

# Communicable Disease Prevention & Response Plan



**BONAVENTURE**  
SUPPORT SERVICES

**(CDPR Plan)**



BONAVENTURE  
SUPPORT SERVICES

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# CDPR Plan

## Communicable Disease Prevention

A communicable disease is an illness caused by an infectious agent or its toxic product that can be transmitted in the community or workplace from one person to another. Examples of communicable disease that may circulate in a workplace include COVID-19, norovirus, chicken pox, and seasonal influenza.

A CDPR may present as an outbreak, epidemic or a pandemic. At the start of a CDPR event, the CDPR plan is consulted when determining how to respond to communicable disease outbreaks and helps to guide response activities during the event. As more information becomes known or the level of risk increases, this plan may need to be revised.

Preventing communicable disease involves taking ongoing measures to reduce the risk of communicable disease transmission in your workplace. It also involves implementing additional measures when advised to do so by Public Health during periods of elevated risk. The level of risk of certain communicable diseases, including COVID-19, may increase from time to time or on a seasonal basis. This may occur at a local or regional level, or within a certain workplace.

Bonaventure will monitor and review communicable disease-related information issued by the Ministry of Health, CLBC/MCFD and WorkSafe BC. This includes orders, guidance, notices, temporary additional measures and recommendations.

Supportive work environments for communicable disease prevention:

- Team members will model personal practices (e.g., hand hygiene, respiratory etiquette), and assist supported individuals as needed.
- Sharing reliable information, including from the BC Centre for Disease Control, Office of the Provincial Health Officer, and local health authorities with team members, parents and families.
- Promoting personal practices in the programs (e.g., posters).
- Ensuring individual choices for personal practices (e.g., choosing to wear a mask or face covering) are supported and treated with respect, recognizing varying personal comfort levels.

## Precautionary Measures

### Infection Control

Infection control refers to the measures and practices implemented to prevent the spread of infectious diseases. This includes techniques such as hand hygiene, sanitation, use of personal protective equipment (PPE), and other protocols to reduce the risk of infections in healthcare (program) settings, public spaces, and the workplace environment.

All employees should exercise enhanced universal precautions, including proper handwashing, using personal protective equipment (PPE) when needed (e.g., Gloves and face masks), and following sneezing and coughing etiquette. Individuals in care should be supported with infection control.

If you are supporting an Individual who is exhibiting communicable disease symptoms, consult your manager or Director and your local health unit around additional precautions.

[Communicable Disease Control \(bccdc.ca\)](https://www.bccdc.ca)



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Vaccines are important tools to protect against many serious communicable diseases, including reducing the risk of COVID-19 in the workplace and communities. Health officials across the country are urging Canadians to get a COVID and flu shot at the same time as provinces have seen a rise in cases. Getting both the flu and COVID-19 shots at the same time is the best protection and can provide an added layer of defense against respiratory illnesses. More information about COVID-19 vaccines is available on the [BCCDC-Vaccine](#).

Bonaventure supports employees in receiving vaccinations for vaccine-preventable conditions. Employees who voluntarily choose to be vaccinated are asked to schedule their vaccination appointment outside of scheduled work hours whenever possible or submit a request for time off to be approved by their manager.

Bonaventure may be required to ask employees to share, disclose or provide copies of their vaccination records for COVID-19.

## Universal Precautions

Universal precautions are a set of infection control guidelines that BSS employees follow to are required to protect themselves and those supported from the transmission of bloodborne pathogens and other infectious materials. These precautions involve taking consistent preventive measures, such as using gloves, masks, and other protective equipment, to minimize the risk of exposure to blood or other bodily fluids. Universal precautions are a key component of health and safety protocols.

### Procedure

1. Wash hands before putting gloves on and after taking gloves off (gloves are for one use only)
2. Cover any open cuts that the employee may have with a Band-aid
3. Wear gloves whenever there is potential for contact with any of the following body fluids:
  - a. Blood
  - b. Semen
  - c. Vaginal secretions
  - d. Feces
  - e. Urine
  - f. Vomit
  - g. Any bodily fluids
  - h. Sweat
  - i. Saliva

When cleaning any of these fluids, use a solution of 1-part bleach to 9 parts water. Paper towels are to be used and disposed of in a plastic garbage bag.

4. Wear gloves when performing mouth care
5. Wear gloves when changing any dressing or performing treatments
6. Change gloves when:
  - a. Performing more than one procedure on an individual (i.e., mouth care to toileting)
  - b. Moving from one individual to another
7. Do not wash or clean disposable gloves
8. Dispose of gloves in proper receptacles.

### Procedure for Putting on and Removing Gloves:

Putting on gloves:

- Slip each hand into a glove pulling the cuffs up over wrists.

Removing gloves:

- Pull off the first glove by grasping it (dirty on dirty) on the outside of the glove:



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- Remove the second glove by inserting your non-gloved fingers inside the cuff (clean on clean) and pulling it down on and off (outside of glove is considered dirty);
- Dispose of soiled gloves in proper receptacles and wash hands.

When working with needles, disposable syringes, pipettes, or other sharp objects, they are to be disposed of in a puncture resistant container given to us by the pharmacist.

## Additional Precautions

In certain instances, it may be required to implement Additional Precautions on top of Routine Practices. These are implemented based on the Mode of Transmission (See below) of the specific pathogen. Additional Precautions include things such as:

- Use of specific PPE
- Having specialized signage/posters:
  - Hand Hygiene
  - How to wear a face mask
  - Prevent the spread of communicable disease-cover coughs and sneezes
  - Prevent the spread of communicable disease- hand washing.
- Having designated waste disposal
- Specific cleaning protocols  
Ensure that thorough cleaning and disinfecting happens of all surfaces being touched/exposed to germs (e.g. door knobs, fridge and stove handles, cupboard handles, counters, faucets, phones, keyboards, equipment, toilet seat handle, light switches, remotes, car handles and knobs, etc.) as follows:  
Community Housing – enhanced cleaning/disinfection at least once per shift (morning, afternoon, evening, overnight)
- Other programs – enhanced cleaning/disinfecting at least twice per day
- All programs and services spot clean/disinfect more often as needed.

There are three categories of Additional Precautions:

1. **Contact Precautions:** Gowns and gloves required for direct care.
2. **Droplet Precautions:** Mask and eye protection required for anyone coming within 2 meters of the infected individual. Individuals are quarantined if possible and should wear a mask when leaving their room.
3. **Airborne Precautions:** The individual must be quarantined to their room. A fit-tested N95 respirator must be worn by anyone entering the individual's room. In a situation requiring airborne precautions, the individual may likely be hospitalized.

If Additional Precautions are required, the specific procedures and protocols will be communicated to the team by the Manager/Supervisor of the home/program.

## Routine Practice

Communicable disease prevention focuses on basic risk reduction principles to reduce the risk of workplace transmission of COVID-19 and other communicable diseases. The fundamental components of communicable disease prevention include:

1. Ongoing safety measures to be maintained:
  - **Policy and Procedures** are implemented to support employees who have symptoms of a communicable disease (for example, fever and/or chills, recent onset of coughing, diarrhea, vomiting), to avoid being at the workplace when sick.



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- **Promotion of hand hygiene:** All employees are supporting individuals are to wash their hands before and after using the washroom facilities, before and after eating meals, food preparation and any outside activities. Programs will be provided with appropriate supplies and reminding employees through policies and signage to [wash their hands regularly](#) and to use [appropriate hygiene practices](#)
  - **Coughing Etiquette:** Individuals and employees are expected to use tissue or the inside of their elbow when sneezing or coughing. Individuals and employees are encouraged to wash their hands if they use their hand to cough or sneeze into.
  - **PPE:** Provide/have readily available to all employees, hand sanitizer, gloves and face masks.
  - **Environmental Practices:** Maintaining a clean environment through routine cleaning processes and as a prevention measure such as disinfecting frequently touched surfaces: doorknobs, countertops, tables, telephones and bathrooms.
2. Annual reinstatement of enhanced *Infection Prevention and Control* (IPC) measures in preparation for the viral respiratory illness at the start of fall/winter
- [Stay at home when you are sick](#)
  - [Enhanced Hand hygiene Practices](#)
  - [Use of personal protective equipment \(e.g., gloves, masks, eyewear\)](#)
  - [Respiratory hygiene / cough etiquette](#)
  - [Sterile items and devices](#)
  - [Clean and disinfected environmental surfaces](#)
  - If an outbreak occurs, implement the communicable disease shift cleaning checklist (specific to each program and must be documented).
3. Additional measures implemented as advised by Public Health: Be prepared to implement additional prevention measures as required by a medical health officer or the provincial health officer to deal with communicable diseases in their workplace or region.
- During a period of elevated risk, the medical health officer or provincial health officer will provide information and guidance about the risk and how we can reduce it. The measures implemented will depend on the type of disease and the methods of transmission. Employees will be expected to follow all direction from medical health officers and the health authority: all orders, guidance, recommendations, and notices issued by the provincial health officer that are relevant to our programs and services. Depending on the guidance that public health officials provide, BSS may need to assess the workplace to identify areas, activities, and processes that may pose a risk to workers. BSS may also need to implement appropriate control measures to reduce the risk, following the direction of Public Health.

## Ventilation

Ventilation and universal precautions are both crucial components of infection control, especially in healthcare settings and spaces where infection transmission is a concern. Ventilation can help reduce the concentration of infectious particles in the air, making it safer for workers to perform procedures where universal precautions are necessary. Both measures are essential in preventing the transmission of infectious diseases, especially in settings where people may be exposed to blood or other potentially contaminated materials.

Proper ventilation involves ensuring that spaces have adequate airflow and air exchange (using a HVAC system, open windows and doors to promote air circulation). This helps dilute and remove potentially infectious particles from the air. Good ventilation is important for reducing the concentration of pathogens in indoor environments and is a key strategy in controlling the spread of airborne diseases.



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If you're using portable fans or air conditioning units, make sure they're set up to avoid blowing air directly from one person's breathing zone to other occupants of a room. Avoid horizontal cross breezes. Instead, set up devices so air flow moves downward from the ceiling.

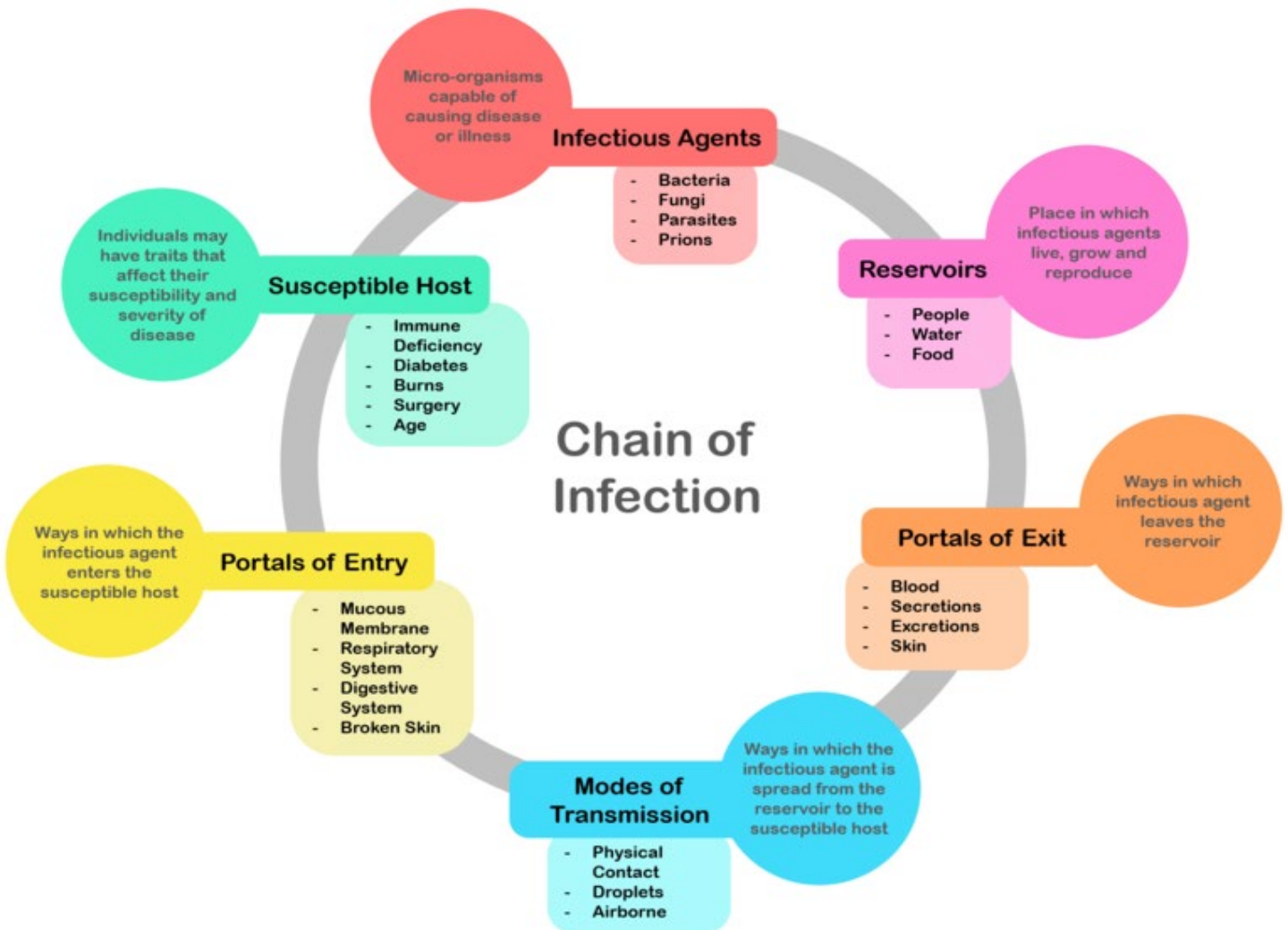
## Vehicles

All vehicles will be wiped down after each use. Turn the vents or air conditioning controls to allow outdoor air to flow in. Do not set the vents to recirculate. Leave windows partially open to allow as much outdoor air as possible into vehicles. See poster – Communicable Disease Prevention Vehicle Safety Guidelines.

## Visitors to Programs

All visitors, including community groups visiting programs should follow the BSS Communicable Disease Prevention and Emergency Response Plan outlined in this document.

## Chain of Infection Chart





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## Communicable Disease Outbreak

A communicable disease outbreak refers to the sudden and widespread occurrence of a contagious illness within a specific population or geographic area. It involves an increased number of cases of the disease beyond what is typically expected, often requiring public health measures to control its spread. In general, an outbreak is defined as an increase of disease among a specific population in a geographic area during a specific period of time.

Island Health monitors communicable diseases, investigates outbreaks and recommend and implement disease control interventions. The Island Health communicable disease team works to improve public health through:

- Monitoring communicable diseases
- Identifying the risk factors
- Recommending or applying appropriate interventions to stop the spread of the disease
- Investigating outbreaks of disease in care facilities, other institutions (e.g. day cares, schools) and other community settings
- Investigating and controlling outbreaks of new and emerging diseases
- Supporting physicians and Nurse Practitioners with the management of reportable communicable diseases

In the event an outbreak occurs: where there are two or more influenza-type illness detected in a program by either supported Individuals or employees in a 12 day period and are diagnosed with a communicable disease, Island Health will be contacted by a BSS representative. BSS will follow the direction from a public health officer.

## Adaption of Services

If there is threat and or a communicable disease outbreak, an adaption of services and supports may be implemented or modified to reduce the risk of the spread of a communicable disease. This will include but is not limited to:

- Surveillance- reporting symptoms of communicable disease maybe implemented to survey the spread of disease and establish patterns of progression.
- Mandatory requirements may be implemented for employees to wear face masks in indoor and/or outdoor settings.
- Environment- limiting the amount of people in each program at one time. Each program will be different and could section off their spaces to allow for more people. This will need to be done with the approval of your Director.
- Using outdoor activities more with support time.
- Avoiding areas where there are large crowds (50 or more people) and/or crowded areas, including public facilities, events and public transit.
- Mental health status will be taken into account. Individuals with anxiety or depression may require a different look to their support.
- Taking special precautions for those vulnerable population groups: (>65 years of age), those with pre-existing chronic conditions and immunocompromised systems
- Following all public safety community closures of spaces, building and programs.
- Respecting personal space and avoiding any unnecessary contact, including handshakes and hugs.
- Canceling activities that may risk exposure.
- Coaching and/or education self-advocates and families on risks.
- Any other precautions outlines in your Resource Pandemic Preparedness Plan.





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## Communication

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When communicating updates, exposure, program closures, PHO orders, guidance, notices, and recommendations, BSS will use clear and effective methods in a timely manner to communicate so information reaches the intended audience. Choice of communication method may vary depending on the target audience, the urgency of the situation, and the resources available.

Here are some communication methods:

- **Public Health Announcements:** BSS will share press releases and public health announcements to disseminate critical information.
- **Websites and Online Portals:** BSS will strive to regularly update the website where the public and employees can access the latest information, guidelines, and resources.
- **Social Media:** BSS may use social media platforms to provide real-time updates and engage with the public.
- **Email and Memos:** BSS may send email updates and memos to employees, stakeholders and families to keep them informed.
- **ShareVision:** Directors/Managers or designate may use SV to update, share and communicate necessary announcements and or updates.
- **Educational Materials:** BSS will distribute brochures, flyers, and posters with information on disease prevention, symptoms, and treatment.
- **Text Messages:** Directors/Managers and/or designate will send text message alerts to inform supported individuals, families and employees about important updates or safety measures.
- **Collaboration with Healthcare Providers:** BSS will work closely with healthcare professionals and hospitals to ensure that they are updated and can communicate effectively with their patients, guardians and legal representatives.
- **Use Visual Aids:** Infographics and visual representations will be shared to simplify complex information for a wider audience.
- **Regular Updates:** Provide consistent and transparent updates to maintain trust and credibility.
- **Communication platforms -Teams/Zoom:** Directors and managers will conduct regular meetings through video conferencing platforms such as Teams and Zoom.

## Exposure of Individuals Supported

Safety measures and practices are to be followed by all visitors. Visitors with respiratory symptoms, **may not be permitted to visit a program or service**. If there is urgency to a visit (e.g. due to rapidly declining health status of a supported Individual), and sick visitors must be present, please arrange for PPE (e.g. mask, gloves) in advance to protect the health of others. Post the visitor poster on each exterior door of the Program.

If an Individual receiving supports has had contact with a person who is in self-isolation, exhibits symptoms of a communicable disease and/or a confirmed diagnosis, contact 8-1-1 and/or your local health authority for advice prior to them returning to the program. If a visit is being considered (e.g. with a family member), planning should occur to ensure that the person is not exposed to someone in self-isolation or who is symptomatic prior to returning to the program.

MCFD may restrict all visits to program homes throughout the province. BSS will follow guidelines set out by the Ministry.



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## What to do if a Supported Individual becomes ill?

### Housing Program

Planning in the event of an outbreak is critical for providing teams the guidance necessary for sheltering in place, and isolation practices and procedures. Contingency Plans will be submitted to the ED and the Director overseeing each program, and will include the information in this section.

**Testing:** If it is determined that an Individual requires testing, the housing program will do the following:

- ✓ Follow the Droplet and Contact Protocol – Appendix A immediately.
- ✓ Schedule a test appointment as soon as possible
- ✓ Report the test results to the program Manager
- ✓ Everyone in the program will wear masks, provided by company- 3 ply Medical Grade
- ✓ The Individual who is being tested will isolate as much as possible
- ✓ Hand hygiene will be increased
- ✓ Cleaning of the housing program will be increased
- ✓ Monitor others for symptoms

**Results:**

- a. Negative test: The housing program will return to normal.
- b. Positive test: The housing program will follow the guidelines below.

Once an outbreak has been determined, Island Health and CLBC/MCFD will be notified immediately. Symptomatic Individuals supported will be isolated and employees will use routine droplet and contact precautions when providing care. PPE signage will be posted outside the rooms of symptomatic Individuals supported indicating the necessary precautions. Teams will record details of Individuals supported and employees experiencing symptoms. Control measures will be continued until the outbreak is declared over by the Island Health Officer. The length of time to conclude an outbreak may be reduced or extended at the direction of Island Health.

If a supported Individual within a housing program becomes ill, follow the steps below:

1. Immediately isolate (bedroom) all Individuals with new or worsening respiratory symptoms. If the Individual cannot be isolated without using restricted practices, isolate other Individuals in the program as much as possible and support each Individual to maintain social distance (minimum 2 meters).
2. If tolerated, the Individual is to wear a mask when a support worker is in their room or providing direct support. When the Individual will not tolerate wearing a mask, employees will wear PPE as guided by management.
3. **REPORTING:** Immediately inform your Manager or Director.
  - Notify Public Health, identifying yourself as an essential worker. Public Health will follow up immediately to assist in management and contact tracing.
  - The Manager will notify your Director.
  - The Manager and Director will work with the health authority to determine a response plan and ensure appropriate communications.
  - Current guidelines indicate that no Individuals need to be moved to acute care with a diagnosis of a communicable disease unless their clinical status requires it.
    - a. Managers, under the direction of their Directors, will complete a critical incident report for the following situations
      - i. Is symptomatic, presumed to have a Communicable Disease and/or a Parasitic Outbreak
      - ii. Has been diagnosed with a Communicable Disease/Parasitic Outbreak

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- iii. Has been hospitalized due to a Communicable Disease or has an Unexpected Illness/Food Poisoning (Note: the hospitalization incident report is in addition to the critical incident report)
  - iv. Has passed away due to a Communicable Disease
  - b. Public Health Contact Reporting: If there are two or more ill Individuals displaying Communicable Disease symptoms, the Manager, Director or a delegated employee should contact 8-1-1 HealthLink BC or Public Health immediately at 604-507-5471 (Monday to Friday 0830-1630) or for afterhours call 604-527-4806 identifying yourself as an essential worker.
  - c. MCFD Contact Reporting: The Manager, Director or a delegated employee should call Provincial Centralized Screening Emergency line at 1-800-663- 9122 to report Communicable Disease related situations.
  - d. CLBC Contact Reporting: The Manager, Director or a delegated employee should call Provincial Centralized Screening Emergency line at 1-800-663- 9122 to report Communicable Disease related situations. The Provincial Centralized Screening Emergency line will notify the CLBC Director of Regional Operations who will liaise with the CLBC Manager and Health Authority to provide support and guidance.
  - e. Service Providers Reporting: Service providers must also notify their CLBC/MCFD/VIHA designate of any Communicable Disease case involving an employee, contractor, or household member.
4. If possible, designate bathroom facilities, which are to be used by symptomatic Individual only. Where this is not possible, ensure thorough cleaning and disinfecting after use by a symptomatic Individual occurs.
  5. Wherever possible, employees working with symptomatic Individuals supported should avoid working with Individuals supported who are well. When this is not possible, employees should work with the well Individuals supported prior to working with symptomatic Individuals supported (providing medications, meal delivery, etc).
  6. Wherever possible, employees working at a program with an outbreak are not to work at other programs.
  7. Wherever possible, employees will be designated to one specific role at each site (i.e. meal prep, personal care, cleaning, shopping).
  8. Employees to practice strict hand hygiene between Individuals supported at all times.
  9. In consultation with your local health unit, Public Health (if applicable) and Director, develop a plan for further support and follow-up to mitigate risks of spread.
  10. Post signage on the door of the Individual's room and outside points of entry indicating full PPE is to be worn (shields, masks, gloves, gowns).
  11. All outbreak control measures shall take priority over routine operations until the outbreak is declared over.

## Hospital Transfer

If symptoms become severe and transfer to hospital becomes medically necessary, indicate to the 911 operator the Individual has suspected/confirmed communicable disease so that First Responders can arrive prepared. When tolerated the Individual should wear a mask. Employees assisting in the transfer should also wear PPE as directed. Once the Individual has been transferred to hospital, the entire room should be thoroughly cleaned and disinfected.

## Community Inclusion Services- Individual(s) who Exhibit Symptoms

(Community Inclusion/Day Services, Supported Living, Outreach, Employment, Youth Programs)

1. If a supported Individual has flu like symptoms such as fever and/or chills, recent onset of coughing, diarrhea or vomiting, they should be advised to stay home and away from others. They can call 8-1-1



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HealthLink BC at any time to speak with a registered nurse. (People who are deaf and hearing impaired, call: 711).

2. If a supported Individual displays symptoms during their support time:
  - Immediately isolate all Individuals supported with symptoms. If the Individual cannot be isolated without using restricted practices, isolate other Individuals in the program as much as possible and support each Individual to maintain social distance (minimum 2 meters).
  - Contact the Individuals primary caregiver and request that they be picked up immediately. Continue to implement isolation until the Individual is picked up. If the Individual doesn't have a primary caregiver or transportation cannot be arranged, drive the Individual home. The Individual will sit in the back of the car and wear a mask behind the plexi-safety guard. Thoroughly clean and disinfect the vehicle immediately once the car is parked back at the program.
  - Immediately inform your Manager. The Manager will notify their Director.
  - The Manager, Director or a delegated employee should contact 8-1-1 HealthLink BC or your local health unit for further direction.
  - In consultation with your local health authority and Director, develop a plan for further support and follow-up to mitigate risk of spread.
  - Once the Individual has left the program, full cleaning procedures will be immediately implemented.
  - If a supported Individual has tested positive for a communicable disease and was in contact with other Individuals or employee(s) in the program:
3. Immediately inform your Manager. The Manager will notify the Director.
4. The Manager and Director will work with the local health authority and seek direction from them on who may be at risk and who should be notified. Your local health authority is the primary authority for how to respond to people who may have a communicable disease.
5. In consultation with your local health authority and Director, develop a plan for further support and follow-up to mitigate risks of spread.

## Employee Measures

### Employees Who Have Symptoms of a Communicable Disease

Employees who have symptoms of a communicable disease (for example exhibiting: fever and/or chills, recent onset of coughing, diarrhea, vomiting), should avoid being at the workplace when sick.

If you are unable to work a shift as scheduled, due to illness, you must call the Manager or designate and let them know you cannot be at work as scheduled. *refer to Bonaventure's Policy and Procedure Illness and Injury Leave.*

### Employee Coverage

BSS employees are deemed essential workers, providing an essential services – therefore are required to work as scheduled. *Essential services are those daily services **essential** to preserving life, health, public safety and basic societal functioning. They are the services British Columbians come to rely on in their daily lives.*

While we understand that employees may experience concern around exposure to communicable diseases, it is important to follow all guidelines from provincial health authorities regarding expected work attendance. Employees who are not showing symptoms of illness or who do not actively secure direction from a qualified



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medical professional to self-isolate are expected to attend, and remain at work as scheduled, despite understandable personal concerns about potential exposure in the community or in the workplace.

- *Employees are expected to report for their scheduled shift, ready to work at the schedule start times and remain on shift until the scheduled shift time ends or the employee is relieved from the oncoming shift.*
- *There may be times during an outbreak that employees will be expected to remain in the program on duty until they are relieved and no longer needed to ensure the health and safety of the individual supported.*
- *In exceptional and/or emergency situations, or an communicable disease outbreak employees may be temporarily relocated to work another program to support the operational needs.*
- *Employees shall demonstrate flexibility and adaptability by accepting lateral transfers or temporary relocations to meet the operational requirements of another program.*
- *Bonaventure may exercise their judgement to alter employee positions, shift times and or the schedule to meet the needs of the program. Management will notify employees of the change as soon as possible.*

Vacation Requests: This approval will be determined company-wide depending on the stage of response we are in. To ensure that employee coverage is available, and depending on developments, it may also be necessary in the future to consider the cancelling of vacations already granted.

## Self-Isolation/Quarantine

Bonaventure will take direction and follow the guidelines set by the Provincial Health Officer in regards to , outbreak.

## Monitoring Programs

All programs will be monitoring risks associated with communicable diseases. If a new concern is identified or something is not working, please contact your program Manager right away. As a company, we will need to identify if this is a program specific or company wide concern. Then it will be addressed and communicated to the required workers and programs.

## After a Communicable Disease Emergency

An outbreak or pandemic is over when the local, provincial, and federal public health authorities formally declare it being over:

- Deactivate the plan.
- In a timely manner, the Directors and Administrative team will assess the effectiveness of this plan, and revise the plan as necessary.
- Communicate any applicable revisions to employees.



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## Parasitic Outbreaks

Parasitic outbreaks pose a significant concern, necessitating swift attention and suitable measures. These infections may stem from a variety of parasites, including protozoa, helminths, or ectoparasites like ticks and lice. They commonly lead to discomfort, illness, and occasionally severe health complications.

### Procedure

1. Upon suspicion or confirmation of a parasitic infection, immediately inform the Program or On Call Manager.
2. The Manager may coordinate with relevant authorities or medical professionals to assess and address the infection.
3. All individuals affected by the infection must follow the prescribed treatment regimen and hygiene protocols.

Addressing parasitic outbreaks promptly is crucial to prevent their spread and minimize their effects on individuals' health and well-being.

### Head Lice Outbreak

Treatment for head lice is for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation are to be treated.

It is important to follow proper protocols for hygiene and treatment.

### Prevention Measures

Provide information to parents, guardians, individuals and employees about head lice prevention, including the importance of regular head checks and awareness of symptoms.

Symptoms of head lice:

- Crawling or tickling sensation on the scalp
- Itchy scalp due to a sensitive reaction caused by the bites
- Scratch marks or small red bumps like a rash

Ensure personal items such as hair accessories, hats, combs, brushes or anything that comes in contact with hair are not shared.

While there is a suspected/active case; people with long hair are encouraged to have it tied back.

When a case of head lice is identified, notify parents/guardians and communicate to the team.

### Infection Control

If lice is suspected, purchase a Lice Comb from a pharmacy and use the wet combing method to check the persons hair:

1. Person is to wash and rinse their hair. Apply enough conditioner to cover the whole scalp (usually 2handfulls).
2. Use a wide-toothed comb to get tangles out. At any time if the comb tugs, add more conditioner.
3. Begin combing the head carefully with the lice comb. Pull the comb through the hair in one stroke from the front to the back of the head. Keep the teeth in contact with the scalp for the entire stroke.
4. After each stroke, wipe the comb on a paper towel and check for lice.
5. Make sure to comb the entire head, checking for lice after each stroke.

**If you find any lice, move onto the Treatment Protocols.**



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## For the infected person

1. Purchase Lice Treatment from pharmacy. (If the infested person has hair longer than shoulder length, it is necessary to use a second bottle).  
**NOTE:** Some treatments are not safe for infants, young children, pregnant or nursing mothers or other individuals. An alternative method to use is the [Wet Combing Treatment](#).
2. Treatment is to be completed over a sink, not with the person sat in a bathtub.
3. Apply lice treatment according to the instructions contained in the box or printed on the label. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.  
Do not re-wash the hair for 1–2 days after the lice medicine is removed.
4. Person is to put on clean clothing after treatment.
5. After each treatment, checking the hair and combing with a lice comb to remove nits and lice every 2–3 days may decrease the chance of self-reinfestation. Continue to check for 2–3 weeks to be sure all lice and nits are gone.
6. Retreatment is meant to kill any surviving hatched lice before they produce new eggs. For some drugs, retreatment is recommended routinely about a week after the first treatment (7–9 days, depending on the drug) and for others only if crawling lice are seen during this period.

## When treating head lice

- Do not use extra amounts of any lice medication unless instructed to do so by your physician and pharmacist. The drugs used to treat lice are insecticides and can be dangerous if they are misused or overused.
- All lice medications should be kept out of the eyes. If they get onto the eyes, they should be immediately flushed away.
- Do not treat an infested person more than 2–3 times with the same medication if it does not seem to be working. This may be caused by using the medicine incorrectly or by resistance to the medicine. Always seek the advice of your health care provider if this should happen. He/she may recommend an alternative medication.
- Do not use different head lice drugs at the same time unless instructed to do so by your physician and pharmacist.

## Supplemental Measures for Personal Affects

Head lice survives less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. S

- Machine wash and dry items listed that the infested person wore or used during the 2 days before treatment using hot water (130°F) laundry cycle and the high heat drying cycle
  - Hats
  - All bed linens
  - Clothing
- Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Soak combs and brushes in hot water (at least 130°F) for 5-10 minutes.
- Vacuum the floor and furniture, particularly where the infested person sat or lay
- Do NOT use fumigant sprays; they can be toxic if inhaled or absorbed through the skin



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## Bed Bugs Outbreak

Bed bugs are highly mobile and can swiftly move through various pathways within a building, including hallways, plumbing, and electrical lines. They have the ability to hitch a ride on bags or clothing, facilitating their unnoticed transport from one location to another. Given their short gestation period, bed bug infestations can rapidly escalate from a small number of bugs to several thousand. These resilient pests can travel up to 20 feet in search of a human host.

### Prevention Measures

The best way to prevent bed bugs is regular inspection for the signs of an infestation.

- Be careful when buying used furniture. Inspect each item carefully and wash or clean before use.
- Reduce clutter, as it serves as an ideal habitat for bed bugs whether at home, school, or work. This housekeeping measure will reduce the number of places for the bed bugs to hide and fewer opportunities for them to travel home with you.
- Keep your belongings stored separately from those of other people.
- Be vigilant in areas where bed bugs are most likely to be found – including break rooms, storage areas, offices or lounges with upholstered furniture, or areas where people may rest.
- Consider changing into work clothes and shoes when arriving at work and removing them before going home (when there is a risk of infestation).

### Infection Control

Bedbugs are a nuisance, but they don't spread germs or diseases.

Bedbug bites can look similar to other bug bites, like mosquito bites or chigger bites.

Identifying bed bugs is crucial for effective management. To confirm their presence, inspect bedsheets and mattresses for small spots of blood, rusty stains (indicating crushed bugs), or black dots (signs of bug excrement). Live bugs may be visible around mattress seams or tags, along with cracks in bed frames and furniture. Additionally, they can hide in unexpected places such as books, carpet edges, and electrical outlets.

If bed bugs are suspected:

1. Report to program or on call manager
2. Start the following process if removing/cleaning:
  - a. Wear gloves to strip all bedding and deal with the infected items.
  - b. After you are finished cleaning, ensure your clothing is removed and cleaned afterwards to prevent the spread to other areas of the home.
  - c. Vacuum the room thoroughly, especially along carpet edges.
  - d. Wash all bed linen and clothing in hot water, detergent and placed in a hot dryer for at least 5 minutes, or until dry. Alternatively, if the only purpose of doing laundry is to rid the items of bedbugs, place dry clothes and linens in a hot dryer for a minimum of 10 minutes.

### Treatment Protocols

#### For bug bites on the person

Wash the bites with soap and water. Calamine lotion, an anti-itch cream, or cool compresses can help with the itching, bites clear up in 1–2 weeks.

Scratching of the bites should be avoided because doing so can cause a skin infection, such as impetigo and, rarely, cellulitis. If the bites continue to be a problem or an infection does happen, reach out to a doctor for further assistance.





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## Treating and Removing Bed Bugs

Bonaventure will arrange for a certified Pest Control technician to come to the program.

If bed bugs are found the technician will handle the extermination using their training and potentially multiple visits to the program based on the life cycle of the bed bugs.

## Supplemental Treatment Measures

Other physical methods of controlling bedbugs include steam cleaning, vacuuming, heating, freezing, washing, or throwing out items.

- Items that cannot be washed in hot water and detergent (e.g., mattresses, upholstery, etc.) should be steam cleaned. Dry steam or low vapour steamers are better because they leave less moisture.
- Small non-washable items and dry-clean-only items can be placed in a hot dryer for 30 minutes or more.
- Wash mattress pads, bedding, bed skirts, infested clothes, curtains, etc. in hot water and dry them on the hottest dryer setting.
- Store clean, dry items in a light-coloured sealed heavy-duty plastic bag or storage bin with secure lids to avoid infesting other areas. Light-coloured bags or bins make it easier to see any bedbugs.
- Throw out any items that cannot be washed, heated or steam cleaned.
- Vacuums with cloth bags or hoses made of fabric are not recommended as the vacuums can become infected.
- If using a bagless vacuum, empty the canister content into a plastic garbage bag. Seal and dispose of the bag immediately. Wash the dust container in hot water with detergent.

## Pinworm Infection

Pinworms would be diagnosed by a doctor or a pharmacist. Pinworms can be annoying but they don't carry disease, and they rarely cause serious health problems. However, when not treated or controlled properly, they often come back.

It is important to follow proper protocols for hygiene and treatment.

## Infection Control

Many people with pinworms don't have symptoms and don't know that they're infected. When symptoms occur, the most common ones are:

- Itching around the anus.
- Restless sleep, because itching is often worse at night.
- Sometimes a skin infection from scratching.

Individuals or Employees in Community Inclusion are required to be home from program for 3 days. This will allow the medication to take effect.

For housing programs, medical attention will be sought and increase the frequency of cleaning and hand washing protocols.

## Treatment Protocols

To mitigate the risk of infection transmission, the following measures will be implemented:

1. Hand Hygiene:
  - Ensure thorough handwashing for all individuals and employees upon entry, before meals, after use the restroom, and whenever necessary.
  - Implement an open-door policy during handwashing, with supervision to ensure compliance with proper techniques, including singing "happy birthday" twice, using soap and water, and



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using a fresh hand towel each time. Additionally, disinfect bathroom door handles after each use.

## 2. Personal Hygiene:

- Encourage individuals and employees to maintain short nails to prevent the trapping of pinworm eggs
- Bathe or shower every day
- Change underwear and bedding each morning
- Do not share or reuse towels or face cloths.

## 3. Laundry and Towels:

- Launder all towels and washable items daily using hot water and regular detergent. During outbreaks, prioritize the use of disposable paper towels.
- Wear disposable gloves when handling laundry to prevent cross-contamination.

## 4. Surface Cleaning:

- Clean all surfaces using hot, soapy water and gloves, with particular attention given at the end of each shift. Change cleaning water regularly and use fresh towels frequently.

## 5. Chair Vacuuming:

- Vacuum chairs nightly and dispose of vacuum contents outside to prevent inhalation of any potential eggs.

## 6. Carpet Cleaning:

- Prior to shampooing, vacuum carpets with gloves on and dispose of vacuum contents outside.
- Use a carpet shampooer with hot water and carpet cleaner or a mixture of hot water and vinegar.
- After use, soak removable parts of the carpet cleaner in hot water and dishwasher detergent.

## 7. Pinworm Awareness:

- Educate individuals on pinworms as a nuisance rather than a disease. Encourage prompt treatment from a pharmacist if suspected symptoms arise.



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## Additional Resources

BC Centre for Disease Control: <http://www.bccdc.ca/about/news-stories/stories/2020/information-on-novel-coronavirus>

WorkSafeBC: <https://www.worksafebc.com/en/covid-19/bcs-four-step-restart>

HealthLink BC: <https://www.healthlinkbc.ca/public-health-alerts>

Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/know-facts-about-coronavirus-disease-covid-19.html>

Bonaventure – Cleaning and Disinfecting During an Outbreak

### Posters

- WorkSafeBC Prevent the Spread of Communicable Disease- [Hand Hygiene](#)
- WorkSafeBC Prevent the Spread of Communicable Disease- [Cover coughs and Sneezes](#)
- WorkSafeBC Prevent the Spread of Communicable Disease- [Ventilation and Air Circulation](#)
- Alberta Health Services- [Cover your Cough](#)
- Vehicle Safety Guidelines Poster – Bonaventure Communicable Disease Prevention
- Upon Entering Building Poster – Bonaventure Communicable Disease Prevention
- CDC Poster- [How to wear a face mask](#)

### Bonaventure Policy and Procedures

- P&P Manual: Health & Safety section- Communicable Disease
- Emergency and Disaster Response Plan (EDRP)- Communicable Disease



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## Appendixes

### APPENDIX A: Droplet and Contact Protocol

Droplet and Contact Protocol is put in place as soon as an Individual in your housing program is suspected to have a Communicable Disease and has been directed by Island Health to go for testing. If a test comes back positive, continue under the direction of island health.

- Encourage Individuals with a Communicable Disease symptoms and their roommates and close contacts to self-isolate – limit their use of shared spaces as much as possible. The Individuals and roommates are isolated from external activities outside the house; this includes attending Community Inclusion programs, until a negative test result returns, or until Island Health deems it safe to do so.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with Communicable Disease symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- Enhance cleaning in common areas and touch points. Implement the communicable disease shift cleaning checklist.
- Post signage on the door of the Individual's room and outside points of entry indicating that droplet and contact precautions must be followed.
- Minimize the number of employees who have face-to-face interactions with Individuals who have suspected or confirmed a Communicable Disease diagnosis.
- Encourage employees, other Individuals, caregivers such as community inclusion workers, and others who visit persons with Communicable Disease symptoms to follow recommended precautions to prevent the spread.
- Employees at higher risk of severe illness from Communicable Disease should not have close contact with supported Individuals who have suspected or confirmed Communicable Disease diagnosis, if possible.
- Those who have been in close contact (i.e., less than 6 feet (2 meters) with an Individual who has suspected a Communicable Disease should monitor their health and call their healthcare provider if they develop symptoms suggestive of Communicable Disease.
- Be prepared for the potential need to transport Individuals with suspected or confirmed Communicable Disease for testing or non-urgent medical care. The Individual must sit in the back seat with a plexi-safety guard in place and wear a mask. Avoid using public transportation, ride sharing, or taxis. Follow guidelines for cleaning and disinfecting any transport vehicles.
- Enforce a minimum of two meters of safe physical distance between employees, Individuals including in hallways and all communal areas.
- Maintain hand hygiene protocol.
- Maintain coughing etiquette.

### PPE Droplet Contact Precautions

If an Individual is suspected to have a Communicable Disease, full PPE droplet protocol is put in place. PPE stations will be set up at points of entry in the home and Individual's room.

Put on PPE as follows:

1. Clean your hands. Use soap and water or hand sanitizer (alcohol-based hand rub).
2. Put on a gown if you are helping with Individual care. Tie the gown at your neck and waist.
3. Put on a mask. Fit the metal bar at the top of the mask over your nose. Put the elastic loops behind your ears or secure the ties. The bottom of the mask goes under your chin.
4. Put on eye protection—prescription glasses will not protect your eyes.



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5. Put on gloves if you will be helping with Individuals care. Put the cuffs of the gloves over the cuffs of the gown.
6. Enter the Individual's room or house.

Take off PPE as follows:

1. Take off the gloves by holding the outside edge near your wrist. Put the gloves in the garbage in the Individuals room. Do not wear the gloves in other areas of the home.
2. Clean your hands. Use soap and water or hand sanitizer (alcohol-based hand rub).
3. Untie the gown at your neck and waist and take it off. Put the gown in the linen hamper or garbage in the Individual's room. Don't wear the gown in other areas of the house
4. Clean your hands. Use soap and water or hand sanitizer (alcohol-based hand rub).
5. Leave the Individuals room. You can leave the door open or close it.
6. Take off the mask using the elastic loops or ties and put it in the garbage. **Don't** touch the front of the mask.
7. Take off your eye protection and sanitize it.
8. Clean your hands. Use soap and water or hand sanitizer (alcohol-based hand rub).

***Do not wear the same PPE while interacting with other supported Individuals of the house.***

***PPE must be changed if there are close interactions with Individuals and upon entry and exit of an Individual's room.***

Disposing of contaminated PPE:

- Used a lined trashed can.
- Place used disposable gloves and other contaminated items in a lined trash can.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Place all used disposable gloves, masks, and other contaminated items in a lined trash can.
- If possible, dedicate a lined trash can for the Individual who is sick.

Meals:

- If possible, all Individuals should have their meals in their rooms. If Individuals cannot eat in their room, they can eat in the dining area in sequence from low risk to high risk with breaks in-between followed by disinfecting.
- Shared items like salt and pepper shakers and food containers (e.g., condiment bottles, water pitchers, coffee and cream dispensers) should be removed and replaced with single use items.

Bathroom:

- If possible, designate a separate bathroom for Individuals with Communicable Disease symptoms. If not possible, the bathroom should be used in sequence from low risk to high risk with breaks in-between followed by disinfecting.

Laundry:

- Clothing, linens and non-medical cloth masks and facial coverings belonging to the ill Individual cannot be washed with other laundry. Do not shake laundry. Follow PPE protocol while handling contaminated laundry.



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## APPENDIX B: Cleaning and Disinfecting During an Outbreak

An outbreak could consist of the flu, a pandemic, or other illness that affects a program or community.

Employees should develop schedules to ensure disinfection of contaminated surfaces. Pay attention to bathrooms and any commonly touched area. Bathrooms and toilets need special care and they should be disinfected often with a diluted bleach solution or other approved cleaner.

As a prevention measure and when an outbreak occurs, implement the communicable disease shift cleaning checklist (specific to each program and must be documented).

### **Regular household maintenance**

Ensure regular, daily, cleaning of the following:

- Door knobs – all rooms and front doors, sliding doors, and cabinets
- Window frames – if windows are opened and closes
- Kitchen: Fridge, freezer, dishwasher, faucets, microwave, cupboard door handles
- Bathroom: faucets, cupboard door handles, toilet seat and handles
- Countertops in kitchen, bathroom, office desk, living room tables, kitchen tables
- Light switches in main rooms and bedroom spaces
- Washing and drying machines, buttons, knobs and doors handles
- Office: Phones, cell phones, remotes, keyboard, mouse, printer, filing cabinet handles, freezer handles
- Vehicles: Doors handles, knobs and buttons, keys, seat belt buckles.

*Community Housing programs will need to develop a schedule on each shift.*

*Remember to remove any unnecessary tools or equipment, etc. that are not needed in the daily activities to simplify the cleaning process*

### **Cleaning up after a vomiting or diarrhea accident: (Spill Kit)**

- Cleaning up after a vomiting accident, using hot water and detergent is important. Surfaces should be wiped down with a diluted bleach solution to kill the virus. Any food that has been handled by an ill person, or food that could have been exposed when a person vomits, should be discarded.
- It is recommended that the person cleaning up vomit or diarrhea wear surgical masks, disposable, waterproof gloves and clothes that can be changed and washed in hot water and/or a disposable gown. Gloves are essential. The spill kit has these items.

### **Steps to follow when cleaning up vomit or feces, or just cleaning around the house during and after illness: (Spill Kit)**

- Wear disposable gloves, surgical mask and gown.
- Use paper towel to soak up excess liquid. Transfer these and any solid material directly into a plastic garbage bag.
- Clean the soiled area with detergent and hot water, and rinse. Do not use the cleaning cloth or sponge to clean other areas of the house as this may lead to further spread of the virus.



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- Wipe area with freshly made bleach solution. Keep the area wet and sanitize for 2 minutes.
- Dispose of all cleaning cloths and gloves into a garbage bag.
- Wash hands thoroughly using soap and running water for at least 30 seconds.

## **Cleaning dishes, carpets, towels, bedding and other laundry:**

- Dishes or utensils should be washed in a dishwasher, on the hot cycle, or with hot water and detergent.
- Soiled carpets should be cleaned with detergent and hot water if possible.
- Do not share towels, and quickly machine-wash any towels used by an ill person.
- Wash any soiled bedding as soon as possible on a “hot cycle”.

## **Follow these guidelines for handling soiled or contaminated laundry:**

- Handle laundry carefully. Don't hold close to your body. Use disposable gloves.
- Isolate contaminated laundry from other linen and bag separately if necessary.
- Place wet laundry in leak-proof bags or containers
- Wash contaminated laundry and laundry bags in hot water (minimum 70 Celsius) with detergent for 25 minutes. If using lower water temperatures, use an appropriate concentration of cold water and low temperature detergents, which may include bleach.

Bleach solution should be mixed to the following ratio:

- 1:100 for disinfecting
- 1:50 for cleaning up fluids

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