

# Guide for Long-Term Facility Managers to Help Prepare for Potential Pandemic in Your Facility

## What LTC leadership should know about COVID-19

### Symptoms:

According to Public Health Agency of Canada (PHAC), those who are infected with COVID-19 may have little to no symptoms. Symptoms may take up to 14 days to appear after exposure to COVID-19. Symptoms have included: fever, cough, difficulty breathing, pneumonia in both lungs. In severe cases, infection can lead to death.

### How it spreads:

- ▶ **Person-to-person spread** — being in close contact with one another and through respiratory droplets produced when an infected person coughs or sneezes, landing on a person’s mouth or nose, or possibly inhaled into lungs.
- ▶ **Contact with infected surfaces/objects** — touching a surface that has the virus on it and then touching their mouth, nose, or possibly their eyes.

Go to the PHAC website for the most up-to-date information on COVID-19 ([canada.ca/coronavirus](https://canada.ca/coronavirus))

## Steps you can take to prepare your healthcare staff<sup>1</sup>

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and have an increased risk of exposure to the virus that causes it, now identified as SARS-CoV-2. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following PHAC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE).

### Infection Prevention and Control Measures at a Glance<sup>1</sup>

In the absence of effective drugs or vaccines, **Infection Prevention and Control** (IPC) strategies to prevent or limit transmission of COVID-19 in healthcare facilities include:

- ▶ Prompt identification of individuals with signs and symptoms and exposure criteria consistent with COVID-19;
- ▶ Institution of appropriate infection prevention and control (IPC) measures (e.g., contact and droplet precautions, patient isolation); and
- ▶ Determination of the etiologic diagnosis.

### Early Recognition and Source Control

- ▶ **To facilitate early recognition and source control:**
  - ▶ Signage should be posted to instruct patients to alert HCWs of any signs and symptoms of acute respiratory illness, thus prompting completion of a patient screening questionnaire.



1. [canada.ca/coronavirus](https://canada.ca/coronavirus)

- ▶ Triage for identification and appropriate placement (e.g., isolation) of patients.
- ▶ Masks, tissues and alcohol-based hand rubs (AHBR) should be available at entrances.

If a person presents with fever and/or cough and within 14 days prior to the onset of illness, has a) traveled to an affected area; or b) been in close contact with a probable or confirmed case of COVID-19; or c) been in close contact with someone who has signs and symptoms of acute respiratory illness and who has travelled to an affected area within 14 days prior to their onset of illness; or d) had laboratory exposure to biological material known to contain SARS-CoV-2:

- ▶ Place the patient in a designated separate waiting area or space; do not cohort with other patients;
- ▶ Ask the patient and any accompanying individual(s) to put on a surgical/procedural mask (if possible);
- ▶ Encourage the patient to perform respiratory hygiene/cough etiquette, and provide surgical/procedural masks, tissues, alcohol-based hand rub and a waste receptacle; and
- ▶ Limit visitors to only those who are essential.

### Application of Routine Practices and Additional Precautions

In addition to Routine Practices, HCWs at risk of exposure to an individual presenting with signs and symptoms and exposure criteria consistent with COVID-19 should follow Contact and Droplet precautions.

▶ **This includes the appropriate selection and use of personal protective equipment:**

- ▶ Gloves; AND
- ▶ Gown; AND
- ▶ Facial protection: Surgical/procedural mask and eye protection, or face shield, or surgical/procedural mask with visor attachment.
- ▶ An N95 respirator (plus eye protection) when performing aerosol-generating medical procedures (AGMPs) on a person under investigation (PUI) for COVID-19.

Hand hygiene should be performed whenever indicated, paying particularly attention to during and after removal of PPE, and after leaving the patient care environment.

For more information, HCWs can refer to the Agency's guidelines on Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings and Infection Prevention and Control Guidance for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in Acute Care Settings on [canada.ca/coronavirus](http://canada.ca/coronavirus)

## Steps you can take to prepare your residents

### PREVENTION OF RESPIRATORY GERMS INTO THE FACILITY

- ▶ Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- ▶ Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- ▶ Assess residents symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.



## PREVENTION OF RESPIRATORY GERMS WITHIN THE FACILITY

### ▶ **Keep residents and employees informed.**

- ▶ Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents.

### ▶ **Monitor residents and employees for fever or respiratory symptoms.**

- ▶ Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
- ▶ In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- ▶ Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.

### ▶ **Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.**

- ▶ Ensure employees clean their hands according to PHAC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
- ▶ Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
- ▶ Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- ▶ Remind everyone to not touch their eyes, mouth, nose — this is one way germs can spread.

### ▶ **Identify dedicated employees to care for COVID-19 patients and provide infection control training.**

- ▶ Guidance on implementing recommended infection prevention practices is available PHAC's website [canada.ca/coronavirus](https://www.canada.ca/coronavirus).

### ▶ **Keep up with your facility's cleaning and disinfecting protocol. Here are some tips on effective disinfecting practices.**

- ▶ Consider disinfecting daily all frequently touched surfaces in your facility:

Location	Commonly Contaminated Surfaces
<b>Entryway &amp; Lobby</b>	Elevator buttons, hand rails
<b>Dining Room</b>	Door handles, chairs
<b>Nurses' Station</b>	Tables, charts, desk, stapler, phone
<b>Team Room</b>	Door handles, table, chair, light switch
<b>Resident Room</b>	Door handles, dresser, bedside table, call light
<b>Activity Room</b>	Staff refrigerator handle, faucet handle, food tray table, chair, game table
<b>Shower Room</b>	Door handles, faucet handle, hand rails

- ▶ Developing a cleaning plan for roles and responsibilities:

Item	Location	Shared or Personal Use?	When to clean?	Who's responsible for cleaning?	Product
<b>Workstation on Wheels</b>	Mobile	Shared	End of shift	Designated staff	Quat wipes
<b>Bedside commode</b>	Resident Room	Personal or shared	After each use	Nurse assistant	Bleach wipes
<b>Blood Glucose Meters</b>	Nursing Station	Shared	After each use	Nurse	Bleach or Hydrogen Peroxide wipes
<b>Physical Therapy Equipment</b>	Rehab Gym	Shared	After each resident	Physical Therapy	Quat or Hydrogen Peroxide wipes

- ▶ Use checklists to ensure the proper cleaning order.
- ▶ Clean clockwise or counterclockwise: wipe in an S-pattern to reduce the transfer of dirt and pathogens.
- ▶ Clean from high to low: dirt or dust that is dislodged drops onto lower, dirty surfaces which are then cleaned.
- ▶ **Provide the right supplies to ensure easy and correct use of PPE.**
  - ▶ Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
  - ▶ Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room.
  - ▶ Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.



## PREVENTION OF RESPIRATORY GERMS BETWEEN FACILITIES

- ▶ Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- ▶ Report any possible COVID-19 illness in residents and employees to the local health department, including your state HAI/AR coordinator.

# CloroxPro™ Products Eligible to Be Used Against Virus Causing COVID-19 When Used As Directed Based On the PHAC's Public Health Emergency Policy

The rapidly evolving situation with COVID-19 has triggered Public Health Agency of Canada's (PHAC) Emerging Pathogen Policy<sup>2</sup>. This policy permits manufacturers of disinfectants to make efficacy claims for its disinfectants against the emerging viral pathogen if:

- ▶ the disinfectant has a Broad Spectrum Virucidal efficacy claim, meaning that it has a claim against anyone of the following four viruses approved by PHAC: Poliovirus type 1, Chat strain (ATCC VR-1562) or Human adenovirus type 5 (ATCC VR-5 or VR-16) or Bovine parvovirus (ATCC VR-767) or Canine parvovirus (ATCC VR-2017)
- ▶ or, if the taxonomic genus of the virus has been identified, the disinfectant has efficacy claims against other viruses within that genus (e.g. a disinfectant with a coronavirus claim can be considered effective against COVID-19 or SARS-CoV-2)

Based on the Emerging Pathogen Policy, all the following CloroxPro™ are expected to be effective against SARS-CoV-2 on hard non-porous surfaces:

Product Name	DIN No.	EPA No.	Active Ingredient	Product Form	Approved use areas	Broad Spectrum Virucide (contact time)	Human Coronavirus strain 229E (contact time)	Coronavirus Betacoronavirus genus (contact time)	Claims against SARS-CoV-2 (that causes COVID-19)	
Clorox Healthcare®	Germicidal Disinfecting Cleaner	DIN 02469278	56392-7	Sodium hypochlorite	Spray/Pull-top	Hospital, Food Processing, Domestic, Barn, Institutional and Industrial Use	Poliovirus type 1, ATCC VR-1562, Strain Chat, Canine Parvovirus, Adenovirus type 2 (1 minute)	ATCC VR-740, Strain 229E (1 minute)	MERS-Coronavirus, SARS associate Coronavirus (1 minute)	Yes
	Bleach Germicidal Wipes	DIN 02465671	67619-12	Sodium hypochlorite	Wipes	Hospital, food processing, barn, institutional, and industrial	Poliovirus type 1, Canine Parvovirus, Adenovirus type 2 (1 minute)	ATCC VR-740, Strain 229E (1 minute)	MERS-Coronavirus, SARS associate Coronavirus (1 minute)	Yes
	Fuzion® Cleaner Disinfectant	DIN 02459744	67619-30	Sodium hypochlorite	Solution	Domestic, Hospital, Food Processing, Institutional, Industrial	Poliovirus type 1, Canine Parvovirus, Adenovirus type 2 (1 minute)	ATCC VR-740, Strain 229E (1 minute)	NA	Yes
	Spore Defense™ Cleaner Disinfectant	DIN 02494663	67619-40	Sodium hypochlorite	Solution	Hospital, Food Processing, Domestic, Barn, Institutional, Industrial	Poliovirus type 1, Canine Parvovirus, Human Adenovirus (1 minute)	ATCC VR-740, Strain 229E (1 minute)	NA	Yes
	Hydrogen Peroxide Cleaner Disinfectant	DIN 02403528	67619-24	Hydrogen peroxide	Spray/Pull-top	Hospital, non-critical medical instruments, food processing, institutional, industrial	NA	ATCC VR-740, Strain 229E (30 seconds)	NA	Yes
	Hydrogen Peroxide Cleaner Disinfectant Wipes	DIN 02406225	67619-25	Hydrogen peroxide	Wipes	Hospital, non-critical medical instruments, food processing, institutional, industrial	NA	ATCC VR-740, Strain 229E (1 minute)	NA	Yes
VersaSure™ Alcohol-free Cleaner Disinfectant Wipes	DIN 02473151	67619-37	Quaternary ammonium compounds	Wipes	Hospital, Food Processing, Domestic, Barn, Institutional, Industrial	NA	NA	Middle East Respiratory Syndrome Coronavirus (MERS-CoV) (30 seconds)	Yes	
CloroxPro™	Clorox T360® Disinfectant Cleaner	DIN 02460769	67619-38	Quaternary ammonium compounds	Solution	Hospital, Food Processing, Domestic, Barn, Institutional, Industrial	Poliovirus (5 minutes), Canine Parvovirus (2 minutes)	ATCC VR-740, Strain 229E (2 minutes)	NA	Yes
	Clorox® Germicidal Bleach*	DIN 02459108	67619-32	Sodium hypochlorite	Solution	Domestic, Hospital, Food Processing, Barn, Institutional, Industrial	Poliovirus (5 minutes), Canine Parvovirus (10 minutes), Adenovirus (5 minutes)	ATCC VR-740, Strain 229E (5 minutes)	NA	Yes
	Clorox® Disinfecting Wipes	DIN 02492636	5813-79	Quaternary ammonium compounds	Wipes	Food Processing, Domestic, Barn, Institutional, Industrial	NA	ATCC VR-740, Strain 229E (15 seconds)	SARS-Associated Coronavirus (SARS-CoV) & MERS-Coronavirus (MERS-CoV) (15 seconds)	Yes
	Clorox® Clean-Up Disinfecting Bleach Cleaner	DIN 02494019	5813-21	Sodium hypochlorite	Solution	Hospital, non-critical medical instruments, domestic, food processing, barn, institutional, industrial	Poliovirus (1 minute), Canine Parvovirus (30 seconds), Adenovirus (30 seconds)	ATCC VR-740, Strain 229E (30 seconds)	MERS-CoV & SARS-CoV (30 seconds)	Yes

2. Health Canada Guidance Document: Safety and efficacy requirements for hard surface disinfectant drugs. <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/disinfectants/safety-efficacy-requirements-hard-surfacedisinfactant-drugs.html#b5> (Accessed Jan 27, 2020).

\*Clorox® Germicidal Bleach's active ingredient is Sodium hypochlorite (8.25%). To disinfect add 1 part bleach to 7 parts water to achieve a 1:8 dilution (7200 ppm available chlorine). Wash, wipe or rinse items with water; then apply disinfecting solution. Allow surface to remain wet for 5 minutes. Rinse thoroughly, and air dry. Heavily soiled surfaces must be pre-cleaned prior to disinfection. A potable water rinse is required for disinfected food contact surfaces.

For product resources and implementation tools, contact your CloroxPro™ sales representative or Call: 1-866-789-4973 Visit: [www.CloroxHealthcare.ca](http://www.CloroxHealthcare.ca) Email: [healthcare@clorox.com](mailto:healthcare@clorox.com)

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