

Coronavirus COVID-19

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Given the spread of coronavirus COVID-19 throughout the world and the gradual emergence of cases of infection in Québec, we wish to share some new information and prevention rules for intermediate and family-type resources.

This document replaces the previous news release dated April 4, 2020

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

The COVID-19 pandemic has raised a number of questions concerning the everyday lives and activities of people confined to intermediate and family-type resources (IR-FTRs) and in connection with provincial and collective agreements.

The resources have a legal relationship as service providers to health and social services institutions 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 therefore to provide instructions and important information needed to protect people who live in IR-FTRs and everyone else who lives in the same environment.

These instructions apply to all users, including seniors, people with decreasing independence, cognitive disorders, intellectual disabilities, physical disabilities, autism spectrum disorders or mental illnesses, as well as youth in difficulty. Some of these people, depending on their underlying medical conditions, are at risk of developing complications if infected with COVID-19, and may require more complex critical or intensive care. 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, the institutions and intermediate/family-type resources must work together in the current emergency situation in which we now find ourselves.

Public health emergency order

The Québec Government issued a public health emergency order on March 13, 2020, under which exceptional measures can be taken to protect the health of Québec's population. On April 4, 2020, the Public Health Director declared that sustained community transmission of COVID-19 had been confirmed in every region of Québec. As a result, on April 7, additional measures were

recommended by the Institut national de santé publique du Québec (INSPQ), to protect the people most at risk for complications from COVID-19 (seniors over 70 years of age, people suffering from chronic diseases and people with compromised immune systems).

Prevention

Given that some IR-FTR users are more at risk of developing complications from the virus, the institutions and the IR-FTRs must ensure that infection prevention measures are applied by everyone. The main preventive steps to be taken at this stage are as follows:

- Communication methods must be adjusted to the characteristics of the users concerned.
 - Adapted communication methods must be used to ensure that everyone present at the IR-FTR complies with basic infection prevention and control measures, including the following:
 - Wash your hands frequently, with warm water and soap for at least 20 seconds, or using alcohol-based disinfectant.
 - When coughing or sneezing, cover your mouth and nose with your arm to reduce the spread of germs.
 - If you use a tissue, throw it away as soon as possible and wash your hands afterwards.
 - Avoid direct contact (e.g. handshakes, hugs) when greeting people.
 - Stay at least two metres away from other people.
 - For resources with users who do not comply with the public health directives – for example, users who attend gatherings or continue to have contact with others – and who may therefore endanger the health of the resource owners or other people at the resource (family members, users), we invite the resource owners to contact the institution with which they have an agreement in order to find a solution that will safeguard the physical integrity of users and the resource.
 - The adapted infection prevention and control methods provided by the institution must be applied to staff members and everyone else, where applicable.
 - Control measures must be introduced to prohibit access by visitors, relatives and volunteers.
 - To limit the possibility of introducing COVID-19 into the resource, a safe delivery mechanism should be introduced for goods or services required by users, regardless of their source, to ensure that they are not handed directly to the user concerned.
 - Rules must be introduced for the circulation of information between resource staff members, where applicable.
 - For IRs with more than one resource, some employees should be assigned to a single resource, so that they do not travel from one facility to another.
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- Enhance prevention measures between workers, unless proximity is an essential part of the care or service being provided (e.g. when two people are required to move a user).
- Refer people to the COVID-19 hotline (1-877 644-4545) if they have questions.
- Consult the up-to-date information available on the following website: <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/>.
- It is up to the people responsible for IR-FTRs to ensure that these instructions are enforced.

Visits prohibited

In the news releases dated March 14 and 17, 2020, the Government announced that all non-essential visits to residential and long-term care centres (CHSLDs) and IR-FTRs are prohibited, in order to protect the people who are most vulnerable.

To maintain contact between users and their relatives, we ask you to encourage the use of the telephone and other means of communication. Specific instructions for the management of visits ordered by the Court of Québec under the *Youth Protection Act* were also sent out on March 20, 2020.

Visits and outings by users and visits by relatives

As of March 23, 2020, all visits to users in IR-FTRs that also house other users aged 70 or over or with risk factors that make them more vulnerable to COVID-19 are prohibited.

All physical contacts, by relatives and users, must be suspended. Visits are prohibited for all users. Consequently, case workers must notify relatives and the resources concerned that visits and outings have been suspended. A note on the overall health and condition of the user and the resource should also be placed in the file. Institution personnel must support the people in charge of IR-FTRs to ensure that users and their families and friends understand the impacts of the measures in terms of prevention, voluntary confinement or isolation, depending on the symptoms and diagnosis in each case. It is the resource's responsibility to notify relatives, family and the institution about changes in a user's physical or psychological health.

However, the following visits and outings are permitted:

- Visits and outings required for humanitarian reasons or to obtain care or services that are essential to the user's health.
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- Visits deemed essential for repairs and other work needed to maintain the unit's safety and the safety of users' rooms.
- Supervised walks outdoors.

Outings are also suspended for other users under 70 years of age and those who do not have COVID-19 risk factors or do not live with users at risk due to their age or other factors.

However, the following outings are authorized for these users:

- Outings required for humanitarian purposes or to obtain essential care or services required by their state of health.
- Supervised or unsupervised walks outdoors, depending their individual health or problems.

Visits, outings and contacts between parents and children housed in resources

According to the directive issued by Deputy Minister Yvan Gendron on March 17, 2020, all non-essential visits and outings are suspended. The directive applies to foster families, youth intermediate resources, youth adaptation/rehabilitation centres and youth group homes.

Case workers are invited to agree with parents and youths aged 14 or over on the best strategy to maintain contacts between them, for example by using alternative telephone or virtual methods, which are encouraged where applicable, to maintain the parent-child relationships, carry out interventions or provide clinical follow-up.

The director of youth protection (DYP) must be involved in all decisions relating to visits, outings and contacts for youths placed in resources under the *Youth Protection Act*. A decision-making algorithm is available to the DYP.

If a young person leaves a resource in conditions other than those established by the DYP (runaways, any other type of unauthorized outing), the decision-making algorithm may be used by the DYP to assess the level of risk and decide on the steps to be taken. See the section entitled "Suspected cases, cases under investigation or confirmed cases in IR-FTRs" for information on bringing young people back to a resource.

Contacts ordered by the Youth Chamber

See the Order in Council declaring a health emergency in Québec, dated March 13, 2020.

See the Ministerial Order of March 19, 2020, concerning the suspension, other than in exceptional circumstances, of the conclusions of judgments or orders rendered by the Court of Québec, concerning physical contacts between children and their parents, grandparents or other people.

However, if the conclusions of judgments or orders are suspended, it may be possible to consider certain conditions under which physical contact between a child and his or her family could be maintained. Obviously, this should be done only to the extent that the safety of the people concerned can be assured, and that the virus is not spread. It must also be done in compliance with the rules and with the approval of the Public Health Director. For some children, prolonged physical distancing from their parents may have harmful impacts on the development of their attachment.

Non-essential outings

All non-essential appointments and activities are postponed until further notice. This includes annual trips to the dentist, social activities and part-time work. However, users who have part-time jobs in the critical services or other sectors listed in ministerial order 2020-012 may continue to work on a part-time basis, following a clinical analysis that must consider the user's ability to understand and apply hygiene and social distancing measures and his or her ability to identify and name symptoms if any. When deciding whether or not the user should continue to work, it is vital to consider the presence of people in the resource who may be vulnerable to COVID-19. If it is decided that the user may continue to work, he or she must apply rigorous hygiene measures. It is also important to assess whether or not regular services such as weekly psychological monitoring, child psychiatry appointments and so on, should be maintained. This will depend on the each user's individual health.

Clinical follow-up

Visits or outings required for clinical interventions or clinical follow-up may continue in cases where the users require them. The essential nature of an intervention is decided by the institution on a case-by-case basis, depending on the users concerned, their situation and the other people with whom they are in contact on a daily basis, with due regard for the spread of the pandemic in Québec. For all other interventions, it is preferable to implement alternative telephone-based or virtual measures to ensure the safety of the user.

Services provided to users

It is important to ensure that the health of users does not deteriorate. In some cases, it may be necessary to review the provision of preventive services, due to the new social isolation measures in force and the resulting changes to lifestyle habits.

Personnel and employees hired by IR-FTRs

Follow the INSPQ's recommendations on:

- Instituting and ending isolation for health workers affected by COVID-19:
<https://www.inspq.qc.ca/publications/2904-levee-isolement-travailleurs-covid19>
- Assessing the exposure risk of health workers caring for confirmed cases:
<https://www.inspq.qc.ca/publications/2905-evaluation-risque-travailleurs-covid19>

If labour issues are encountered, resources may contact the person (people) identified by the CISSS or the CIUSSS with which they have an agreement, in order to obtain support.

Access to emergency childcare services for IR-FTR employees and foster families

Emergency childcare services are available to the employees and people in charge of intermediate resources and family-type resources as a last-resort solution for those who have no alternative childcare options.

These people have access to emergency childcare services for their children and for users of their resource if they work in a critical service (see ministerial order 2020-005 for a list of critical jobs and services giving entitlement to emergency childcare services).

If you have additional questions, please contact the Information and Complaints Office at the Ministère de la Famille by calling 1 855 336-8568.

State supervision of user health

In the exceptional context of the pandemic, institutions must carry out a clinical analysis of every situation as it arises, in collaboration with the resource concerned, and must make decisions in compliance with public health orders, which will change as the situation develops. This applies to all resource residents (including new placements). It is important to keep a daily watch for typical and untypical signs and symptoms exhibited by users (see Appendix 1).

Placements/relocations

First, and above all, a person suspected of or confirmed as having COVID-19 cannot be admitted to an IR-FTR that does not already have cases of the virus. Having said this, even during a 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; the pandemic must not become a ground for systematic refusal. Clearly, the pandemic requires case-by-case adjustments almost from hour to hour, and presents its share of unusual challenges with which everyone concerned must deal. The current exceptional context demands flexibility from everyone concerned, and flexibility must be applied when interpreting everything that is said. The institution, 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 fits into one of the following profiles: is aged 70 or over, or has a physical vulnerability to COVID-19.

Consequently, different means have been proposed to reconcile the various issues relating to COVID-19, so that relocation of a user continues to be a last-resort solution even in the present context.

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.

Maintaining an IR-FTR placement for a youth over 18 years of age

First, section 64.1 of the *Youth Protection Act* continues to apply in the current context. It states that: "An order entrusting a child to an alternative living environment ceases to have effect when the child reaches the age of 18 years".

However, if the child is entrusted to a foster family or an institution operating a rehabilitation centre or a hospital centre, the placement may continue in accordance with the Act respecting health services and social services ([chapter S-4.2](#)) or the Act respecting health services and social services for Cree Native persons ([chapter S-5](#)) if the person consents to it.

An institution must allow a person who has reached the age of 18 years to stay there if the person consents to it and if his condition does not allow his return to or reinsertion in his home environment. The placement must be continued until the person's admission to another institution or any of its intermediate resources or to a family-type resource where he will receive the services required by his condition is assured."

Given the health emergency, the sole fact that the youth agrees to remain in the IR-FTR, although his or her health would allow for insertion into a new home, may be enough to maintain the placement during this period, provide an agreement can be reached with the IR-FTR.

Respite placements and intermittent placements (adult and youth users)

Respite and intermittent placements are currently suspended, as are all activities in connection with this type of placement, so as to limit multiple interpersonal contacts and avoid spreading COVID-19.

In light of the orders given, youth protection cases are exceptions to the rule and must be assessed on a case-by-case basis by each DYP.

Additional measures to counter the spread of COVID-19 in the living environments of seniors and vulnerable people and among IR-FTR owners and their personnel

To protect seniors, vulnerable people and service providers alike, information on infection prevention and control has been included in the directives issued by the Ministère de la Santé et des Services sociaux (MSSS) for different facilities, including IR-FTRs.

To reduce the possibilities of spreading the virus and improving the support available to these facilities, the following additional measures have been identified as of April 11, 2020:

- Perform a COVID-19 screening test before transferring a user from a hospital to an IR-FTR.
 - Until further notice, IR-FTRs must cease all admissions of new users suspected of or confirmed as having COVID-19 if they do not already have cases of the virus at their facility.
 - Every person who is newly admitted to an IR-FTR or returns to an IR-FTR after a period in hospital must undergo a 14-day period of preventive self-isolation.
 - Perform a COVID-19 screening test on users, people in charge who also live at the facility, and IR-FTR personnel, in accordance with ministerial directives.
 - Carefully screen the health of IR employees before every shift (e.g. by introducing a symptom monitoring grid).
 - Expand the availability of training, in particular on infection prevention and control, for the people in charge of IR-FTRs and their employees.
 - Promote information capsules on hand hygiene and the use of personal protective equipment, or provide training.
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- Here is the link to the training on hand hygiene:
<https://fcp.rtss.qc.ca/local/html-courses/hygiene/story.html>
 - Here is the link to a 10-minute training session on the use of personal protective equipment: <https://vimeo.com/399025696>
 - Provide access to the short training program for personnel assigned temporarily to seniors' residences, prepared in collaboration with Professor Philippe Voyer of Laval University.
- Take steps to ensure that infection prevention and control measures are applied at all times by everyone present in the facility.
 - In particular, protect support and assistance service providers in accordance with the instructions issued by the Institut national de santé publique du Québec.
 - Identify a reference nurse for IR-FTRs.
 - Reduce, to a minimum, the number of different staff members in contact with a given user.
 - Expand medical coverage in the facility, depending on the needs of users.
 - A procedural mask must be worn by all service providers who come within two metres of a colleague or a user not infected with COVID-19:
<https://www.inspq.qc.ca/publications/2968-port-masque-procedure-milieus-soins-transmission-communautaire-soutenue-covid-19>
 - Contact and droplet protection is required for workers who are in contact with users who have or are suspected of having COVID-19, or who are under investigation.
<https://www.inspq.qc.ca/sites/default/files/covid/2910-mesures-gestion-cas-contacts-chsld-aines-covid19.pdf>

If a person tests negative for COVID-19 and has no symptoms, he or she may be able to go to, or go back to, an IR-FTR, including one with no cases of COVID-19. However, he or she may still develop symptoms in the following days, and must therefore undergo self-isolate in his or her room for a 14-day period.

- Apply the same measures as those provided for suspected cases, cases under investigation and confirmed cases in residential and long-term care centres, as set out in the document produced by the Institut national de la santé publique: *COVID-19 Mesures pour la gestion de cas et des contacts dans les CHSLD : recommandations intérimaires*:
<https://www.inspq.qc.ca/sites/default/files/covid/2910-mesures-gestion-cas-contacts-chsld-aines-covid19.pdf>
 - These measures must be applied for 14 days after the user was last exposed to the virus. If the user is once again exposed during the self-isolation period, the counter is re-set to zero.
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PPE: procedural mask, long-sleeved gown, gloves. No eye protection in this situation (negative test, no symptoms).

If a person tests negative for COVID-19 but still has symptoms, he or she may be admitted to an IR that already has cases of COVID-19 and has therefore organized a hot spot.

- Apply the same measures as those provided for suspected cases, cases under investigation and confirmed cases in residential and long-term care centres, as set out in the document produced by the Institut national de la santé publique sur le Web : *COVID-19 Mesures pour la gestion de cas et des contacts dans les CHSLD: recommandations intérimaires*:
<https://www.inspq.qc.ca/sites/default/files/covid/2910-mesures-gestion-cas-contacts-chsld-aines-covid19.pdf>
- These measures must be applied for 14 days after the user was last exposed to the virus. If the user is once again exposed during the self-isolation period, the counter is re-set to zero.

PPE: procedural mask, long-sleeved gown, gloves, with eye protection (negative test, with symptoms).

Regulation respecting the classification of services offered by an IR/FTR

Annual review of classification during the COVID-19 pandemic

Under the Regulation, the form must be reviewed by the institution 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 institution's activities are focused on priority actions relating to the COVID-19 pandemic, it is up to the institution to review its priorities by leaving aside certain non-urgent activities. The annual classification review may be such an activity that the institution 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 to be provided by the resource or in the clarifications concerning those services.

Accordingly, the institution 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 institution 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 measures recommended by public health officials, the form must be completed by telephone or other technological means in order to obtain the information from the resource.

Completion of the form for a change of 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 revision 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, for example) can be provided safely by the resource. Obviously, the revision must also be done by telephone or using another technology-based method.

Meals

For people aged 70 or over and people who are vulnerable to COVID-19:

- These users should be encouraged to take their meals in their rooms, if they are independent enough to feed themselves. Make sure the tray is prepared for them if necessary, when it is served (open the containers, cut up the food, etc.), and assign a person to oversee the meal and respond to the needs of all residents who eat in their rooms (e.g. if someone drops a utensil).
- In the case of users who need help when eating, those with dysphagia and those who need close supervision or encouragement to eat, meals should preferably be eaten in the dining room. It is important to ensure that physical distancing is applied.

For other users, it is important to ensure that as few people as possible are assembled in the same place.

- For IRs housing a large number of users, mealtimes must be staggered and occupied tables must be separated by unoccupied tables, etc.
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- For smaller IR-FTRs, mealtimes must be staggered or chairs must be placed at least two metres apart. The same applies to activities in the resource's common areas.
- For smaller IR-FTRs, a case-by-case approach should be taken to decide whether or not physical distancing is required, for example if one or more of the children are still in contact with family members, or if a youth or adult continues to hold employment in a critical service sector (e.g. at a grocery store), placing them at risk of infection and meaning that, even if symptom-free, they could contaminate other users. If the entire household has been confined indoors since schools and childcare facilities were closed, and nobody has symptoms after 14 days, natural distancing between family members may be sufficient.

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

1. Notify the institution immediately.
2. Inform the institution of the care level required, if known.
3. When self-isolation at home is required, a prior discussion must take place with the institution on the options offered by the physical environment and organization of services to ensure that users are safe and protected.

The infected person (a person in charge of the resource, a family member or a user) may be able to remain in the IR-FTR if:

- he or she is independent, able to take care of himself or herself and able to comply with the directives, 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 and has exclusive access to his or her own bathroom (meals in the room);
- lives with other people but has and can self-isolate in his or her own room (meals in the room and 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 people, the person may remain in isolation in the IR-FTR if the following steps are taken:

- the person under investigation 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.
4. Decisions must take into account the person's characteristics, psychosocial situation and environment (including the other people who reside at the resource and the person in charge of the resource). Some people, for example children, people with intellectual disabilities, autism spectrum disorders or physical disabilities and people with major neurocognitive disorders, will need additional measures to preserve their physical and psychological integrity (see Appendix 2).
5. However, the institution recommends that the person be transferred to a quarantine facility¹ in a predetermined 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 (PPE) they need to provide services safely.
6. For all situations involving a minor child, the parents or tutor must be notified. For situations involving protective youth custody, the DYP must be notified. For all other situations, the user's family must be notified.

¹ Commonly known as a hot zone or warm zone, depending on the methods applied in the institution concerned. These environments are intended for adult users only.

If the user is transferred to a quarantine facility or special care facility:

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

In a community quarantine facility for COVID-19:

- Temporary convalescence-type accommodation
- For all levels of clinically adapted care
- For the duration of the quarantine period
- Visitors prohibited, except for humanitarian reasons (e.g. end-of-life situations)

In a COVID-19 hospital (critical or intensive care)

- Requires medical assessment before transportation to a hospital
- For people requiring care levels A and B (prolongation of life including specialized care, intubation and ventilation)
- Visits prohibited, except for humanitarian reasons (e.g. end-of-life situations)

Cardiopulmonary resuscitation (CPR)

This section concerns cardiopulmonary resuscitation during the COVID-19 pandemic. We refer you to the *simplified COVID-19 resuscitation protocol* (see Appendix 3), which is applicable to all non-hospital residential and care centres including IR-FTRs. With respect to this latter group in particular, some conditions apply as a result of their specific organizational features among other things.

The institutions, through case workers associated with IR-FTRs, must guide the facilities and provide clear information on:

- wishes regarding cardiopulmonary resuscitation following cardiopulmonary arrest (CPA).
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If it is known that a person does not wish to be resuscitated, this must be respected where applicable. However, resuscitation must be attempted if there is any doubt as to the person's wishes.

If a person in charge of an IR-FTR, or a staff member, must undertake cardiopulmonary resuscitation measures, he or she must do so in a way that does not endanger his or her own health. At the very least, this means:

- wearing gloves and a procedural mask (referred to as a surgical mask in the following text)
- placing the same type of mask on the person being resuscitated

Subsequent actions must be taken, or not, in accordance with specific instructions, based on the person's status as described in the protocol below. Please note that definitive airway management and ventilation management must be undertaken only by someone with experience (a physician or paramedic) wearing the best available personal protective equipment.

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

Useful references

Québec.ca website:

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

Website 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/>

APPENDIX 1: Symptoms of COVID-19

OBSERVATIONS AND CHANGES IN THE USER THAT MUST BE REPORTED TO THE INSTITUTION

Typical symptoms of COVID-19

- Most common signs and symptoms
 - ✓ Fever
 - ✓ Dry cough
- Other possible symptoms
 - ✓ Breathlessness
 - ✓ Production of sputum
 - ✓ Fatigue
 - ✓ No sense of smell
 - ✓ No sense of taste

Potential symptoms in children (other)

- ✓ Diarrhea
- ✓ Vomiting

Untypical 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 care for himself/herself
 - Behavioural change (new behaviour or absence of a previous behaviour)
 - ✓ Agitated
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- ✓ Does not behave as usual
 - ✓ Becomes aggressive/irritable
 - ✓ No appetite
 - ✓ Sleep disturbance
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APPENDIX 2:

SELF-ISOLATION FOR USERS WITH ADJUSTMENT DIFFICULTIES, INCLUDING PEOPLE WITH ID-PD-ASD**▪ 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 both the person's characteristics and the layout of the room. Institution workers must help the people in charge of IR-FTRs to implement the program. 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.

▪ Meals

The people in charge of IR-FTRs, 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:



COVID-19: Simplified Resuscitation Protocol For all non-hospital care centres

Context:

1. This protocol has been created to standardize cardiopulmonary resuscitation during the pandemic across all non-hospital care centres whose users require acute physical care. This includes residential and long-term care centres, outpatient clinics, private seniors' residences, designated testing clinics, psychiatric units and other care units.
2. Community spread is the principal method of COVID-19 transmission in the province. However, community spread is not standardized. The risk that a person in cardiopulmonary arrest will be infected with COVID-19 is not the same everywhere. The transmission risk must therefore be analyzed in collaboration with regional and ministerial stakeholders.
3. Cardiac resuscitation presents a high COVID-19 transmission risk.
4. Protection for health workers is therefore a priority during the pandemic.
5. Management of individual protective equipment is essential for point 3. The sectors at highest risk (pre-hospital facilities, emergency rooms, intensive care) have priority, since their workers are most at risk.

What to do for a patient in cardiopulmonary arrest

- Ask for help.
 - Call 911.
 - Ask a co-worker to check the patient's file to see whether a level of medical intervention (LMI) has been determined.
 - Get out the emergency cart or defibrillator, if available:
If a defibrillator is not available, the emergency operator will tell you where the closest one is located.
 - Wear gloves and a surgical mask. Also wear a gown and eye protection if available.
 - Put a surgical mask on the patient.
 - Place the defibrillator pads on the person. If shocking is recommended, follow the defibrillator instructions.
 - Then assess the patient's infectious risk:
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- If the patient is known to the person administering resuscitation, has no symptoms and/or has recently tested negative for COVID-19 – begin and continue cardiac massage.
 - If the patient is not known to the person administering resuscitation, or if the patient's COVID-19 status is unknown, probable or positive, or if there is an outbreak of COVID-19 at the facility, cardiac massage should not be performed.

 - Definitive airway management and ventilation management should only be performed by a person with experience (physician or paramedic) wearing the best available individual protective equipment.

 - Lack of symptoms is a low-risk indicator in areas where community spread is not sustained.
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