symptomatic resident (respiratory symptoms)
  - Symptomatic resident (gastrointestinal symptoms)
  - Bathing
  - Toileting
  - Feeding
  - Outing
- **Interactive Activities**
  - These are paired with each scenario
  - Each activity will include the format, purpose, time to complete and materials needed
  - Activity options include both in person and virtual options
  - Activities can be run individually, in pairs/small groups, or in one large group
  - Select the most appropriate based on your team, time, and format preference
  - You can also create your own scenarios and use the same format to discuss and review with your team
  - See the appendix for sample 15-minute sessions that you can implement in your facility

## **SCENARIO 1: SYMPTOMATIC RESIDENT (respiratory symptoms)**

### **Scenario:**

*You notice that one of the residents didn't eat much at breakfast today and now has a cough. You would like to approach the resident to complete a wellness check, collect their temperature etc. to determine what else may be going on. How would you handle this situation? What action would you take or recommend?*

Ask participants to volunteer their thoughts; Give everyone a few minutes to jot down their thoughts prior to discussion. Provide those below if not already covered

### **Initial questions:**

- Will I need to be close enough to examine the resident that they may cough on me?
- What is the likelihood that they will cough/sneeze on me while I am completing the wellness check?
- How long have they been experiencing these symptoms? Is this baseline for them?
- Have they been tested yet for COVID-19? Or other viruses?

**What PPE would you select and why?** (Ask for a volunteer to provide an answer)

- Mask

- Eye protection
- Gown
- Gloves – if using a tympanic thermometer (task specific)
- Perform hand hygiene before and after doffing

What would you reevaluate, or change based on this new information?

**What if:**

- **It was normal for the resident to have a cough? Would your actions change?**
  - What type of cough are they experiencing? Wet vs. dry, ongoing or a one off?
  - Still need to evaluate as they are also experiencing decrease in appetite and need to rule out an infectious cause. You would treat this the same and don full PPE.
- **What if you later found out the resident recently had an essential visitor who you know is also sick and COVID-19 positive?**
  - Could be a possible epi link (i.e., reasonable evidence that transmission could have occurred between the visitor and resident) and acquisition source for this resident
  - Would still isolate in droplet/contact precautions and test. PPE as above
- **What if the swab result for the resident came back negative for COVID-19. What would be your next steps? Do they have to continue to isolate? If so, until when?**
  - Reassess the resident for any symptoms
  - Resident would continue to isolate while symptomatic until 24 hours resolved (not including a lingering cough)
  - Staff would continue to wear droplet/contact PPE while isolating as this could be another respiratory virus spread via droplets
  - Consider alternate testing based on physician's orders
- **What if you had to assist with showering the resident and then help with oral hygiene. Would you change any of your PPE and why/why not?**
  - Remove gloves after showering – task specific
  - Remove gown after showering – likely wet/soiled
  - Perform hand hygiene
  - Remove eye protection and mask as likely wet/soiled. Perform hand hygiene. Re don new mask while physically distanced from the resident
  - Perform hand hygiene and don new gloves before assisting with oral hygiene (do not wear the same gloves worn during showering as this can lead to cross contamination)

**Any special considerations or other questions?**

- If there are ill or exposed residents in the facility, make sure to flow from well to well-exposed to symptomatic then to positive residents in order to minimize transmission
- **Hand hygiene**
  - It is important to remember each resident's bed space is treated separately
    - Is there a difference if you are in a single or multi-bed room? What should you keep in mind regarding hand hygiene?

- 4 moments of hand hygiene:
  - Clean your hands always before and after
    - A task
    - PPE use
    - Contact with every resident (walking in and out of the room)
  - Make sure you have ABHR at point of care before providing care
    - May be at the doorway, in the room etc.
    - Know who to ask or where to find more if it's not there, expired or empty
- **PPE**
  - Remember when leaving the room, all PPE including your mask must be removed. If staff are wearing a mask for source control, a new mask must be put on as the PPE worn in the room is considered contaminated.
  - If you are working in an outbreak, you may be universally wearing eye protection. In this case you would remove your eye protection and clean and disinfect at the doffing station when leaving the resident's room/bedspace.
- **Environmental Cleaning**
  - Think about whether equipment is being shared between residents. If yes, then the equipment must be cleaned and disinfected after each use.
    - Know where to find what to use
    - Know who to ask or where to find more if it's not there, expired or empty
  - If the resident coughs or sneezes on the equipment it is considered dirty and must be cleaned and disinfected.
    - High touch cleaning and disinfection is in addition to this cleaning

## **ACTIVITY STATION – Sequence of PPE and Feedback**

### **Option 1: Donning/doffing PPE**

**Format:** Pairs/Small groups (in person)

**Purpose:** To practice the sequence of PPE donning/doffing as well as practicing providing critical feedback

**Time:** 10-20 minutes

#### **Materials needed:**

- PPE in various sizes
- ABHR (one bottle for each group)
- PPE donning and doffing cards (one set per group)
- Paper and a pen to write down tips/feedback



- In pairs or small groups, one person is the “auditor” and one person is the “donner/doffer”
- Have the PPE donning/doffing cards handy as well as a piece of paper and pen to write down any tips/notes.
- The donner/doffer picks one step to complete incorrectly and keeps this a secret
- The auditor watches carefully as the donner/doffer puts on or takes off their PPE, looking for the planned mistake
- The auditor practices providing just in time feedback to the donner/doffer based on the missed step or incorrect sequence.
  - Try to provide what the donner/doffer could do differently next time or how to correctly don/doff
  - Explain the “why” behind the error and what the result could be
    - i.e., I noticed that you took your gloves off after your gown (or forgot to remove your gloves all together). It is really important to take your gloves off before your gown to minimize cross contamination and spread of germs. Also, by taking off your gloves, you stop the spread of germs because you can wash your hands. Then when you touch clean surfaces you are not introducing more contamination.
- If time permits, switch roles and repeat
- Facilitator can walk around the room and make notes based on the feedback/discussion between participants
- Discuss the activity as a large group
  - What worked well? What was awkward when providing feedback?
  - How would you handle someone who won’t listen or accept feedback? How would you approach this situation in order to provide safe resident care?
  - Ask for volunteers to share tips for providing just in time feedback or coaching regarding PPE donning/doffing (i.e., how they would provide feedback or how they would like to receive feedback). **Also see activity option 3 for more tips.**

## Option 2: Donning/doffing PPE

**Format:** Large Group (in person)

**Purpose:** Individuals will observe the facilitator donning/doffing PPE to find the mistake made in the sequence. Participants will point out the consequences of making the mistake (i.e., if you forgot to take your gloves off why this is a problem) as well as providing critical feedback.

**Time:** 10-20 minutes

### Materials needed:

- PPE in various sizes
- ABHR (one bottle per group)
- PPE donning and doffing cards (one set per group)

- Paper and a pen to write down tips/feedback
- The group facilitator dons and/or doffs PPE in the incorrect order first while the group observes or “audits”
- The group can refer to the PPE cards
- A group member can volunteer to point out:
  1. What was done incorrectly or step that was missed
  2. What they could do differently next time
  3. Why this matters or is important
  4. What feedback or interventions can be given to the staff to support them while ensuring correct donning/doffing

### **Option 3: Discussion around providing critical feedback**

**Format:** Large group – Virtual or in person (auditors)

**Purpose:** To discuss challenges with and provide tips when giving critical feedback to staff. Staff will be able to use the strategies discussed in their role as auditors.

**Time:** 5-15 minutes

**Materials needed:** Computer and internet connection if virtual

- As a group promote a discussion around how to provide feedback to staff when completing auditing support or when you notice a staff member not following best practice.
- You can read the scenario and then discuss how to give critical feedback:
  - Scenario:
    - You are completing your day to day tasks when you notice a staff member walking around with gloves on (or going from task to task wearing the same gloves). The staff member is scared about transmission and believes that wearing gloves is better than performing hand hygiene. You decide to intervene and provide just in time feedback and support. What would you say and how would you say it?
- Ask the group to comment in the chat with a tip that they have to provide feedback (i.e, when completing auditing or when they notice someone incorrectly completing a task) (for example - approaching a family member who removed their mask while visiting with their loved one, incorrect PPE donning/doffing sequence, someone forgot a piece of PPE based on the situation)
  - Consider stating the following:
    - I noticed that you are wearing gloves today and I would like to chat about this for a few minutes. Take the staff to the side so that the conversation can take place one on one

- Mention you understand the staff may think they are doing the right thing by wearing gloves however this may cause even more germs to spread as they can't wash their hands when they should.
  - Review quickly when to wear gloves vs. wash hands for some context
    - Its important to wash your hands before and after you put on gloves
    - Gloves are meant only for one task and not to be worn between tasks as this can spread germs from one place to the next
    - For example, When you wear gloves to help a client brush their teeth, you should remove your gloves and wash your hands before helping them get dressed for the day and not keep the gloves on. This will help stop the spread of any germs as you would wear gloves for this task even if the client is not sick.
  - Mention one thing the staff was doing correctly to reinforce positive feedback as well.
    - I really liked how you....
    - I noticed that you....
    - Keep up the good work. We are all trying our best to do what we should every day.
- If there are no suggestions or tips, provide an example from the list below to get the conversation started and promote discussion:
  - **Provide timely feedback that is honest and use specific examples**
  - **“Compliment Sandwich”**
    - Try framing the negative feedback between positive messaging
      - For example:
        - Thank you so much for visiting your loved one today, I know they really enjoy seeing you. We are trying to keep all of our residents safe and healthy. Can you please leave your mask on while visiting your loved one. I appreciate your help in following our policy!
        - I noticed you had on the correct PPE based on the situation just then. Just remember to remove your gloves when you leave the room also and wash your hands so that germs don't spread throughout the home. Thank you for keeping our residents safe!
  - **One on One support**
    - When offering critical feedback, not everyone will take this the same way and it is helpful to offer this away from others and one on one. Pull the team member to the side to discuss your feedback. If they resist, reinforce it will only take a moment and you were hoping to speak with them “in the moment”. This will help drive home your observations and feedback while it is fresh in everyone's mind.

- For example:
  - I have a few things I was hoping we could discuss right now before you leave. Can we step over here for a minute to chat?
  - **Offer coaching**
    - Show or explain what to do vs. what not to do
    - Role play a scenario with a volunteer (if in person)
- Discuss what to do if the staff member is not receptive to feedback or is confrontational/argumentative.
  - Reinforce that you are all working together on the same team
  - State you want to help as you want everyone to be safe (the client as well as the staff)
  - If the staff still refuses to listen and correct the action, either at the time or the next time you notice this, mention this to your supervisor. If at any time you feel uncomfortable or unsafe, discuss this immediately with your supervisor and discuss the next steps to implement corrective action.

#### **Option 4: PPE donning and doffing videos**

**Format:** Large group – Virtual (front line)

**Purpose:** To review best practice regarding putting on and taking off PPE

**Time:** 5 minutes

**Materials needed:** Computer, internet connection and video links

Review donning and doffing using a video format.

Select which video you would like to review and then play for staff to view (or send links for virtual review)

[WDGPH Donning PPE Video](#)

[WDGPH Doffing PPE Video](#)

OR

PHO Video 1 - [Putting on Full Personal Protective Equipment](#)

PHO Video 2 – [Taking off Full Personal Protective Equipment](#)

#### **Option 5: Discussion around Transmission of Diseases**

**Format:** Large group – Virtual or in person (front line)

**Purpose:** To creatively discuss the worst-case scenario for spread of illness and how to make sure a disease is transmitted in order to reveal as a group how to stop transmission.

**Time:** 10-15 minutes

**Materials needed:**

- Background information on liberating structures, specifically TRIZ
- If in person, flip chart and markers
- If virtual, computer and internet connection

Using the [liberating structure TRIZ](#),

- Ask the group, based on our PPE scenario, how can we make sure to transmit COVID or increase cross-contamination through PPE donning and doffing
  - Make a list of all you can do to make sure that you achieve the worst result imaginable
- Go down this list in the chat and select a few for discussion if virtual. If you are running the activity in person, jot down answers on a piece of paper. Ask the group - Is there anything that we are currently doing or may have done inadvertently that in any way, resembles something on our list?
  - Discuss this as a group and share examples
  - For example:
    - Sometimes we forget to wash our hands after removing our gloves
    - We may not always stick to the contact time when disinfecting our eye protection
    - I may forget to take off my mask when leaving a resident room on precautions and put on a new mask for source control
- Discuss the points above and decide what first steps will help you stop what you know creates undesirable results. How do we make it easier to do the right thing? What has worked for you?
  - Look for examples from the group
  - For example: Make sure the garbage can and ABHR is at the entrance/exit to the room so I remember to take off all of my PPE and wash my hands
  - Have a checklist for the PPE caddy to help restock with everything needed. Before putting it away when you done with it, make sure all supplies and signs are there so you can just grab and go next time.

## SCENARIO 2: SYMPTOMATIC RESIDENT (gastrointestinal symptoms)

**Scenario:**

*Today you start your day with all residents feeling well but when you enter the dining room you notice one of the residents has vomited while sitting at their table. You need to act immediately to*

*determine what the cause could be. What are your initial investigation questions and what are your next steps?*

Ask participants to volunteer their thoughts; Give everyone a few minutes to jot down their thoughts prior to discussion. Provide those below if not already covered

**Initial action:**

- Protect yourself using PPE
- Ensure the resident's safety

**Initial questions:**

- Is vomiting normal for the resident (vomit vs. spit up)?
- What did they just eat?
  - Do they have difficulties swallowing or was the texture not appropriate?
- Was the resident choking? (This could have caused the vomit)
  - Rule out safety concerns and noninfectious causes
- Are they experiencing any other symptoms? Has a doctor assessed?
  - May be infectious (2 or more episodes of vomiting for example) or may have other explanations for the episode of vomiting unrelated to illness
- Have they had symptoms already today or the day before that may not have been known/acted on?
  - Ask the resident how they are feeling, if they have had any other symptoms or other episodes of vomiting recently
  - Ask your coworkers, review their chart/care plan when you have time to see if something else has been happening
- Don the appropriate PPE and assist
  - Make sure it can be accessed where/when needed
    - Have someone checking supply levels regularly (PPE and ABHR)

**What PPE would you select and why? (ask for a volunteer to provide an answer)**

- Gloves – handling potentially infectious material to help clean up the resident and/or the table
- Mask – universal masking/source control, the resident may also vomit again when you are helping them
- Eye protection – the resident may vomit again when you are helping them or may be infectious (not ruled out yet prior to acting)
- Gown– the resident may vomit again when you are helping them or may be infectious (not ruled out yet prior to acting)
- Perform hand hygiene before and after doffing

What are other questions that may help with your follow up if you have others with vomiting/diarrhea in the facility?

## Next Questions/Follow up:

- **What additional precaution signage would you place at the resident's door? Why? Would that ever change?**
  - Initially would use the droplet/contact signage as gastrointestinal symptoms can be present in COVID-19 (mask/eye protection/gown and gloves (for specific task))
    - Don droplet contact PPE upon entering the room and doff when leaving the room, including your N95 or source control mask. The only exception to this is if you are working with a cohort of all COVID-19 positive residents
      - Do not double mask as this can lead to cross contamination
      - Gloves are task specific and are removed before leaving the room and touching clean surfaces (i.e., door knob) and hand hygiene performed.
  - Once COVID is ruled out (negative COVID-19 PCR test), staff can change the additional precaution signage to contact
    - Source control mask can be left on if not visibly contaminated if COVID-19 has been ruled out but the resident still remains in additional precautions.
- **When would you put on gloves in this scenario and why?**
  - Cleaning up vomit/feces
    - Don't touch clean surfaces while doing this
    - Have a garbage can near by and ABHR if not close to a hand washing sink
    - Remove immediately after clean up and wash hands with soap and water. If not close to a sink, use ABHR and then go directly to a hand washing sink
  - When/if providing any personal care
    - May come in contact with vomit/feces especially if incontinent
    - See comments above
    - Remember gloves are task specific
- **Is there anyone else (staff or residents) experiencing any symptoms?**
  - This could lead to further investigation such as any special events or outings, shared meals consumed, exposures linked to the venue etc.
    - Having a cluster of sick individuals could mean an outbreak and further follow up warranted (not just COVID, could be food borne illness)
    - Call Public Health to discuss further and have your documentation handy to reference/review (if you have this)
- **Are there others with confirmed illness currently or has an outbreak already been declared?**
  - Norovirus, COVID, food borne illness etc.
  - This individual may be a linked case; review previous history/records to determine if any other bouts/illness concerns
  - Gastrointestinal symptoms can be related to COVID but could also be a variety of pathogens like norovirus, enterovirus, rotavirus etc.

What would you reevaluate, or change based on this new information?

**What if:**

- The resident only vomited once and this may be normal for them. Would they still need to isolate?
  - Monitor, document, communicate/review with colleagues so that if this happens again the resident can be tested/isolated

**Any special considerations?**

- **Hand hygiene**
  - Access a hand washing sink to clean you hands after cleaning up body fluids or assisting a resident with gastrointestinal symptoms (not ABHR)
    - You can use ABHR right away/immediately but go right to a hand washing sink after leaving the room or area where there was an incident.
    - ABHR cannot be used when hands are visibly contaminated (vomit/diarrhea or when assisting with activities where hands likely can become dirty – after washroom use, spills etc.)
- **Environmental Cleaning**
  - Pathogens like Norovirus can survive on surfaces for up to 12 days and is very difficult to inactivate.
  - Review the cleaning and disinfection chemicals you have onsite to make sure
    - They are not expired
    - Effective against norovirus
      - see label, list online of what pathogens it is effective against
    - They have a quick contact time (1-5 minutes)
    - They are both a cleaner and a disinfectant (one step vs. two step as two step products are not as practical)
      - Bleach is only a disinfectant; clean the surface with soap and water before applying diluted bleach solution

**ACTIVITY STATION – Sequence of PPE:**

\*\*See scenario 1 as all materials and activities listed there can also be used for scenario 2.

**SCENARIO 3: BATHING**

**Scenario A:**

*It is bath day and you have been assigned to bathe a resident who requires a mechanical lift for transfers. You are familiar with the resident and know that they are typically alert and cooperative. What questions would you ask yourself in preparation of bathing this resident?*

Ask participants to volunteer their thoughts; Give everyone a few minutes to jot down their thoughts prior to discussion. Provide those below if not already covered



### Initial questions:

- Is this resident on additional precautions? What is the health status of the resident?
  - If the resident is on additional precautions, then corresponding PPE should be worn when providing direct care. For example, if the resident is MRSA positive then contact precautions should be adhered to while bathing the resident.
- Is there an outbreak within the facility?
  - If there has been an outbreak declared at the facility, then PPE recommendations may change depending upon the nature of the outbreak. For example, in a COVID-19 outbreak eye protection may be recommended for all staff working on the outbreak unit.
- Have I received training on and am I familiar/comfortable using a mechanical lift? Do I require a second staff member to assist with the transfer?
  - Remember to always follow your facility's policies and assess your own level of knowledge before performing a task, especially if it is your first time.
- How much assistance does this resident require for bathing- i.e., are they able to wash themselves with minimal assistance or do they require full care?
  - If the resident requires minimal assistance (i.e., you are only passing items to the resident to use on their own) then your risk of exposure to contaminated body fluids including splashes or sprays is low, therefore your need for PPE should be reflective of the risk level.
- Does the resident have control over their bodily functions- i.e., are they continent or incontinent?
  - If the resident is unable to control their bladder and/or bowels, there is a risk that you could come into contact with contaminated body fluids through splashes and sprays. PPE should be worn to protect yourself and clothing from potential splashes and sprays.
- Does the resident have any cuts or open wounds?
  - If the resident has cuts or open wounds that are draining and/or bleeding and cannot be covered then there is a risk that your hands could be exposed to blood and secretions, which requires you to don a pair of gloves if providing bathing assistance to the resident.

### What PPE would you select and why? (Ask for a volunteer to provide an answer)

- Gloves- for peri-care
- Mask- universal masking policy

If splashes or sprays are anticipated, then:

- Gown- water-resistant or waterproof
- Eye protection
- Rubber boots- although not considered PPE, they may be required to keep shoes/feet dry

What would you reevaluate, or change based on this new information?

**What if:**

- **You noticed that the resident was confused and uncooperative? Would your actions change? Is there anything else you would consider?**
  - Splashes and sprays are more likely to occur with a confused and/or uncooperative resident, therefore gown and facial protection (mask and eye protection) should be donned before bathing the resident. Also, consider wearing rubber boots to keep shoes/feet dry.
  - FYI: Sudden onset of confusion may be an early indication of a potential infection. It may be advisable to monitor this resident more closely for the presence of additional symptoms.
- **What if this resident was on droplet/contact precautions? Would this change your initial PCRA?**

**Any special considerations?**

- **Planning/Preparation of Task**
  - To help reduce the risk of splashing, place items needed during the bath (e.g., soap, face cloth, shampoo, etc.) in a location within reach of the resident to use without assistance.
- **Hand Hygiene**
  - Clean your hands always before and after a task (e.g., bathing the resident) as well as before and after any PPE use.
- **PPE**
  - Gloves should be donned before cleaning the perineal area, which should be completed last. When finished, gloves should be doffed, and hand hygiene should be performed.
- **Environmental Cleaning**
  - Personal hygiene items are not to be kept in communal showers/tub rooms as it makes it more difficult to clean the shower/tub, and certain items cannot be cleaned and could lead to the spread of infection (i.e., body poof, bar soap). Instead, items should be stored in the resident's room or in a dedicated (e.g., labelled with name) cleanable storage bin after the shower/bath is complete.
  - Communal shower/tubs must be cleaned and disinfected after every use. Ensure the product being used is approved and follow the manufacturer's instructions for use (MIFU). Ensure contact time is adhered to. This must take place even if the tub is not visibly dirty and even if the resident does not have any symptoms as it is a shared area that could lead to transmission. This also includes assistive devices – shower chair, toilet seat etc. If an anti-slip mat is used in the tub, this should also be lifted and cleaned/disinfected after use.
  - Soiled items (e.g., clothes, towels, personal items, etc.) and incontinence products should never be left on the floor. Soiled items that can be laundered should be

placed into the appropriate hamper and incontinent products should be placed into the appropriate garbage bin.

- Is equipment being shared between residents? If so, then equipment must be cleaned and disinfected after each use. Follow instructions for contact time. In the example provided above the mechanical lift should be cleaned and disinfected prior to storage as it is shared between several residents.

### **Scenario B:**

*You have received a new admission who is wheelchair bound, non-verbal and has the following diagnosis: OCD, H. pylori (Helicobacter pylori), MRSA (Methicillin-resistant Staphylococcus aureus) and C. Difficile (Clostridium difficile). Your job today is to assist with bathing this new resident.*

- *Think of what questions you would ask BEFORE/DURING/AFTER in order to assess the risk as you work through your PCRA.*
  - *Think about the Person, Task and the Environment.*
  - *When thinking about the person, consider the whole person – diagnosis, mental and physical health, mobility etc.*
  - *Where would you go or what resources would you use to help?*

### **Questions:**

#### **BEFORE**

- What is their bathing routine?
  - Can you gather information from family to understand how to make the individual more comfortable?
- Do you have all of the tools, PPE and equipment you will need and within arm's reach?
- Do they require a lift?
- Can they self-transfer or need assistance?
- Is there enough room to move around safely in the bathroom?
- Is another staff available if needed?
- Can I complete this task now or should I wait?
  - The individual may be more comfortable later in the day vs. morning
  - The second staff that may be needed may not start until later on
- Has the bathroom been cleaned prior to using?
  - The bathroom surfaces should be cleaned and disinfected before and after use if it is a shared bathroom in a congregate setting
- What PPE is needed based on the diagnosis?
  - Think about if the agent is infectious or not
    - H. pylori is not infectious but MRSA and C. difficile are
  - Review the additional precaution signage or look up information online. You could also ask your supervisor
  - MRSA and C. difficile are spread via contact and would require gloves and gown

## DURING

- Do you have PPE you will need and within arm's reach?
  - Take out what you will need but have additional PPE in a closed cupboard or caddy near by in the bathroom so you can grab quickly if needed while maintaining safety
- Does each individual have their own sling if they use one?
  - Slings are fabric and are porous and therefore cannot be cleaned and disinfected. Instead they must be laundered after each use.
  - Slings must be dedicated to an individual and not shared.
- Do you have dedicated or colour coded towels for all residents?
  - Consider one colour for face and one colour for body
- Are there any open wounds to be aware of?
  - MRSA can spread via contact surfaces either directly or indirectly
  - Make sure items are not shared (towels, razors) and shared surfaces are cleaned and disinfected after use
- Is the resident incontinent?
  - If yes, you will need to increase cleaning and disinfection after and follow your body fluid spill clean up process.

## AFTER

- Given the individual has C. difficile, you must use a sporicidal disinfectant after use on commonly touched surfaces (tub basin, shower chair/supports etc.)
  - It will say the word sporicidal on the label of your disinfectant. Most sporicidal products come ready to use. Check the expiration date of the product.
  - Read and follow directions regarding how to use, contact time, what PPE is required, if a rinse step is required and how to store.
  - Use the same principles for cleaning and disinfection you would for all products:
    - Move from clean to dirty and high to low

## ACTIVITY STATION – Sources of contamination in a washroom

### Option 1: Listing/Risk stratification

**Format:** Individual, pairs or small group activity (in person)

**Purpose:** The purpose of this activity is to promote discussion regarding the sources of infection or contamination within a washroom setting. Although an answer key is provided, this is simply a template as there are numerous factors that can impact the level of contamination. The emphasis should be placed on discussion around the identified sources of infection or contamination rather than strictly on the ranking or classification of items.

**Time:** 10-15 minutes

**Materials needed:**

- Pen and paper
- Pre-printed cards with sources of infection in the washroom- [Activity #3- List Sources of Infection or Contamination in the Washroom](#)

What are the sources of infection or contamination within the washroom? List as many as you can think of. If time permits, list the items in order with the surface most likely to be contaminated to the least.

Use the PowerPoint slide deck to display a picture of a washroom to get participants to visualize the space while coming up with their answer

Discuss this as a group and review why some surfaces are more likely to be contaminated than others

- For example: the toilet is likely to be the most contaminated surface in the washroom due to:
  - Body fluid contamination
  - May not have a lid when flushing
  - Hand contact with the lever

### **Option 2: Listing/Risk stratification**

**Format:** Individual activity (virtual)

**Purpose:** The purpose of this activity is to identify sources of infection or contamination within a washroom setting to minimize contamination and allow staff to understand how to move from low touch to high touch or from sources of low contamination to high contamination.

**Time:** 10-15 minutes

**Materials needed:**

- PowerPoint Slides

Display PowerPoint slides and have participants list as many sources of infection or contamination within the washroom as they can. The final slide will list all sources of infection or contamination with additional messaging to provide further information or key points to be mindful of.

### **Option 3: Donning/doffing PPE incorrectly**

**Format:** Large Group (in person or virtual)

**Purpose:** Individuals will observe the facilitator donning/doffing PPE incorrectly throughout the donning and doffing process. Participants will jot down their observations of the incorrect steps and mistakes. As a group, ask participants to share their observations. While discussing what went wrong, offer what the correct action is as well as rationale.

If the virtual option is chosen, staff facilitating the session can play the corresponding video and then lead a discussion.

**Time:** 15-30 minutes

**Materials needed:**

- PPE in various sizes
  - ABHR
  - PPE donning and doffing cards
  - PPE tips sheet
  - Paper and a pen to write down observations
- The group facilitator dons and then doffs PPE in the incorrect order and making common mistakes. You can ask the participants to refer to the PPE donning and doffing cards for reference.
    - You can consider playing fun music while you work through the steps to lighten the mood. This activity is meant to be fun and engaging while also covering the main errors.
    - Here are a few suggestions you can add in when facilitating the session. Add in more or only pick a few, the choice is yours!
      - Don't clean hands first
      - Put on gloves first; wear the wrong size
      - Pre-tie gown and slip head through loop
      - Leave gown loose or open at the back
      - Tie gown in front
      - Adjust medical mask with gloves on
      - Grab eye protection by front and loosely place around head
      - Wash gloved hands with ABHR
      - Dry hands on the front of gown
      - Touch your mask without washing hands, touch in the middle and not the loops
      - Tear gown off
      - Roll gown against body
      - Grab face shield by front to clean and disinfect
      - Twist ear loops of mask when putting new one on
      - Don't cover your nose or mouth fully with the mask and/or put mask on backwards (colour side in)
      - Incorrectly wash hands using ABHR (not 15 seconds)
      - Don't clean or throw out your single use eye protection
      - Don't wash hands after removing gloves
  - The facilitator can then ask for volunteers from the group to point out what was done incorrectly or step that was missed. As the individual mentions what was done wrong, the

facilitator can acknowledge and reinforce what could have been done instead. Refer to the PPE tips sheet.

- You can make this into a game if you would like by placing the individuals into groups (based on the number participating) and ask them to count how many things they could find that were done wrong. The winner is the group that found the most wrong steps.
- The facilitator can also discuss how these items can be common among everyone (staff, essential caregivers etc.) at one point or another. The goal is to work towards best practice while providing just in time support when someone notices an incorrect step to keep everyone protected. Best case scenario is for staff to become a resource for other staff and not the “PPE Police”.
  - Suggestions to approach staff or caregivers when you notice incorrect donning/doffing can include:
    - Sharing the PPE donning/doffing videos for a refresher
    - Approach the individual and state something like:
      - *“It is great that you know what PPE to wear, but can I show you a safer way to do this?”*
      - *“Can we walk through the steps for putting on PPE together so we can make sure everyone is protected?”*
      - *“We all want to keep each other safe and learn from each other. Can we talk about a few tips together?”*
      - *“We all are trying our best to follow the rules and the right way to put on and take off PPE. Remember next time to.....”*

NOTE: If the activity is offered virtually, you can use the IPAC Hub Video to facilitate the activity, pause where needed and discuss at the end as a group.

[WDGPH Donning and Doffing Incorrectly Video Activity](#)

**ANSWER KEY FOR ACTIVITY:** Please note that this is not an exhaustive list

**Don't clean hands first**

- **Always perform hand hygiene before reaching into a box of gloves and masks so the remaining PPE does not become contaminated**

**Put on gloves first, wear the wrong size**

- **Make sure your gloves always fit over the cuff of the gown. By putting gloves on first, you could contaminate your PPE and the gloves may not be cuffed over your gown**
- **Select the correct size of gloves for your hands (not too big, not too small) as the gloves may rip if too small and may not offer enough protection if too big.**

**Drop gown on floor**

- **Once a gown has touched or fallen on the ground or has been stepped on, it is contaminated and you should grab a new gown prior to continuing to put on your PPE.**

### **Pre-tie gown and slip head through loop**

- **Never pre-tie the gown prior to donning as the fit will be too loose. The area of your clothing most likely to become dirty will be exposed.**

### **Leave gown loose or open at the back**

- **Always cover your back with the gown and never leave it open to protect your clothing**

### **Tie gown in front**

- **Always tie the gown in the back, not in the front, to reduce the chance of contaminating your hands when removing the gown**

### **Adjust medical mask with gloves on**

- **Remember to perform hand hygiene before and after adjusting your mask as your hands may be contaminated and this could be a way for you to be exposed to germs**

### **Grab eye protection by front and loosely/incorrectly place around head**

- **Handle eye protection from the back strap and not the front of the shield/goggles as the front is the most contaminated area**
- **If wearing a face shield, remember to have the shield vertical and not tilted or horizontal in order to cover your mucous membranes**

### **Wash gloved hands with (alcohol based hand rub) ABHR**

- **Gloves are task specific and must be removed after every task. ABHR cannot be used on gloves as gloves cannot be cleaned and are not meant for reuse. ABHR must be used directly on the hands for it to be effective.**
- **By wearing gloves universally or for more than one task, you can increase the spread of germs in the environment and are more likely to spread germs as you are not performing hand hygiene when needed (could mention the 4 moments of hand hygiene here)**
  - **Before entering a client's room**
  - **Before an aseptic procedure**
  - **Before blood and/or body fluid exposure**
  - **After leaving the client's room**

### **Dry hands on the front of gown**

- **The front of the gown is the dirtiest part. By wiping your hands here you are increasing the germs on your hands, not reducing.**
- **Also, if your hands are still wet from using ABHR, you may not have completed the 15 seconds or the product you have may need a bit more time to rub in. Instead of rubbing on your gown, just keep rubbing your hands together until the product is dried up in your hands.**

### **Touch your mask without washing hands, touch in the middle and not the loops**

- **Always handle your mask from the loops, never the front of the mask as the front is the most contaminated**

### **Tear gown off**

- **Never rip your gown off as this will contaminate the environment and yourself; Untie slowly and roll down and away from your body, not touching your clothing**

### **Roll gown against body**



- Roll your gown away from your body and not touching your clothes when doffing. This will keep your clothing clean

Grab face shield by front to clean and disinfect

- Handle eye protection from the back strap and not the front of the shield/goggles as the front is the most contaminated area

Twist ear loops of mask when putting new one on

- If you have to twist the loops or there is a gap, find a smaller size mask as it is too big
- Replace your mask after break, when it becomes wet or soiled or when it no longer has the correct fit (if it is too loose, it won't protect you)

Don't cover your nose or mouth fully with the mask and/or put mask on backwards (colour side in)

- Always make sure your mask covers your nose and mouth and is on the right way (i.e., colour side out) otherwise you are not protected

Incorrectly wash hands using ABHR (not 15 seconds) and dry hands on personal clothing

Don't clean or throw out your single use eye protection

- After wearing, discard single use eye protection or clean and disinfect reusable eye protection from the INSIDE to the OUTSIDE.
  - Single use eye protection is not meant to be reused as it cannot be cleaned and disinfected. The shield may become cloudy or scratched and impact your visibility.
  - If you don't clean inside to outside, you are increasing the contamination on the eye protection as the outside is the most contaminated even though it may not appear dirty

Don't wash hands after removing gloves

- Follow the glove to glove and skin to skin technique when removing gloves to reduce contamination of your hands
- Always perform hand hygiene before and after glove use as hands will become contaminated when taking gloves off

## SCENARIO 4: TOILETING

### Scenario:

*You are currently providing 1:1 care for an immobile resident who is also incontinent. The resident requires a changing of their brief. What questions would you ask yourself in preparation of changing the resident?*

Ask participants to volunteer their thoughts; Give everyone a few minutes to jot down their thoughts prior to discussion. Provide those below if not already covered

### Initial questions:

- Is this resident on additional precautions? What is the health status of the resident?

- If the resident is on additional precautions, then the required PPE must be worn when providing direct care. For example, if positive for COVID-19 then droplet contact precautions must be worn.
- Is there an outbreak within the facility?
  - If there has been an outbreak declared at the facility, then PPE recommendations may change depending upon the nature of the outbreak. For example, in a COVID-19 outbreak universal eye protection may be required.
- Is this a one-person task (does the resident have the ability to reposition themselves) or will you require assistance from a second staff?
  - Staff and resident safety is critical. Some residents may not have the ability to turn and transfer so assistance from a second staff member may be required. Always follow your facility's policies and procedures and assess your own level of knowledge prior to performing the task.

**What PPE would you select and why?** (ask for a volunteer to provide an answer)

- Gloves due to handling of potentially infectious material (task specific)
- Mask (universal masking policy/source control)
- Perform hand hygiene before donning and after doffing PPE

Is there a chance your clothing could be contaminated with body fluids, splashes or spray?

- Gown – to protect clothing from becoming soiled

Are splashes or sprays anticipated? Is the resident on droplet precautions?

- Eye protection

What would you reevaluate, or change based on this new information?

**What if:**

- **You notice the resident had loose/watery bowel movements three times during your shift. This is unusual for the resident.**
  - Isolate and test the resident based on their symptoms. Gastrointestinal symptoms such as diarrhea and/or vomiting can be related to COVID but can also be related to enteric infections like norovirus, enterovirus, rotavirus, C difficile etc.
  - Are there any other residents ill with similar signs and symptoms? If additional residents with an epidemiological link within 48 hours then an outbreak may be declared. Contact Public Health for further guidance.
- **Following changing of the resident you are tasked with moving the resident from their bed to a wheelchair. Would you change any of your PPE and why/why not?**
  - Remove gloves immediately after toileting/changing resident – task specific
  - Remove gown after toileting/changing resident – only if soiled
  - Perform hand hygiene
  - Remove eye protection and mask only if soiled.

## Any special considerations?

- **Preparation**
  - To minimize the risk of cross-contamination ensure required supplies are available at point-of-care such as: clean briefs, wipes/skin cleanser, lined garbage receptacle, laundry hamper (for soiled clothing), barrier cream (if required), change of clothing (if required).
- **Hand hygiene**
  - Clean your hands before and after a task (e.g., toileting assistance) as well as before and after any PPE use.
  - Access a hand washing sink to clean your hands after cleaning up body fluids or assisting a resident with gastrointestinal symptoms (not ABHR)
    - You can use ABHR right away/immediately but go right to a hand washing sink after leaving the room or area where there was an incident.
- **PPE**
  - Gloves used for toileting are task-specific and must be removed immediately following task. Ensure gloves are removed and hand hygiene is performed prior to completing another task (this includes repositioning the siderail or bed).
- **Environmental Cleaning**
  - Ensure personal hygiene items (e.g., barrier cream) are labelled with the resident's name as these items cannot be shared between residents. To prevent cross-contamination ensure an applicator is used for dispensing product, if required.
  - Soiled items (e.g., clothing, linens, personal items, etc.) and incontinence products should not be left on the floor. Incontinence products must be placed in a lined garbage receptacle right away and soiled linens/clothing in the appropriate hamper.
  - If staff forget to remove gloves and use the door handle with contaminated gloves, ensure the door handle is cleaned and disinfected with the appropriate product right away to avoid increased risk of contamination and indirect spread of germs.

## ACTIVITY STATION: Double Gloving

**Option 1:** Interactive practice with removing gloves

**Format:** Large group (in person)

**Purpose:** To demonstrate that double gloving is not recommended for additional protection as the gloves beneath are also likely to be contaminated. Also demonstrates the importance of hand hygiene following glove removal, as it is difficult to remove gloves without contaminating your hands.

**Time:** 10-15 minutes

## Materials needed:

- Disposable gloves in various sizes
- Shaving cream
- ABHR

Prior to beginning the activity or during, the facilitator should review how to perform hand hygiene and how to correctly remove gloves using the glove to glove technique (in person ideally or via [a video](#)) [Resource: PHO fact sheet](#)

Discuss when to wear gloves and tips for glove wearing:

1. Gloves are task specific; once you perform your task, remove your gloves right away and wash your hands
2. Universal gloving is not best practice as this can lead to increased contamination
3. Hands must be washed before and after glove use
  - a. Hands can sweat in gloves, gloves can have microscopic tears in them and when removing gloves it is very difficult to not contaminate your hands
4. Instead of universal gloving, perform hand hygiene when required (i.e., when entering and exiting a resident room, when providing direct care, when handling blood or body fluid spill).
5. You may need to wear gloves when using your cleaning/disinfection products – read the label to find out more

Each attendee will don two pairs of gloves. Shaving cream will then be dispensed onto each attendees hands.

The facilitator will review how to wash hands (See steps below) using the shaving cream on the gloves and staff following along to distribute the shaving cream.

## Hand Hygiene Steps:

1. Rub hands palm to palm.
2. Rub in between and around fingers
3. Rub back of each hand with palm of other hand
4. Rub fingertips of each hand in opposite palm (C grip)
5. Rub each thumb clasped in opposite hand (up and down thumb)
6. Rub your wrists

Then, the facilitator will review how to remove gloves using the glove to glove technique (see fact sheet and steps below). Attendees will attempt to remove the top pair of gloves using glove-to-glove skin-to-skin technique without contaminating the gloves beneath.

## Glove Removal Steps:

1. Grasp the outside of one glove at the palm
2. Peel glove away from the palm toward the fingers, rolling the glove inside-out. Be careful not to touch your skin with your gloved hand. The contamination is now on the inside.
3. Ball the glove up and hold in your other gloved hand.

4. Carefully slide the un-gloved index finger inside the wrist band of the gloved hand. Try and avoid touching the outside of the glove because that is the contaminated region.
5. Gently pull outwards and down toward the fingers, removing the glove inside out.
6. Pull the glove down so that the first glove ends up inside the second glove and no part of the outside is exposed.
7. Throw away both gloves in an appropriate container. Perform hand hygiene.

Discuss the challenges with removing gloves and drive home the importance of performing hand hygiene after removing gloves given how difficult it is to remove gloves without contaminating your hands even when using the glove to glove technique.

This exercise will provide a visual experience for the staff to see where and how hands can become contaminated after glove removal.

You can also discuss other factors that can lead to contamination

## SCENARIO 5: FEEDING

### Scenario:

*It's lunchtime and you are assisting residents in the dining room. It is the facility policy to have the residents perform hand hygiene prior to eating, where possible. How would you assist the residents with hand hygiene? What questions would you ask yourself prior to assisting residents in the dining room?*

Ask participants to volunteer their thoughts; Give everyone a few minutes to jot down their thoughts prior to discussion. Provide those below if not already covered

### Initial questions:

- Has the daily wellness check been completed? What is the health status of the resident? Is the resident on additional precautions?
  - If the resident has failed their wellness check, is symptomatic or is on additional precautions they should be receiving tray service and should not be brought into the dining room.
- How much assistance do these residents require to perform hand hygiene? - e.g., do they have the ability to perform it independently or will they require assistance from staff?
  - If the resident requires minimal assistance, you can encourage them to perform hand hygiene on their own with your supervision or assistance. If the resident requires assistance, then staff can utilize the hand-over-hand handwashing technique for the resident.

**What PPE would you select and why** (ask for a volunteer to provide an answer)

- Mask (universal masking policy/source control)
- In this scenario, no additional PPE is required. Hand hygiene must be performed prior to performing the task (feeding); however, gloves, gown or eye protection is not required.

- Gloves are not a substitute for hand hygiene.

What would you reevaluate, or change based on this new information?

**What if:**

- **Upon bringing a resident to the dining room you notice they have a runny nose and a mild cough. This is unusual for this particular resident.**
  - Ensure the resident is isolated immediately and placed on additional droplet/contact precautions. Do not bring the resident to the dining room.
  - Test the resident for COVID-19, influenza and other seasonal respiratory viruses, if eligible.
  - Are there any other residents with similar signs and symptoms? If additional residents with an epidemiological link are identified within 48 hours, then an outbreak may be declared. Contact Public Health for further guidance.
- **What if you must provide full feeding assistance to one resident and partial support to another resident while sitting in between both. How can you make this scenario lower risk for COVID transmission in the dining room?**
  - If able provide one on one support for feeding. If not, have processes in place for seat placement and pairings
    - Pair roommates together at the same table
    - Have designated seating in the dining room
  - Staff will wear their source control mask and perform hand hygiene prior to providing feeding support. If the staff has to get up and come back, ensure hand hygiene is performed prior to resuming support.

**Any special considerations?**

- **Hand hygiene**
  - Clean your hands before and after a task (e.g., feeding) as well as before and after any PPE use. If a resident requires full assistance during meal times (feeding) then it is important that the staff perform hand hygiene before and after resident feeding to prevent infection.
- **PPE**
  - PPE is generally not required for feeding. An exception would be if the resident is on additional precautions, which if applicable, the resident should be on tray service and isolated to their room. Another exception is if the resident is tube-fed. If tube-fed then gloves should be worn.

**ACTIVITY STATION: Hand Hygiene**

**Option 1: Glow germ hand washing practice**

**Format:** Large group (in person)

**Purpose:** To demonstrate how germs are spread and the importance of proper hand hygiene techniques.

**Time:** 15-20 minutes

**Materials needed:**

- ABHR bottles (one for every table)
- Glow germ kit (if applicable)
- PHO hand washing video links

Prior to beginning activity, the facilitator should review proper hand washing as per PHO How to Hand Wash video - [Public Health Ontario hand washing videos – how to hand rub, how to hand wash](#) and can also discuss the [4 moments of hand hygiene](#).

The facilitator will ask for 2-3 volunteers. Glo germ (powder or gel) will be placed on the volunteers hands. Volunteers will then be asked to complete hand hygiene. Following hand hygiene, glo germ kit will be utilized to demonstrate whether any spots were missed while performing hand hygiene.

**Option 2: Hand over hand practice**

**Format:** Pairs (in person)

**Purpose:** To practice hand over hand technique with a partner.

**Time:** 5-10 minutes

**Materials needed:**

- ABHR bottles (one for every table)

Prior to beginning activity, the facilitator will review hand over hand technique.

In pairs, attendees will practice hand over hand technique utilizing ABHR.

**Option 3: Hand washing to practice timing**

**Format:** Individual (in person)

**Purpose:** Many individuals do not perform hand hygiene for the required amount of time. The purpose of this activity is to demonstrate the proper length of time it takes to perform proper hand hygiene.

**Time:** 5 minutes

**Materials needed:**

- ABHR bottles (one for every table)

Have each participant practice washing their hands with ABHR and ask them to wash for 15 seconds.

While each participant practices washing their hands, discuss the steps for handwashing while also demonstrating how to perform hand hygiene

- Pump product into your own hands and sing “happy birthday” to yourself
- Count 15 seconds to see if you have enough product in your hands

Discuss tips and options for how to use ABHR while having not too much and not too little

**Option 4: PHO hand washing videos**

**Format:** Large group - Virtual

**Purpose:** A step-by-step demonstration of how to properly hand rub and hand wash.

**Time:** 5 minutes

**Materials needed:** Computer, internet connection and video links

- [Public Health Ontario hand washing videos – how to hand rub, how to hand wash](#)

Review hand hygiene using a video format. Play the PHO videos

You can also discuss the [4 moments of hand hygiene](#)

**SCENARIO 6: OUTING****Scenario:**

*Four of the clients have a pre-planned outing to attend a community hockey game together. With restrictions finally lifting, the clients are looking forward to some fun and a change of scenery. Some of the staff are worried about the clients contracting COVID while at the hockey game. In discussions as a team, what are measures that can be put into place either before, during or after the event to ensure everyone’s safety while still recognizing the mental health benefits of the activity.*

Ask participants to volunteer their thoughts; Give everyone a few minutes to jot down their thoughts prior to discussion. Provide those below if not already covered

**Before:**



- Review the plan with the family members/guardian to include any feedback they have and discuss any concerns they may have.
- Determine what your facility's policy is on mask use during short term absences – when this is recommended based on current guidance. Consult head office/legal regarding this if not currently mandated but you still would like to implement to determine what you can and cannot implement.
- While not a prohibiting factor (can still participate whether they are vaccinated or not), having up to date vaccinations (COVID, flu etc.) can provide protection to the clients to reduce severity of illness
- Complete a wellness check of the clients the day of the activity to ensure all clients are symptom free and feeling good
- Postpone the outing if the home is in outbreak or if the resident is in isolation

#### **During:**

- Consider if physical distancing is possible during the event
- Consider masking at the event
- Hand hygiene

#### **After:**

- Self-monitor for symptoms and test/isolate if applicable

What would you reevaluate, or change based on this new information?

#### **What if:**

- **One of the clients becomes symptomatic with a fever during the event (looks flushed and is hot to the touch). What are your next steps given you may not have access to PPE and likely are already exposed to the client?**
  - Call back to the facility to advise other staff members of the client's symptoms
  - Leave the event as soon as able
  - Attempt to physically distance the sick client from the others in the vehicle (separate row), roll window down if weather permits. If possible and if timely, have another staff member join you to transport the symptomatic resident back to the facility separately while you transport the other residents (staff arriving will bring PPE for use in the vehicle – mask/eye protection). Do not take public transit when symptomatic.
  - Isolate and test the symptomatic client
  - After the clients are cared for, have a staff member clean and disinfect the vehicle (could have already in the car or bring from supplies in the facility).
  - Monitor the other residents over the next 10 days for additional symptoms

#### **Any special considerations?**

- **Hand hygiene/Environmental Cleaning**

- Make sure disinfectant wipes and ABHR are not stored in the vehicle during temperature extremes (too hot/cold) as this will damage the product.
- **PPE**
  - Consider having PPE as a grab and go supply for events/outings etc. but limit storing within the vehicle

## ACTIVITY STATION – Grouping activities by level of risk

### Option 1: Sorting

**Format:** Small groups or pairs (in person)

**Purpose:** To promote discussion around various activities offered in congregate settings as well as in the community to think about risk level and possible mitigating factors that can reduce the risk overall. Although an answer key is provided, this is simply a template as one activity may fall in more than one category based on the specific situation and measures in place. The emphasis should be placed on discussion around the idea that residents can participate in all activities while also thinking of ways to reduce the risk of transmission given some factors we can control and some we cannot rather than strictly on classification of items.

**Time:** 15 -20 minutes

#### Materials needed:

- Pen and paper
- Preprinted cards with examples of group activities
- [Fact sheet around control measures](#)

Use the risk matrix below (see image included in the power point slide deck) to have up for participants to view after discussing the scenario.

Introduce the risk matrix and discuss the following points:

- The risk matrix is a starting point to discuss level of risk, with the understanding that there are additional mitigating factors that can play a part in reducing the risk as well as other factors that can increase the risk (e.g., an outbreak).
- We would like to discuss various activities to think about risk level and possible mitigating factors that can reduce the risk overall.
- The three primary mitigating factors to reduce transmission are COVID immunization/recovered, masking and physical distancing.
- To frame the conversation, in general:
  - Outdoor activities can have a lower risk than indoor activities
  - Activities within the congregate setting are generally lower risk than in the community given the additional measures in place within these settings (screening, ventilation, PPE etc.)

- When PPE is worn consistently and appropriately this can reduce the risk of transmission (by the case and/or the contact)
- Using multiple layers of protection where possible (e.g., masking, vaccination, staying home when sick, physical distancing, ventilation, cleaning hands) provides the best level of protection.
- One activity may fall in more than one category based on the specific situation and measures in place. Residents can participate in all activities.
- Your job today is to think about and discuss ways to reduce the risk of transmission given some factors we can control and some we cannot rather than strictly on classification of items.

Provide examples of activities (preprinted cards) and ask participants to sort the cards into the level of transmission risk (Lower/Med/Higher) based on their initial discussion as a pair.

Review and take up the answers as a group; many activities can be put into multiple groups and will lead to discussion around control measures and risk. The overall goal is not to limit or restrict activities but to have informed risk based on the situation and implement control measures where possible to reduce the risk.

Ask participants if there are any additional mitigating factors, they can consider in the risk matrix other than the 3 provided. Other mitigating factors that can play a role in reducing the risk can include:

- Active and passive screening
- Testing (when indicated)
- Increased ventilation/HEPA units
- Low community incidence of COVID-19

**Answer Key:**

**Risk Matrix – Informed risk for group activities**

Risk Matrix	Mitigating Factors			
	THREE	TWO	ONE	NONE
Outdoor				
Indoor (at congregate setting)				
Indoor (community)				

Level of Transmission Risk		
Lower	Medium	Higher

Mitigating Factors		
COVID Immunized /Recovered	Masked	>2m apart

LOWER	MEDIUM	HIGHER
<b>Fitness class at the congregate setting</b> (May be immunized, may not be able to tolerate a mask but will have PD in place)	Fitness class at the congregate setting (May not be immunized, may not be able to tolerate a mask but will have PD in place)	
	<b>Fitness class within the community</b> (Not likely masking during class, may not always be able to physically distance)	<b>Fitness class within the community</b> (Depends on the activity and the individual)
<b>Group painting classes</b> (Control measures likely in place)		
<b>Walking group – outdoors</b>		
<b>Hallway walking within the congregate setting</b>	<b>Hallway walking within the congregate setting</b> (If not immunized and can't tolerate a mask but can PD)	<b>Hallway walking within the congregate setting</b> (If not immunized and can't tolerate a mask and may not be able to PD based on individual; higher risk in an outbreak)
		<b>Hockey game</b> (Seating is closer together, may not tolerate a mask; more likely in this category but could fit in others depending on the situation)
	<b>Movies</b> (If seating can be spaced out)	<b>Movies</b> (More likely in this category but could fit in all three depending on the situation)
<b>Bingo</b> (If run at a congregate setting where control measures in place but could fit in the other categories also)		
<b>Arts and crafts</b> (Likely a one-on-one activity with control measures in place in the congregate setting)		
	<b>Board games</b> (Residents are less likely to be physically distanced to play the game; if residents are well and vaccinated the risk is reduced; can fit in other categories based on the situation)	
<b>Trivia</b> (Likely PD in place as well as other control measures in the CS)		
<b>Swimming</b>		

(No mask but likely PD; can be outdoors and indoors and likely an individual activity)		
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## SECTION 4: Wrap up and discussion

### Wrap up and Discussion:

- Collect feedback to inform future sessions you decide to hold. This does not have to take place each time but will help wrap up the session and provide insight into how well the session went so you can incorporate into any future sessions
  - Discuss concerns or questions they have
  - What topics they would like more information on
  - Discuss any challenges or experiences when something didn't go as planned
    - What ideas do you have to overcome the challenge?
    - What can you do in your day-to-day practice to make change regarding the challenge? (Problem solve or brainstorm individually or as a group)
  - Tell participants how they can reach you afterwards for any follow up questions or concerns.