

Ministerial Order DGAPA- 013

- Category(ies):**
- ✓ Residential facilities
 - ✓ Intermediate resources
 - ✓ Family-type resources
 - ✓ Infection prevention and control measures

COVID-19 instructions for Intermediate Resources (IRs) and Family-Type Resources (FTRs) for Adults and Seniors COVID-19

Replaces the Order issued on July 3, 2020 (uncoded)

Sent by:	Direction générale des aînés et des proches aidants (DGAPA)		To:	<ul style="list-style-type: none">- CISSS et CIUSSS<ul style="list-style-type: none">• All program-service departments• Establishment IR-FTR respondents- Hôpital Sainte-Justine- Centre régional de santé et de services sociaux de la Baie-James- IR-FTR associations and organizations

Order	
Subject:	<p>As the COVID-19 coronavirus disease continues to progress throughout the world and the number of cases in Québec increases, the care and services offered must be adjusted to reflect the context of the pandemic. The measures proposed for intermediate resources (IRs) and family-type resources (FTRs) take into account the epidemiological situation prevailing in Québec on the date of this update. These measures may be strengthened if there is an upsurge of the disease in Québec.</p> <p>These directives contain new information and instructions for intermediate and family-type resources (IR-FTRs) housing people under the Support Program for the Autonomy of Seniors (known by its French acronym SAPA), or under mental health (SM), addiction, physical impairment (DP), intellectual impairment (DI) or autism</p>

	<p>spectrum disorder (ASD) service programs. The directives are now broken down by type of resource, not by service program.</p> <p>The directives complement the incremental scale of measures and the various trajectories from hospitals, rehabilitation centres or the community.</p>
Measures to be applied:	<p>Establishments and IR-FTRs must implement and enforce measures for the following:</p> <ul style="list-style-type: none"> ✓ Infection prevention and control in the facility ✓ Clinical follow-up ✓ Users' visits and outings, and return to the facility ✓ Replacements and employees hired by IR-FTRs ✓ Worker mobility ✓ Placements/ Relocations / Returning users ✓ Respite and intermittent placements in IR-FTRs ✓ Regulation respecting the classification of services offered by an IR and a FTR ✓ Suspected cases, cases under investigation and confirmed cases in IR-FTRs ✓ Transfer to a hot or warm buffer zone or a specialized care unit ✓ Cardiopulmonary resuscitation during the pandemic ✓ Air conditioning

Sector and resource contact information

Important note: Not applicable

Resource department or service:	<p>Direction des services aux aînés, aux proches aidants et en ressources intermédiaires et de type familial</p> <p>guichetRIRTF@msss.gouv.qc.ca</p>
Attached documents:	None

We cannot guarantee that this is the latest version of this directive. To consult the directives issued by the Ministère de la Santé et des Services sociaux, please click on:

msss.gouv.qc.ca/directives

Associate Deputy Minister,
Original signed by
 Natalie Rosebush

Read and approved by
 Deputy Minister
 Dominique Savoie

Directives

These directives contain new information and instructions for intermediate and family-type resources (IR-FTRs) housing people under the Support Program for the Autonomy of Seniors (known by its French acronym SAPA), or under mental health (SM), addiction, physical impairment (DP), intellectual impairment (DI) or autism spectrum disorder (ASD) service programs. **The directives are now broken down by type of resource, not by service program.**

The different types of resources are listed in five tables: *COVID-19: Incremental scale of measures in facilities by alert level*. The four tables of concern to IR-FTRs deal with the following subjects:

- Table A: IRs with 20 places or more, housing users who are vulnerable to COVID-19, and CHSLDs.
- Table B: IRs with 19 places or fewer, housing one or more users who are vulnerable to COVID-19, where the facility is not the operator's principal residence.
- Table D: Adult IRs housing people with no COVID-19 vulnerability factors, supervised apartment IRs, FTRs and RIMAs and PSRs where the operator shares his or her principal residence with users, whether or not any resident has COVID-19 vulnerability factors.
- Table E: Directives applicable to IR-FTRs housing youths (placements under the *Youth Protection Act* or the *Act respecting health services and social services*).

Table C applies only to PSRs.

Consequently, the directives in this document complement Tables A and D and also apply to adult users covered by Table B, and to the various trajectories from hospitals, rehabilitation facilities or the community.

IMPORTANT: The directives applicable to intermediate resources and family-type resources (IR-FTRs) housing youth users (JED and DI-DP-ASD) can be found in document DGAPA-014.

DIRECTIVES FOR INTERMEDIATE AND FAMILY-TYPE RESOURCES (IR-FTRs)

The COVID-19 pandemic and the public health instructions continue to raise numerous questions about the everyday lives and activities of people confined to IR-FTRs and in connection with collective and provincial agreements.

The resources have a legal relationship as service providers to health and social services establishments and must therefore collaborate to ensure continuity of services to users in compliance with the applicable legislation, regulations, public health orders and rules of good practice. The purpose of this document is to provide instructions and important information needed to protect

people who live in IR-FTRs and everyone else who lives in the same environment. This is done with a view to permitting as normal a life as possible within the guidelines issued by the Public Health Department.

These instructions are needed to improve the safety of users who are at greatest risk of developing complications from COVID-19 due to their health, and whose treatment in critical and intensive care may be more complex. In addition, people who have communication problems and find it more difficult to understand the situation or their own ability to protect themselves may feel more vulnerable to the context created by COVID-19.

As network partners, establishments and intermediate/family-type resources must work together in the “new normal” created by the pandemic and by the additional measures that apply according to the situation in each region.

Public Health Emergency

The Québec Government issued a public health emergency order on March 13, 2020, under which exceptional measures have been taken to protect the health of Québec’s population, in particular for **people with the following vulnerabilities to complications from COVID-19:**

- People aged 70 and over
- People with compromised immune systems (INESSS opinion):
https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Immunosuppression.pdf
- People with chronic diseases in general, and specifically with chronic diseases that are uncontrolled or complex and serious enough to require regular medical follow-up or hospital care. (See page 4 of this INSPQ document on workers with chronic diseases for further details:
https://www.inspq.qc.ca/sites/default/files/publications/2967_protection_travailleurs_sant_e_maladies_chroniques.pdf)
- People who are significantly overweight (e.g. IMC \geq 40)
- People who have a medical condition with decreased clearance of respiratory secretions or a risk of aspiration (e.g. cognitive disorder, spinal cord injury, convulsive disorder, neuromuscular disorder)

Infection Prevention and Control in the Facility

Given that some IR-FTR residents are more at risk of developing complications, establishments and IR-FTRs must ensure that infection prevention and control (IPC) measures are applied by everyone. To achieve this, “champion” IPC training is offered in priority to certain target resources. Guidelines for these resources, along with criteria for identifying the people to be trained and other relevant information about the training, have already been sent out to establishments.

Regarding infection prevention and control in the facilities, it is up to IR-FTR operators to ensure that the following steps are taken:

- Actively monitor for fever and for typical or atypical geriatric signs and symptoms in users on a daily basis (see Appendix 1).
- Adapt communication methods to the characteristics of the users concerned.
- Use a variety of adapted communication methods to ensure that everyone present in the IR-FTR complies with basic infection prevention and control measures.

Among other things, everyone must:

- Wash their hands frequently with soap and warm running water, or use a 70% or stronger alcohol-based disinfectant. In all cases, hands should be rubbed together vigorously for at least 20 seconds.
- Cough or sneeze into the crook of their arm or shoulder to reduce the spread of germs.
- Throw away tissues as soon as possible after use and wash their hands afterwards.
- Apply the bubble concept for IRs with more than ten places, where applicable (see also Appendix 6).
- Avoid circulating between zones, where applicable.
- Wear the necessary equipment, depending on whether or not a user is in quarantine or self-isolation. Precision: IR and FTR operators who share the same living space as users are not required to wear masks, even when providing support or assistance services within two metres of a user, unless the user in question is in quarantine or self-isolation: <https://www.inspq.qc.ca/publications/2968-port-masque-procedure-milieux-soins-transmission-communautaire-soutenue-covid-19>
- Avoid direct contact (e.g. handshakes and hugs) when greeting people.

In addition to complying with the measures applicable to users, resource operators, staff members and replacement employees must:

- Remind users of the requirement to wear a face-covering when going to an indoor public location (see the link below).
<https://www.msss.gouv.qc.ca/professionnels/covid-19/directives-cliniques-aux-professionnels-et-au-reseau/prevention-et-contrôle-des-infections/>
- In cases where certain users endanger others by failing to comply with public health directives, contact the establishment with which the facility has an agreement in order to identify a solution that will maintain the safety of other users, the resource operator and everyone else at the facility (family members, employees).
- Implement adapted infection prevention and control rules, provided by the establishment concerned, for staff members and any other person who enters the facility.
- Monitor the health of IR-FTR employees or replacements (if any), before each shift (e.g. by introducing a symptom monitoring grid).
<https://www.inspq.qc.ca/publications/3042-questionnaire-symptomes-covid19>

- To limit the possibility of introducing COVID-19 into the resource, a safe delivery mechanism should be applied for goods or services required by users, regardless of their source, to ensure that they are not handed directly to the user concerned.

Information on special precautions to be taken before eating takeout or delivery food can be found here:

https://www.mapaq.gouv.qc.ca/SiteCollectionDocuments/Avis_publicite/COVID19-Questions-reponsesMAPAQ.pdf

- Rules must be introduced to ensure that information is circulated effectively between resource staff members and replacement employees, where applicable.
- For IR-FTRs with more than one resource, employees should be assigned to a single zone or resource, so that they do not move from one zone to another, and especially between warm and hot zones (see ministerial order-in-council 2020-038 and the section on staff mobility on page 6).
- Identify an IR-FTR reference nurse in specific facilities for people with vulnerability factors for COVID-19 complications.
- Enhance physical distancing prevention measures for people providing services, unless proximity is an essential part of the care or service being provided (e.g. when two people are required to move a user).
- Ensure that shared care equipment and shared locations (e.g. blood pressure measurement devices, elevator buttons, door handles, etc.) are cleaned and disinfected carefully. Frequently-touched surfaces in common areas must be cleaned and disinfected several times per day, at least every two to four hours.

Additional information on disinfection methods can be found at:

<https://www.inspq.qc.ca/publications/3054-nettoyage-desinfection-surfaces-covid19>

- Provide training, including training on information prevention and control, for IR-FTR operators, their employees and replacements employees:
 - Promote information capsules on hand hygiene and the use of personal protective equipment, or provide training:
 - Here is the link for hand hygiene training: <https://fcp.rtss.qc.ca/local/html-courses/hygiene/story.html>
 - Here is the link for training on the use of personal protective equipment (10 minutes): <https://vimeo.com/399025696>
 - Offer the summary training session for staff members assigned temporarily to a seniors' facility, prepared in conjunction with Professor Philippe Voyer of Laval University and available on the provincial digital learning environment (DLE) platform.
- Where necessary, consult:
 - IR-RTF respondents at the establishment with which you have an agreement.
 - The resource's IPC champion (if any).
 - The COVID-19 help line (1 877 644-4545) for questions about COVID-19 (other than IPC).

- Up-to-date information on the Québec Government's website, by clicking on the following link:

<https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/>

Clinical Follow-up

Activities must be performed in compliance with the IPC measures described above, as well as with public health directives, and must be consistent with Tables (A-B-D) for facilities. Refer to the sections of the tables that apply to the pandemic level in your region.

The establishment's representatives must comply with infection prevention and control instructions (see Appendix 4 – Individual protective measures to be applied by establishment representatives when visiting IR-FTRs (oversight or other visits carried out to fulfill the establishment's responsibilities).

Visits

Refer to the *COVID-19: Incremental scale of measures in facilities by alert level tables*.

In all types of resources, visitors must at least wear face coverings. For indoor visits, visitors aged 10 or over must wear face coverings or masks, and it is recommended that children between the ages of 2 and 9 also do so. Face coverings are not recommended for children under 2 years of age.

Every person who visits a user who has or is suspected of having COVID-19, or who is on a floor where infected people are housed, must wear full personal protective equipment (eye protection, procedural face mask, gown and gloves) upon entering the user's room.

Special instructions for informal caregivers can be found at:

<https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/proches-aidants-en-contexte-de-pandemie-covid-19/>

Regardless of the service program, and regardless of whether or not there is an outbreak, visits required for humanitarian reasons or to obtain care or services that are essential to the user's health, are permitted.

Resources to which Tables A and B apply must keep a register of entries and exits for regular staff, to facilitate contact tracing if an outbreak occurs among staff members and users. In addition, a register must also be kept for visitors, informal caregivers, non-regular staff members providing care and services, staff members hired by the family, and volunteers. The register must include contact information so that people can be contacted quickly by the public health authorities if an outbreak occurs, and can be placed in preventive isolation where needed.

Users' Outings

See the *COVID-19: Incremental scale of measures in facilities by alert level tables*.

The decision to supervise or accompany a user on an outing is based on the individual determination and classification instrument, or on the clinical judgment of the professional resource responsible for monitoring the user's condition. Obviously, if an unsupervised outing is authorized, the person must be aware of the risk associated with community spread of COVID-19. He or she must also be capable of complying with public health directives, in particular by wearing a mask and maintaining physical distancing.

The establishment may refuse a user's request to stay temporarily with a family member, regardless of the length of the stay, if extensive home support services would be required. This is for the user's own safety, and also because of the current limited capability of home support teams in the context of the pandemic.

Returning to the Facility

The following steps are recommended when a person returns to the facility:

- Hands must be washed systematically.
- The user should change his or her clothes, clean all luggage and wash all clothes used during the outing.
- Electronic devices (cell phone, tablet, etc.) must be cleaned with disinfectant wipes.
- COVID-19 symptoms (fever and other symptoms of respiratory infection) must be actively monitored for all users, at least once a day.
- If symptoms appear, the establishment must be informed by telephone.

See also the directives on the use of tests by alert level, distributed on October 8, 2020.

Replacements and Employees Hired by IR-FTRs

For instructions on the use of PPE for staff members, replacement employees and other service providers, please refer to the CNESST website:

Limiting the spread of COVID-19 in the workplace

A poster showing the priority order for control measures to limit the spread of COVID-19 in the workplace.

<https://www.cnesst.gouv.qc.ca/Publications/900/Pages/DC-900-1104.aspx>

In addition, a procedural face mask, eye protection, gown and gloves must be worn in warm and hot zones when dispensing care directly to or within two metres of a user.

Follow INSPQ recommendations on:

- Isolation and lifting of COVID-19 isolation for health workers:

<https://www.inspq.qc.ca/publications/2904-levee-isolement-travailleurs-covid19>

- Evaluation of the exposure risk of health workers when caring for confirmed cases of COVID-19:

<https://www.inspq.qc.ca/publications/2905-evaluation-risque-travailleurs-covid19>

If labour issues are encountered, a resource may contact the person identified by the establishment with which it has an agreement, to ask for assistance.

Employee Mobility

Ministerial Order-in-Council 2020-038 addresses the subject of inter-zone and inter-workplace mobility (see the definition in Appendix 5) of service providers and staff members. A service provider is any person providing services to an intermediate or family-type resource (among others) pursuant to a service contract, including a staff leasing contract. The Order-in Council states that a person working in a hot zone cannot also work in a cold zone. Consequently, once a person has worked in a hot zone, he or she cannot go back to work with users in a cold zone.

The same principle applies between separate resources managed by the same operator and between zones in a single resource. Once a service provider has gone into a hot zone, he or she cannot go back to a cold zone, for the duration stipulated in the Order-in-Council.

A form is available for IR-FTRs and establishments (see Appendix 5) to obtain statements from staff members and replacement employees concerning the work they have done in the fourteen days preceding their assignment. The resource must ensure that the form has been completed before using the services of a replacement employee or hiring a new employee to work in a cold zone. The form must also be completed by all agency staff. The resource and establishment must cooperate and work together effectively to make sure zone-related instructions are followed. For example, a service provider can work in two different hot zones, but cannot work in both a hot and a cold zone.

As far as possible, establishment employees should not be moved to hot zones and replaced by agency staff in cold zones. In cases where this is necessary, it is important to verify the agency employee's work history first, to make sure he or she is able to work in compliance with the order.

Placements / Relocations / Returning Residents

Even during a health crisis, the parties' actions must be governed by their obligations, including those set out in provincial and collective agreements. Placements must therefore only be refused in exceptional situations, and the pandemic must not become a ground for systematic refusal. The current exceptional context demands flexibility from everyone concerned, and flexibility must be applied when interpreting everything that is said. The establishment, in its analysis, must consider the fact that the signatories to the agreement and any person other than a user who lives in the principal residence of a resource exhibit factors that make them vulnerable to COVID-19 complications (listed on page 2 in the "Health Emergency" section of this document).

We hope the parties will act in the best interests of everyone concerned, and are convinced that collaboration and communication are of primordial importance in the context of the pandemic.

When a user returns to the facility, the risk associated with the conditions of his or her visit to the community must be considered, and preventive measures (where needed) must be adapted to each individual situation.

However, new users with suspected or confirmed cases of COVID-19 still cannot be admitted to an IR-FTR that does not already have COVID-19 cases. Such admissions are possible only in rare cases, and only if the IR-FTR agrees, is able to provide a zone (room) to serve as a hot zone, and has the necessary PPE, training and skills to take care of the person.

Respite placements and intermittent placements in IR-FTRs

Refer to the *COVID-19: Incremental scale of measures in facilities by alert level for: Temporary care (respite, emergency, convalescence)*.

Regulation respecting the classification of services offered by an intermediate resource and a family-type resource

Annual review of classification during the COVID-19 pandemic

Under the Regulation, the form must be reviewed by the establishment at least once a year (or at least once every six months for users aged 2 or under). However, at the present time, when all the establishment's activities are focused on priority actions related to the COVID-19 pandemic, it is up to the establishment to review its priorities by leaving aside certain non-urgent activities. The annual classification review may be such an activity that the establishment may choose to leave aside if it believes there has not been a change in the user's condition that would require a modification of the services provided by the resource or in the clarifications concerning those services.

Accordingly, the establishment must ensure that, at the time the annual review was to have taken place, there has not been a change in the condition of a user that would require a revision of the form. The case worker responsible for professional monitoring of the user should be consulted on this matter.

Completion of the form for a new placement

The Regulation provides that the form must be completed and forwarded to the IR-FTR within one month of the placement, in the case of an adult. The daily compensation for the level of service determined at that time will be applicable from the 61st day of placement. It is therefore necessary for the IR-FTR to determine the services to be provided for a new placement, but the establishment may delay this task until the 60th day following the user's arrival if it is unable to comply with the time permitted in the Regulation because of the current situation.

Naturally, given the self-distancing requirements recommended by public health officials, the form can be completed by telephone or other technological means, depending on the level of risk as

determined jointly by the establishment and the resource, in order to obtain the information from the resource.

Completion of the form for a change in a user's condition

The Regulation provides that the form must be revised when a change in a user's condition requires a modification to the services to be provided by the resource to that user. The review can be done quickly, because case workers are permitted to use their judgment and revise only the descriptors concerned (often just three or four of the 17 descriptors) and not the entire form. This ensures that services adapted to the user's new condition (following a stroke or hospitalization, for example) can be provided safely by the resource. Obviously, the revision can also be done by telephone or using another technology-based method.

If there is a suspected case, a case under investigation or a confirmed case of COVID-19 at the IR-FTR:

1. Apply additional precautionary measures.
2. Notify the establishment immediately.
3. Inform the establishment of the care level required, if known.
4. The establishment then notifies the user's family or his or her (public or private) legal representative.
5. When self-isolation is required, a prior discussion must take place with the establishment on the options offered by the physical environment and organization of services to ensure that users are safe and protected. The user's room may be treated as a warm or hot zone (depending on the situation).

Where the suspected case, case under investigation or confirmed case is a resource operator, a member of the operator's family or a user, the person may be able to remain in the IR-FTR if:

- He or she is independent, able to take care of himself or herself, able to comply with instructions and:
 - lives alone in a supervised apartment and is able to self-isolate (meals in the apartment);
 - lives in and can self-isolate in an individual room (meals in the room), and has exclusive access to his or her own bathroom;
 - lives with other people, but has and can self-isolate in his or her own room (meals in the room, exclusive access to his or her own bathroom).
- If the person does not have exclusive access to a bathroom, i.e. if the bathroom is shared with one or more other people, the person may remain in isolation in the IR-FTR if the following steps are taken:
 - The person must wear a procedural face mask when moving between his or her room and the bathroom.

- Hands must be washed thoroughly before leaving the room and immediately after using the toilet.
 - The door handle, toilet flush handle and faucet must be disinfected after the toilet is used.
 - A commode chair may be used in the person's room if the person is sufficiently independent and provided the chair is disinfected thoroughly.
6. All decisions concerning self-isolation must take into account the person's characteristics, psycho-social situation and environment (including the other people who reside at the resource, and the person in charge of the resource). Although the collective well-being takes priority over individual well-being in a pandemic, the psychological and physical integrity of the person who is self-isolating must also be maintained, to prevent the risk that his or her condition will deteriorate. As far as possible, if the person has mental health problems, he or she should be involved in the process of identifying potential compromises between his or her needs and the requirements of public health directives designed to prevent the spread of COVID-19. For some other people, including those with major neurocognitive disorders, additional measures will be needed to maintain their psychological and physical integrity (see Appendix 2).
7. However, the establishment must ask for the person to be transferred to a quarantine facility (known as a hot zone or warm zone, depending on the methods applied in the establishment concerned) in a pre-determined location, for the entire quarantine period, even if adaptation measures have been introduced, if:
- One of the conditions has not been met.
 - The person is not independent and cannot look after himself or herself.
 - The person is not able to comply stringently with the room quarantine instructions (e.g. neurocognitive disorder or oppositional defiant disorder).
 - The staff does not have access to the personal protective equipment they need to provide services safely.

Transfer to a buffer zone or specialized care zone:

Use adapted transportation where possible, if personal protective equipment is available to transport the person. If not, or if the person's condition deteriorates, use an ambulance.

There are two potential cases:

- The user must be transferred to a buffer zone – in this case refer to the ministerial directives on this subject.
- The user must be transferred to a hospital (critical or intensive care):
 - Requires medical assessment before transportation.
 - For people requiring care levels A or B (prolongation of life including specialized care, intubation and ventilation).

For a user to be considered as having recovered sufficiently for quarantine to be lifted, 10 days must have elapsed since the beginning of the acute stage of the disease, or 21 days for users who were in intensive care and 28 days for users on corticosteroids or immune-suppressants, and only then if the

person satisfies the recommended clinical criteria for the lifting of quarantine, i.e. he or she has been fever-free for 48 hours (without antipyretics) and his or her symptoms have improved over a period of at least 24 hours (except for residual coughing, anosmia and ageusia).

Cardio-pulmonary resuscitation (CPR) during the pandemic

For this section, we refer you to the *simplified COVID-19 resuscitation protocol* (see Appendix 3) updated on May 29, 2020, which is applicable to all non-hospital residential and care centres including IR-FTRs. With respect to this latter group, some conditions apply as a result of their specific organizational features among other things.

Good communications and coordination between the resources and the establishment are vital for the administration of CPR during the COVID-19 pandemic. It is essential for establishments to inform resources about their users' wishes concerning cardiopulmonary resuscitation, and about their respective responsibilities. In addition, establishments must actively support the resources to ensure that the necessary materials are available.

If it is known that a person does not wish to be resuscitated, this must be respected. However, resuscitation must be attempted if there is any doubt as to the person's wishes.

Air conditioning

Given the lack of evidence, and in light of the literature consulted by the INSPQ, the risk involved in the use of air conditioning devices in rooms or units in which users with possible or confirmed cases of COVID-19 are housed must be assessed locally, to determine whether or not the benefits outweigh the disadvantages. The benefits of comfort versus user and staff safety must be considered in detail, and a safe, comfortable environment must be provided.

<https://www.inspq.qc.ca/publications/3011-climatiseurs-mobiles-ventilateurs-milieux-soin-covid19>

Useful References

Québec.ca website

<https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/#c46383>

Websites of the Ministère de la Santé et des Services sociaux

<https://www.msss.gouv.qc.ca/professionnels/covid-19/>

<https://publications.msss.gouv.qc.ca/msss/document-002490/>

<https://publications.msss.gouv.qc.ca/msss/fichiers/2018/18-207-01W.pdf>

<https://www.inspq.qc.ca/sites/default/files/covid/2997-travailleurs-soins-beaute-covid19.pdf>

<https://www.cnesst.gouv.qc.ca/salle-de-presse/covid-19/Documents/DC100-2160-guide-soins-personnels.pdf>

<https://www.mfa.gouv.qc.ca/fr/services-de-garde/Pages/index.aspx>

<http://www.education.gouv.qc.ca/coronavirus/>

APPENDIX 1: Symptoms COVID-19

OBSERVATIONS AND CHANGES IN THE USER'S CONDITION THAT MUST BE REPORTED TO THE ESTABLISHMENT**Typical symptoms of COVID-19**

- ✓ Group A fever symptoms
- or
- ✓ Unusual cough (appearance or aggravation)
- or
- ✓ Breathing difficulties
- or
- ✓ Sudden loss of sense of smell with no nasal congestion or loss of sense of taste
- ✓ Group B symptoms (at least two of the following) One general symptom: muscle pain, headache, intense fatigue or significant loss of appetite
- ✓ Sore throat
- ✓ Diarrhea

Potential atypical symptoms that may be observed in elderly people

- ✓ Sudden change of mental status
 - More confused
 - Sleepier
 - "He/she just isn't the same"
 - No longer able to use common items
- ✓ Loss of autonomy
 - Falls
 - Onset of incontinence
 - Is no longer able to participate in own care
- ✓ Behavioural change (new behaviour or absence of a previous behaviour)
 - Agitated
 - Does not behave as usual
 - Sleep disturbance
- Becomes aggressive/irritable
- No appetite

APPENDIX 2: SELF-ISOLATION FOR USERS WITH ADJUSTMENT DIFFICULTIES, INCLUDING PEOPLE WITH MENTAL HEALTH ISSUES

- **Self-isolation in their room**

An individual program must be drawn up to encourage self-isolation in the user's own room. The program should take into consideration the person's characteristics and interests, and the layout of the room. Establishment workers must help IR-FTR operators to implement their programs and reassess them on a regular basis to take into account situations that may cause the person's psychological condition and behaviour to deteriorate. Electronic equipment such as video consoles, iPads, individual games, books and so on may have to be purchased. Additional financial measures have been introduced specifically for the COVID-19 pandemic to allow for this. For example, a program may allow for accompanied outings in the facility's grounds, in compliance with social distancing measures and personal protective equipment requirements.

- **Meals**

IR-FTR operators and their staff members must provide the supervision and assistance needed to maintain the safety and integrity of users who are required to eat their meals in their rooms. If the environment does not allow for meals to be taken in the room:

- Provide for the possibility of isolating the user in another location at mealtimes.
- Make sure infection prevention and control measures are applied between each use.
- Make sure a physical distance of at least two metres is maintained when moving users from one location to another.

- **Bathroom**

Apply infection prevention and control measures between each use of the bathroom, including hygiene measures, disinfection and physical distancing when the user is moved to and from the bathroom. The user should be accompanied at all times throughout the activity if necessary.

APPENDIX 3:

Coronavirus COVID-19

PROTOCOLE DE RÉANIMATION SIMPLIFIÉ DE LA COVID-19

Mise à jour 29 mai 2020

à l'intention des milieux de vie et de soins
prenant en charge des usagers hors des hôpitaux

Objectif et clientèle visée par le protocole

Le présent protocole a été créé pour uniformiser la réanimation cardiorespiratoire dans le contexte pandémique dans tous les milieux de soins prenant en charge des usagers non pédiatriques hors des hôpitaux avec soins physiques aigus. Cela inclut les centres d'hébergement et de soins de longue durée, les cliniques médicales, les résidences privées pour aînés, les cliniques désignées d'évaluation, les unités de psychiatrie, les centres de réadaptation et de convalescence et tout autre milieu de soins.

Ce protocole ne s'applique pas au milieu de travail, de garde, scolaire ou à la maison.

Principes directeurs

- La transmission communautaire est le principal moyen de transmission de la COVID-19 en province.
- Certaines manœuvres de réanimation cardiaque sont considérées à risque de générer des aérosols, notamment la ventilation et l'intubation.
- Toute personne en arrêt cardiorespiratoire (ACR) devrait être considérée comme une personne potentiellement à risque de transmettre l'infection.
- La protection des intervenants et des travailleurs de la santé est la priorité en temps de pandémie. Les équipements de protection individuelle (ÉPI) adéquats doivent être vêtus par le premier intervenant avant de commencer les manœuvres.
- La défibrillation et le massage cardiaque devraient être réalisés indépendamment du risque d'infection du patient à la COVID-19, puisque ces manœuvres sont moins à risque de produire des aérosols.
- La gestion des voies aériennes définitives et la gestion de la ventilation doivent se faire par une personne expérimentée (par exemple : médecin ou technicien ambulancier paramédic (TAP)) et équipée d'un ÉPI optimal de type aérienne-contact qui inclut le port du masque N95 en plus de protection oculaire, blouse et gants.

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Étapes à suivre en présence d'une personne qui fait un ACR :

1. Demander de l'aide.
2. Appeler le 911; mentionner si l'urgence se trouve en zone chaude ou froide, le cas échéant.
3. Indiquer à un collègue de vérifier le dossier de la personne en ACR si un niveau d'intervention médical (NIM) est déterminé, le cas échéant;
 - Les intervenants ont une OBLIGATION de respecter les volontés de la victime d'un ACR si ses volontés sont connues.
4. Sortir le chariot de code et/ou le défibrillateur :
 - S'il n'y a pas de défibrillateur disponible, le répartiteur d'urgence pourra vous aider à trouver le défibrillateur le plus proche.
5. Porter des gants, un masque de procédure, une blouse et une protection oculaire. La blouse n'est pas une obligation pour porter secours à une personne, quoique recommandée.
6. Mettre un masque de procédure au patient. Si un masque n'est pas à la portée de l'intervenant, celui-ci peut mettre un linge ou un vêtement pour couvrir la bouche et le nez du patient.
 - Si disponible, un masque à oxygène haute concentration peut être placé sur le visage de la victime au lieu du masque de procédure et ainsi fournir une oxygénation passive.
7. Commencer les compressions thoraciques immédiatement s'il y a un délai avant l'arrivée du défibrillateur.
8. Installer les électrodes de défibrillation sur la personne. Si les chocs sont recommandés, procéder à la défibrillation en suivant les indications du défibrillateur.
9. Commencer ou poursuivre les compressions thoraciques, et si utilisé, suivre les indications du défibrillateur jusqu'à l'arrivée des secours.
10. La ventilation active avec un ballon de ventilation peut être considérée :
 - Si l'équipement est disponible;
 - Si un masque N95 est disponible pour les intervenants (deux intervenants nécessaires);
 - Si les intervenants se considèrent expérimentés pour la ventilation au ballon masque.

APPENDIX 4 – Personal prevention and protection measures to be applied by establishment representatives when visiting IR-FTRs (oversight or other visits required as part of the establishment’s responsibilities):

Establishment representatives must comply with the following instructions:

- They must have no symptoms associated with COVID-19, including coughing, general weakness, headaches, feverishness/shivering, muscular, chest, abdominal or joint pain, fever, runny nose, sore throat, diarrhea, breathlessness, nausea or vomiting.
- They must not have been ordered to self-isolate due to a positive diagnosis or contact with a confirmed case, or because they have returned from a trip in the last 14 days.
- In regions where it is possible, and where more than one visit must be made, representatives should begin by visiting the IR-FTRs where there are no outbreaks of COVID-19, and end with those that have outbreaks.
- If there is more than one visit to make in the same day, representatives must wear the PPE required by the epidemiological situation of each resource, from the time they arrive at the resource.
- If the resource comprises several different units, the units must be visited in the following order: green or cold zones first, followed by yellow or warm zones, and red or hot zones last.
- Visits to users’ rooms must be kept to a strict minimum.
- Representatives must observe regular, stringent hand hygiene, especially when arriving and leaving, and when entering or leaving a room or meeting place.
- Representatives must maintain a distance of two metres at all times from users, from resource operators and employees, and from other people living in the resource.

If a representative or someone from the resource must enter the room of a user who has COVID-19, it is essential to follow the INSPQ’s recommendations to the letter, as set out in the following directives:

- ***Mesures pour la gestion de cas et des contacts dans les CHSLD: recommandations intérimaires***
<https://www.inspq.qc.ca/publications/2910-cas-contacts-chsld-covid19> (in French only)
- ***Mesures pour les travailleurs de la santé lors de la prestation de soins à domicile***
<https://www.inspq.qc.ca/sites/default/files/covid/2917-mesures-travailleurs-sante-soins-domicile-covid19.pdf>.

Personal protective equipment (PPE) must be available at all times, regardless of whether the facility is an IR or a FTR.

If a visor must be worn, it must be kept by the facility and, if it can be cleaned, should be disinfected for future use.

<https://www.inspq.qc.ca/sites/default/files/publications/2956-choix-protection-oculaire-covid19.pdf>

<https://www.inspq.qc.ca/sites/default/files/publications/2955-desinfection-protection-oculaire-usage-unique-covid19.pdf>

APPENDIX 5 – DECLARATION FORM – INDEPENDENT WORKERS

SOURCE: Service Provider

Staff Placement Agency

The mandatory declaration is required from the following people and in the following situations:

- *Every person who provides services to a health and social services establishment, an intermediate resource, a family-type resource or a private seniors' residence, under a service contract, including a staff leasing contract, if the services correspond to the duties performed by the staff in any of the job titles mentioned and appearing in the List of Job Titles, Job Descriptions and Salary Scales for the Health and Social Services Network (service provider).*
- *Staff placement agencies and other legal persons whose services consist in the leasing of staff, which wish to offer the services of a service provider to a health and social services establishment, an intermediate resource, a family-type resource or a private seniors' residence.*
- *Where the service provider is assigned to a "cold zone". If the service provider is assigned to a "hot zone", it is not necessary to complete the declaration form.*

The information required in the declaration is as follows:

- *The list of places where the service provider has worked in the fourteen (14) days preceding the assignment.*
- *A declaration that he or she has worked in a "hot zone" in the fourteen (14) days preceding his or her assignment, i.e. he or she has been in contact with a person who is suspected of having COVID-19, is awaiting COVID-19 test results, or has received positive test results.*

Section to be completed by the service provider	
Identification	First name and surname: Cliquez ou appuyez ici pour entrer du texte. Address: Cliquez ou appuyez ici pour entrer du texte. Telephone number: Cliquez ou appuyez ici pour entrer du texte. E-mail: Cliquez ou appuyez ici pour entrer du texte. Job title: Cliquez ou appuyez ici pour entrer du texte.
Section to be completed by the staff placement agency	
Agency's identification	Agency's name: Cliquez ou appuyez ici pour entrer du texte. Address: Cliquez ou appuyez ici pour entrer du texte. Signatory: Cliquez ou appuyez ici pour entrer du texte. Telephone number: Cliquez ou appuyez ici pour entrer du texte. E-mail: Cliquez ou appuyez ici pour entrer du texte. Contract number, if any: Cliquez ou appuyez ici pour entrer du texte.
Service Provider	Surname and name: Cliquez ou appuyez ici pour entrer du texte. Address: Cliquez ou appuyez ici pour entrer du texte. Telephone number: Cliquez ou appuyez ici pour entrer du texte. E-mail: Cliquez ou appuyez ici pour entrer du texte. Position held by the service provider: Cliquez ou appuyez ici pour entrer du texte.

Employment History <i>(in the fourteen (14) days preceding the assignment)</i>	
Location 1	<p>Name of the health and social services establishment, intermediate resource, family-type resource or private seniors' residence <i>(if a health and social services establishment, specify the facility)</i>: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Date(s): Cliquez ou appuyez ici pour entrer du texte.</p> <p>Contact with a person who is suspected of having COVID-19, is awaiting a COVID-19 test result or has obtained a positive COVID-19 test result: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Location 2	<p>Name of the health and social services establishment, intermediate resource, family-type resource or private seniors' residence <i>(if a health and social services establishment, specify the facility)</i>: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Date(s): Cliquez ou appuyez ici pour entrer du texte.</p> <p>Contact with a person who is suspected of having COVID-19, is awaiting a COVID-19 test result or has obtained a positive COVID-19 test result: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Location 3	<p>Name of the health and social services establishment, intermediate resource, family-type resource or private seniors' residence <i>(if a health and social services establishment, specify the facility)</i>: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Date(s): Cliquez ou appuyez ici pour entrer du texte.</p> <p>Contact with a person who is suspected of having COVID-19, is awaiting a COVID-19 test result or has obtained a positive COVID-19 test result: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Location 4	<p>Name of the health and social services establishment, intermediate resource, family-type resource or private seniors' residence <i>(if a health and social services establishment, specify the facility)</i>: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Date(s): Cliquez ou appuyez ici pour entrer du texte.</p> <p>Contact with a person who is suspected of having COVID-19, is awaiting a COVID-19 test result or has obtained a positive COVID-19 test result: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Location 5	<p>Name of the health and social services establishment, intermediate resource, family-type resource or private seniors' residence <i>(if a health and social services establishment, specify the facility)</i>: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Date(s): Cliquez ou appuyez ici pour entrer du texte.</p> <p>Contact with a person who is suspected of having COVID-19, is awaiting a COVID-19 test result or has obtained a positive COVID-19 test result: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Date: _____

Signature: _____

Appendix 6 – Bubble Concept

(Version of September 23, 2020)

BUBBLE CONCEPT

The **purpose** of the bubble concept is to maintain the quality of life of users during the pandemic while preventing and controlling the spread of COVID-19 in facilities. The concept is one of the methods available to IRs with more than ten users. If it cannot be applied, a physical distance of two metres must be maintained between users at all times.

The bubble concept consists in grouping users into small clusters (“bubbles”). The members of a bubble can interact freely with one other, and preventive measures such as physical distancing can be relaxed. If a bubble is too small, its members will interact less. On the other hand, if it is too big, there is a risk of introducing and spreading the virus. Users in the same bubble can take part in the resource’s everyday activities together (e.g. meals, leisure activities). A bubble of users is considered to be a cell.

Each bubble is composed of a limited number of users, and the users in a given bubble are always the same. This helps to restrict the number of people who will potentially be infected and limit outbreaks to a single floor, unit or facility.

The use of bubbles, where users are separated into groups, helps to restore a certain sense of normality. In real terms, **the bubble concept:**

- maintains human contact and physical proximity between users in the same bubble;
- allows for objects to be shared, especially during leisure activities (e.g. cards, jigsaws, books, balls);
- ensures optimal use of common spaces such as lounges and dining rooms;
- helps to avoid situations in which users are isolated in their rooms unnecessarily. Isolation in the room is reserved for users who have or are suspected of having COVID-19.

The following conditions must be met when applying the bubble concept, to reduce the risk of spreading COVID-19 to the rest of the facility:

- The bubble concept should be applied only in cold zones and must not be applied in warm or hot zones.
- A bubble is composed exclusively of users. The people who interact with a bubble do not form part of it (including staff members, visitors, volunteers, etc.).
- A bubble may vary in size, but should ideally be composed of between ten and twelve users. The upper level can be adjusted in prosthetic units, with permission from the establishment’s infection prevention and control team or from the public health director, depending on the users’ profiles.
- A multi-disciplinary process, in which functional, environmental and social aspects (e.g. users’ interests) are taken into account, is used to set up a bubble. This helps to ensure that users’ needs are met wherever possible.
- The users in a given bubble must always be the same.
- Users in the same bubble must be clearly identified (e.g. by coloured stickers on chairs or room doors, on table plans, etc.). This information should be easily available and known to staff members, so that the users in a given bubble are kept together in the same cell and are able to interact freely and take part in activities together.
- Disinfection is recommended before any leisure activity, and objects such as jigsaws and pens that are shared by the members of a bubble must always be disinfected after use.
- Special attention should be paid to hand hygiene of bubble members (several times per day).

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- A newly-arrived user may be brought in to complete a bubble or replace a user who has left, provided he or she has completed the self-isolation period recommended for new arrivals.
- If users from different bubbles must interact, physical distancing must be maintained and infection prevention and control measures must be applied. It is up to the resource, its staff and its replacement employees to assist users and ensure that this is done, especially for users who find it difficult to understand the bubble concept due to cognitive impairment.
- During group activities, a physical distance of two metres must be maintained between bubbles at all times.
- Staff members, informal caregivers, visitors, volunteers and others who are in contact with users must comply rigorously with recommended infection prevention and control measures. They must wear the necessary PPE and comply with physical distancing rules so as not to introduce the virus into a bubble and potentially spread it to other bubbles.
- The people who come into contact with a bubble should always be the same, as far as possible, and their number must be limited to minimize the risk that the virus will be introduced into a bubble by an outside resource.
- People who must move from one bubble to another (e.g. employees) should apply recommended infection prevention and control measures (by wearing proper PPE, by practising hand hygiene) to minimize the risk of spreading the virus between bubbles. Where possible, their work route in any given shift should be organized so as to limit back-and-forth interactions with users in different bubbles.
- It is not recommended for visitors and informal caregivers to interact with users from different bubbles.
- When a bubble concept is introduced into a resource, it must be explained to families and/or friends and relatives. The consent of the user or his or her legal representative is required to ensure that the concept has been understood and accepted.
- If a user in a bubble has or is suspected of having COVID-19, or if a staff member has or is suspected of having COVID-19, please refer to the infection prevention and control team for details of the applicable measures and to inform it that the bubble concept has been applied.