

# Coronavirus COVID-19

2020-05-05

The purpose of this document is to provide you with new information and instructions regarding the presence of natural caregivers among residents of residential and long-term care centres (CHSLDs), persons entrusted with intermediate and family-type resources (IR-FTRs), and residents of private seniors' residences (PSRs).

As of May 11, 2020, and subject to compliance with specific conditions, it will be possible for a significant natural caregiver<sup>1</sup> (who had been present on a regular basis before) to provide support to a person in a CHSLD, IR-FTR, or PSR. The loosening of these measures is subject to compliance with certain precautions to ensure a sound balance between the risks and associated benefits.

CHSLDs, IR-FTRs, and PSRs that wish to refrain from applying these new directives, in whole or in part, must receive prior authorization from the Ministère de la Santé et des Services sociaux (MSSS).

This document replaces the information and instructions sent out on the same subject on April 17, 2020, concerning the major guidelines to follow when a natural caregiver wants to provide support for a person living in a CHSLD.

## **INSTRUCTIONS FOR LOOSENING MEASURES CONCERNING THE PRESENCE OF SIGNIFICANT NATURAL CAREGIVERS IN CHSLDS, IR-FTRS, AND PSRS**

**These instructions apply to significant natural caregivers so that they can resume the regular support they previously provided to their loved one in a CHSLD, IR-FTR, or PSR.**

These individuals must be known to the staff or managers of the CHSLD, IR-FTR, or PSR for their significant involvement with the resident.

A caregiver who does not comply with the instructions in this document could be denied access to the CHSLD, IR-FTR, or PSR.

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<sup>1</sup>Significant support refers to caregivers who provided help and support, particularly moral support or comfort every day or several times a week.

## **1. Make sure you have the consent of the natural caregiver.**

- The natural caregiver must sign a form indicating:
  - a. That their decision is informed and voluntary, with full knowledge of the risks involved and the possibility that they might become infected during visits or infect their loved one.
  - b. That they commit to adopting the behaviour required to ensure their safety, the safety of the resident supported, and the safety of other residents and staff members.
  - c. That they agree to be tested for COVID-19, if necessary.
- The signed consent form must be placed in the CHSLD resident's file or in the institution's file for IR-FTR users. For natural caregivers in PSRs, the form must be given to the PSR manager, who must keep a copy.

## **2. Make sure that the caregiver complies with the following instructions.**

### 2.1 Regarding isolation, symptom monitoring, and screening:

- A natural caregiver who is subject to isolation (e.g., due to close contact with a COVID-19 case) shall not visit a CHSLD, IR-FTR, or PSR or a unit in such settings where there are no confirmed cases of COVID-19 until isolation has been completed.
- The natural caregiver must be asymptomatic or, if recovered from COVID-19, 14 days must have past since the onset of symptoms. In addition, the caregiver must be free of acute symptoms for 24 hours, except a residual cough, which might persist and without fever for 48 hours (without antipyretics). The recovered person must have a negative screening result before they can return to a CHSLD, IR-FTR, or PSR or a unit in such settings where there are no confirmed COVID-19 cases.
- The natural caregiver must carry out self-monitoring of symptoms. At the slightest sign of symptoms, they should not report to the CHSLD, IR-FTR, or PSR (see appendix for symptoms).

#### 2.1.1 For visits in cold zones, natural caregivers should:

- Have a negative result for COVID-19 screening taken within 6 days of the first visit. The test must then be repeated every 15 days, if the natural caregiver wishes to continue the visits. If the latter condition is not met, the next visit will be treated as if it were the first (negative result, sample taken less than 6 days before the visit).
- Retest if the caregiver becomes symptomatic. The individual must have a negative result before they can return to a CHSLD, IR-FTR, or PSR or a unit in such settings where there are no confirmed COVID-19 cases.

2.1.2 For visits in hot zones, natural caregivers are not required to:

- Be tested at the outset. The test will, however, be offered to natural caregivers on a voluntary basis.

2.2. With respect to infection control and prevention measures:

- Become familiar with the information made available on symptom monitoring, hand hygiene, respiratory etiquette, and use of personal protective equipment (PPE).
- Perform hand hygiene when entering and leaving the CHSLD, IR-FTR, or PSR, as well as when entering and leaving the resident's room.
- Wear a properly fitting procedure mask upon entry to the CHSLD, IR-FTR, or PSR and keep it on for the duration of the visit. The same procedure mask cannot be used for a subsequent visit.
- Use PPE appropriately depending on the type of care provided and the resident's condition (access to a confirmed case or unit with confirmed cases = full PPE / access to an unconfirmed, symptom-free resident = procedure mask only). With the exception of the procedure mask, the PPE must be removed before leaving the room.
- Do not bring any clothing or items from home (purse, lunch bag, documents, etc.) to the CHSLD, IR-FTR, or PSR that will be taken home afterwards.
- Only one natural caregiver at a time can provide care for a resident. This rule must be respected at all times, without exception in CHSLDs, especially if two residents occupy the same room. This rule may be modified if two residents live together in the same PSR or IR-FTR unit and receive significant support from the same natural caregiver.
- Arrive with clean clothes; change and wash them when you return home (regular washing).

2.3 For travel within the CHSLD, IR-FTR, or PSR:

- Minimize travel in and out of the home and between the CHSLD, IR-FTR, or PSR.
- Restrict movement to getting to and leaving the resident's room or unit.
- Be able to get to the resident's room or unit without coming within two metres of other residents.
- Avoid coming within two metres of staff members and other natural caregivers.
- Never go to common areas in the CHSLD, IR-FTR, or PSR.
- Do not enter the equipment stores.
- Leave the room if aerosol-generating medical procedures are performed. Wait until the required number of air changes have been completed before reentering the room (can differ depending on the setting).
- Limit travel outside the home as much as possible, in addition to travel to the CHSLD, IR-FTR, or PSR.

### 3. Responsibility of the CHSLD, IR-FTR,<sup>2</sup> or PSR:

- Keep a record of natural caregivers and dates of visits to facilitate contact tracing, if necessary.
- Greet the natural caregiver and accompany them in their involvement, if necessary.
- Make sure to provide natural caregivers with information tools available on the procedure for performing a screening test, symptoms to watch for (usual and atypical), basic hygiene measures (hand hygiene, respiratory etiquette), and the use of PPE according to the type of support provided and the resident's condition.
- Provide PPE (procedure mask, eye protection, gown, gloves, if applicable) and ensure that the natural caregiver uses them properly.
- Inform natural caregivers that the MSSS and the Institut national de santé publique du Québec have issued directives to limit the spread of COVID-19. Consequently, the organization and delivery of care and services may have been modified to take into account this exceptional context. (This responsibility falls to the CISSS/CIUSSS for IR-FTR users.)
- The recommended hygiene and sanitation measures must be applied by all CHSLD, IR-FTR, and PSR staff with special attention (increased frequency of cleaning) to "high-touch" areas such as door handles and switches.
- Ensure that a container is placed inside the chamber or unit so that PPE can be removed before exiting the hot zone.
- Ensure that hand hygiene can be performed when leaving the room.
- Include natural caregivers in the planned audit processes for infection prevention and control (IPC) measures and hand hygiene.
- Policies must be implemented to minimize contact between natural caregivers. For example, they can be assigned a specific schedule in order to avoid congregating when entering and leaving the CHSLD, IR-FTR, or PSR.
- Encourage access to telephone calls and the use of different communication technologies in order to maintain the connection between residents and their relatives.

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<sup>2</sup> Institutional responsibilities continue to be carried out in accordance with the agreements with the IR-FTRs.

## APPENDIX 1: Symptom Self-Monitoring Checklist

### COVID-19 RELATED SYMPTOMS

Asymptomatic

Date of onset of symptoms\*: \_\_\_\_\_ YYYY/MM/DD

<b>Symptoms Associated with the COVID-19 Episode</b>			
Recent cough or exacerbation (worsening) of a chronic cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fever ( $\geq 38^{\circ}\text{C}$ or $100.4^{\circ}\text{F}$ ; elderly $\geq 37.8^{\circ}\text{C}$ or $100.0^{\circ}\text{F}$ )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fever / chills (temperature not taken)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Nasal discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Breathing difficulties (such as shortness of breath or difficulty speaking)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Nausea / vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Generalized weakness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pain (muscular, thoracic, abdominal, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Irritability / confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diarrhoea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sudden loss of smell (anosmia) without nasal congestion, with or without loss of taste (ageusia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Other (specify): _____			