

Interim guidelines for providing safe residential support during the COVID-19 outbreak

These guidelines and resources are meant to supplement and expand on the direction from Shared Health issued on April 1st, 2020 surrounding the use of Personal Protective Equipment at all times of contact with people served. This direction can be found here: <https://sharedhealthmb.ca/files/covid-19-provincial-ppe-guidelines.pdf> ***PLEASE READ THESE BEFORE GOING ANY FURTHER.***

Guidelines for safe residential care:

- 1) Wash your Hands often (see Appendix C). Especially:
 - After blowing your nose, coughing or sneezing
 - After using the toilet
 - Before eating or preparing food
 - Before and after providing care for another person who requires assistance.
 - When arriving at the home and before leaving

***Note: Help the people you support to wash their hands often as above.

- 2) Avoid touching your face, especially your eyes, nose and mouth. Remind the people you are supporting to not touch their face. Practice good cough habits by covering your mouth and nose with a tissue when coughing or sneezing, or you can cough into your sleeve. Throw used tissues in a plastic-lined garbage and immediately wash your hands, or use alcohol-based hand sanitizer.

- 3) Follow public health requirements related to staying home, limiting contact with others. (visitors, delivery personnel). To manage visitation, see www.gov.mb.ca/covid19/resources for posters that can be posted at home entrances for staff, family and visitors.
- 4) Whenever possible encourage and reinforce social distancing (staying 6 feet or 2 metres away) between all people in the household. If the home does not allow for this distance, do the best you can. For example:
 - a. Seat people at opposite ends/sides of tables instead of next to each other
 - b. Watch TV from separate chairs rather than together on the couch.
 - c. Limit the time you spend close to people you are supporting during personal care, when possible.
- 5) At least four times a day, clean and disinfect surfaces that are touched often, like tables, countertops, desks, keyboards, faucets, sinks, bathroom fixtures, toilets, bedside tables, doorknobs, light switches, phones, television remotes and video game controllers, wheelchair handles, brakes, and commonly touched surfaces on any lifts, bed rails. Wash your hands after cleaning. Avoid touching your face. (See Appendix E for further details)
- 6) Monitor people supported for symptoms, particularly fever and respiratory symptoms such as coughing and difficulty breathing. Particular symptoms to watch for include: trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.
- 7) Taking and recording temperatures daily is a good idea particularly for people who are not able to effectively communicate pain or discomfort. There is a form available online to help with recording a person's temperature and other symptoms at: https://www.gov.mb.ca/asset_library/en/coronavirus/temperature.pdf. If

the person develops symptoms, contact your Supervisor, the person's doctor and/or Health Links- Info Santé (204-788-8200 or 1-888-315-9257).

Additional considerations when caring for someone who begins to show symptoms of illness, flu or cold symptoms:

- 8) People who are displaying any cold/flu symptoms should stay in a separate area (isolation area) away from others living in the home and should use a separate bathroom whenever available. Ensure toilet lid is put down before flushing and surfaces are disinfected following use.
- 9) Other people in the home need to stay away from the isolation area. Be creative to assist roommates to support and connect with their roommate from a distance.
- 10) DSPs in the home should limit their time in the isolation area whenever possible. One person per shift should be designated as the care provider for the individual in isolation as opposed to all staff rotating in and out of the isolation area. Where possible, one-to-one staff support for the ill person is preferred.
- 11) Ideally, the person who is sick should wear a mask (or fabric face covering) to cover their nose and mouth when in contact with anyone.
- 12) A person who is sick should not share dishes, utensils, towels, bedding or other personal items with anyone. Ideally, disposable dishes/utensils are preferred and should be disposed of in a tied plastic bag. If disposable utensils/dishes are not available, wash items in the dishwasher on the hottest setting or with soap and hot water immediately after use. Wear gloves when doing laundry. Wash items on the warmest setting possible based on the items' manufacturer's label. (ideally 60-90 Celsius) Clothes

can be washed together with others in the home. Wash hands after removing gloves.

- 13) Remove personal protective equipment properly (see Appendix D) Dispose of disposable PPEs and other potentially contaminated items in a garbage receptacle lined with a plastic bag. When full tie tightly and dispose with other household waste. Wash your hands with soap and water immediately after handling these items.

- 14) Remove items that require washing in a plastic bag. Wear gloves and surgical mask when handling and carry away from your body. Do not shake dirty or soiled laundry. Wash items on the warmest setting possible based on the items' manufacturer's label (ideally 60-90 Celsius). Disinfect laundry hamper or other areas that may have come in contact. Clothes can be washed together with others in the home. Wash hands after removing gloves.

- 15) Utilize a fan, air conditioner or opening windows (weather permitting) to be sure that there is good air flow throughout the home.

Additional considerations when caring for someone who has a suspected or laboratory confirmed case of COVID-19:

- 16) Where it is challenging to isolate, consider re-locating healthy roommates to protect them. Be mindful that if roommates had close contact (within 2 meters/ 6 feet for 10 minutes or more) they would be considered a contact, and may have been exposed. If relocating, you may want to limit their contact with others to reduce the likelihood of further transmission.

- 17) If someone has been diagnosed with COVID-19, Regional Public Health officials will connect with the individual, provide education on COVID-19, including how to care for them at home, and information on daily monitoring. People awaiting test results should be managed as a positive case, until results are received.

- 18) If the ill person has a medical emergency and you need to call 911, notify the 911 operator that the person has a laboratory confirmed case of COVID-19 or is awaiting test results.

- 19) Keep your supervisor, the person's Community Service Worker, family and close friends along with Residential Care Licensing (if applicable) updated on the person's illness/status.

- 20) At the end of your shift:
 - a. Wash your hands.
 - b. Change your clothes and put work clothes in a garbage bag and seal.
 - c. Wash your hands.
 - d. Disinfect the areas in your vehicle that you touch.
 - e. Take off your shoes when you get home and spray disinfectant on the bottom.
 - f. Wash your hands.
 - g. Put your work clothes in the laundry on hot water cycle.
 - h. Shower or bathe
 - i. Disinfect door handles and surfaces you touch
 - j. Wash your hands.

- 21) Monitor yourself for symptoms at all times. Should you develop any of the following cold/flu symptoms (fever, cough, shortness of breath), self – isolate and contact your Supervisor and Health Links-Info Santé (204-788-8200 or toll free 1-888-315-9257). Be clear that you have been caring for

someone with a laboratory confirmed diagnosis of COVID-19 or awaiting testing.

Remember: The public health situation frequently changes.

Visit www.gov.mb.ca/covid19 for the most up to date information.

References

Centers for Disease Control and Prevention (CDC). (2020, March). Retrieved from Coronavirus (COVID-19): <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

New Directions for Children, Youth, Adults and Families Inc. . (2020, March). Guidelines for home if someone is sick (Supervisor, Regular Precautions, Increased Precautions). Winnipeg, Manitoba, Canada.

Public Health Agency of Canada. (2020, March). Retrieved from Coronavirus - COVID-19 : <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Shared Health Manitoba. (2020, April 7). *COVID-19 Provincial PPE Guidelines* . Retrieved from <https://sharedhealthmb.ca/files/covid-19-provincial-ppe-guidelines.pdf>

Appendices (Information) to follow:

Appendix A - Summary of Interventions by Level of Precaution

Appendix B - Pandemic Planning Considerations for the Residential Agency

Appendix C – Washing and Sanitizing Hands

Appendix D - Putting on, taking off and disposing of Personal Protective Equipment

Appendix E - Cleaning & Disinfecting

Appendix F - What is COVID-19 and How does it spread

Appendix A

Summary of Interventions by Level of Precaution

	Social Distancing	Cleaning & Disinfecting	Frequent Hand Washing	Gloves	Masks	Eye Protection	Isolation	Gowns
At all times during contact with people supported	X	X	X	X	X	X		
When people show symptoms	X	X	X	X	X	X	X	
When COVID-19 is suspected or confirmed	X	X	X	X	X	X	X	X

Appendix B

Pandemic Planning Considerations for the Residential Agency

- Give some thought to how you might isolate each person in their home should you need it. Having a plan before people get sick is preferred. Most often, people will need to be isolated in their bedroom within a setting. You may also have other space such as a basement or family room that may be useful. Have a separate bathroom available, if possible. If this is not possible, cleaning and disinfecting the bathroom before and after use will be important.
- Set up a system to screen staff using the following questions recommended by Shared Health:
 - Do you have any of the following symptoms:
 - Fever (greater than 38 degrees Celsius)?
 - “New” onset of (or exacerbation of chronic) cough?
 - Shortness of breath?
 - Difficulty breathing?
 - Sore throat?
 - Runny nose?
 - Malaise
 - Headache
 - In the last 14 days, have you:
 - Returned from travel outside of Manitoba?
 - Had close contact with a confirmed case of COVID-19, while not wearing recommended PPE and/or not practicing social distancing?
 - Had laboratory exposure working directly with biological specimens that contain COVID19?
 - Live with or had close contact with someone who is ill with fever and/or cough and flulike symptoms, while not practicing social distancing at home?

- Limit visitation (no individual who exhibits cold/flu symptoms should enter the home) and place notification to all visitors on the door of each home. Sample template <https://sharedhealthmb.ca/files/attention-visitors-letter.pdf>

- Pandemic supplies to have on hand:
 - Hand soap (remember that regular, thorough handwashing with warm water and soap followed by thorough drying is more effective than alcohol-based hand cleanser)
 - Facial tissue
 - Paper towels
 - Smaller plastic bags for disposal of PPEs
 - Thermometer
 - Lysol type wipes
 - If available, alcohol based hand sanitizer containing at least 60% alcohol
 - Household cleaning products
 - Fever-reducing medication – acetaminophen(Tylenol) or ibuprofen (Advil). Note: Fever reducing medications can mask early COVID-19 symptoms. For close contacts of cases, or in situations where a resident or staff member have been diagnosed with COVID-19 consult with Public Health before using.)
 - Supply of over the counter medications as outlined on person's Standing Order
 - Disinfectant cleaners such as bleach (1 part bleach to 9 parts water). Another option would be hydrogen peroxide 3% in a spray bottle
 - Surgical/Procedure Masks (see Appendix D)
 - Disposable Latex gloves
 - Eye protection (shields/goggles)
 - Gowns

- Have a system to track and identify the level of precautions occurring at each home/site.

- Create and maintain a system to inform all staff on what level of precautions each home is currently maintaining as well as when that changes.
- Designate one staff per shift to work with anyone with cold/flu symptoms and/or COVID-19. (i.e. don't have several different staff cycling through whenever possible). Staff who are supporting someone with COVID-19 should not be assigned to work in other homes/sites where it is not present.
- Consider purchasing (if you don't have already) garbage receptacles for disposal of PPEs that have a foot pedal or other non-touch method of opening and closing.

Appendix C

Washing and Sanitizing Hands

When to wash:

- Wash your hands often especially:
 - After blowing your nose, coughing or sneezing
 - After using the toilet
 - Before eating or preparing food
 - Before and after providing care for another person who requires assistance.
 - Upon arriving at the home and before leaving at the end of shift.

How to properly wash hands:

- Using with soap and water is the best option.
- Wash your hands from mid-wrist to fingertips being sure that you do both sides of your hands, in between your fingers, and your finger-tips. Don't forget your thumbs!
- Wash for at least 15 seconds and dry with disposable paper towels.
- Avoid touching the faucet with your clean hands if at all possible. Use paper towel to turn off the faucet and then dry your hands.
- Download and utilize poster for visual description.



Access poster at: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/covid-19-handwashing/covid-19-handwashing-eng.pdf>

Using alcohol-based hand sanitizer:

- If soap and warm water are not available or practical, you can also remove dirt with a wet wipe and then use an alcohol-based hand sanitizer with at least 60% alcohol. Cover your whole hand as outlined above and rub them together until they feel dry.

Other considerations:

- Note: Washing your hands frequently can lead to dry, cracked hands. Moisturize with unscented hand cream frequently.
- Avoid touching your eyes, nose and mouth
- Cough or sneeze into the bend of your arm or into a tissue.

Appendix D

Putting on, Taking off and Disposing of Personal Protective Equipment

The types of Personal Protective Equipment (PPE) that might be worn, depends on the Level of precautions within the home. Below is description of how to put on the full set of possible PPEs under Level 3 precautions.

Put all PPEs on prior to entering the persons' room/area.

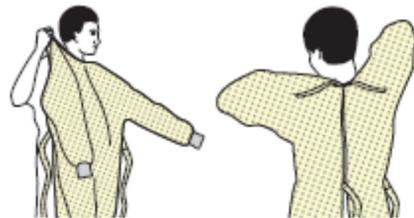
Once it is on, use PPE carefully to avoid contamination.

- Keep hands away from face.
- Limit surfaces touched.
- Change PPE when torn or heavily contaminated.

The recommended sequence of putting on all PPEs is as follows:

To put on a gown:

- Select the appropriate type and size.
- With the opening in the back, secure the gown at the neck and waist.
- If the gown is too small for full coverage, use two; the first with the opening in the front, and the second placed over it with the opening in the back.



To put on a mask:

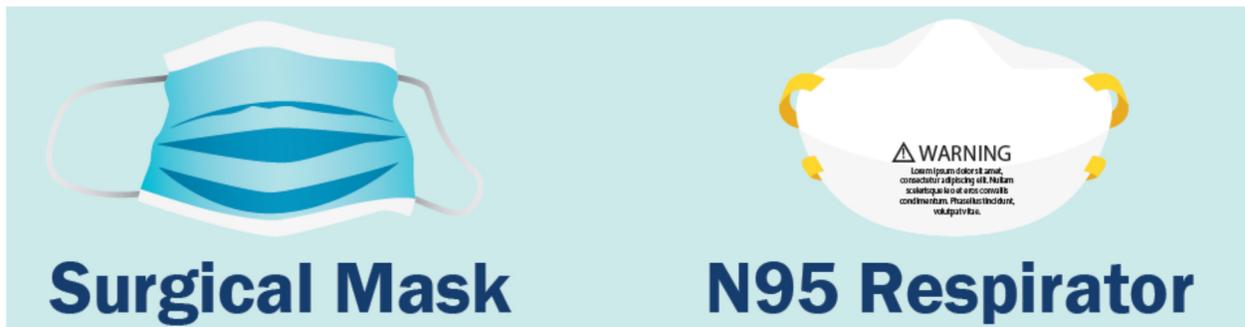
- Place it over the nose, mouth and chin.
- Fit the flexible nose piece over the bridge of the nose.
- Secure it on the head with ties or elastic.
- Adjust it to fit.



If the mask has two elastic head bands, these should be separated. With the mask over the nose, mouth and chin, stretch the bands over the head and secure them comfortably – one on the upper back of the head and one below the ears at the base of the neck.

Important Note about N95 masks:

For the purposes of this safety protocol, masks refer to surgical face masks not N95 masks. N95 masks (respirators) require fit testing (to be fitted to a person's face so that a proper seal is created) and are meant to stop the wearer from breathing in airborne particles. This is important in hospital settings when staff are inserting breathing tubes, etc. Given how COVID-19 is transmitted (contact with drops of saliva, secretions) a surgical mask is sufficient for residential staff.



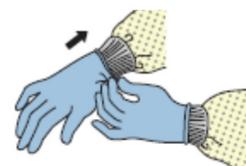
To put on goggles and/or face shield:

- Position goggles over the eyes and secure to the head using the ear pieces or headband.
- Position the face shield over the face and secure on brow with the headband.
- Adjust for comfort.



To put on gloves:

- Gloves are the last element of PPE to be applied.
- Extend the hands into the gloves and extend the gloves to cover the wrist of the isolation gown.
 - Tuck the cuffs of the gown securely under each glove.
 - Adjust for comfort and ease of movement.



Removal:

Once tasks are complete, carefully remove PPE and discard it into a garbage receptacle lined with a plastic bag. Immediately perform hand hygiene.

During removal, the goal is to avoid contamination of self or the environment with the contaminated equipment.

Generally, the outside front and sleeves of a gown, the outside front of face protection and the outside of gloves are considered contaminated regardless of the appearance of visible soil.

The location for removing PPE will depend on the amount and type of PPE worn as well as the level of precautions. For instance, if only gloves are worn, they may be removed and discarded in the ill person's room. When a gown or full PPE is worn, PPE should be removed at the doorway to the ill person's room.

To remove a gown:

- Unfasten the ties.
- Peel the gown away from the neck and shoulder.
- Turn the contaminated side (the outside) toward the inside.
- Fold or roll the gown into a bundle.
- Discard in designated receptacle.



To remove a mask:

Note that the front is considered contaminated and should not be touched.

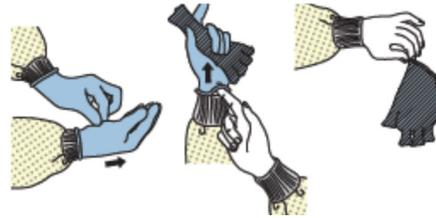
Follow these steps:

- First untie the bottom, then the top tie.
- Lift the mask away from the face.
- Discard in designated receptacle.



To remove gloves:

- Grasp the outside edge near the wrist.
- Peel the glove away from the hand, turning the glove inside out. Hold it in the opposite gloved hand.
- Slide an ungloved finger under the wrist of the remaining glove, then peel it off from the inside, creating a “bag” for both used gloves and avoiding contact with the outside of the glove.
- Discard in designated receptacle.



Again, remember to perform hand hygiene after using and discarding PPE.

When No Facemasks Are Available, Options Include

Exclude Staff at higher risk (including those 60 years of age and older as well as individuals with compromised immune systems and respiratory conditions) for severe illness from COVID-19 from contact with people with known COVID-19.

During severe resource limitations, consider excluding staff who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for people with confirmed or suspected COVID-19 infection.

Designate staff who have recovered from COVID-19 for provision of care to people with known or suspected COVID-19.

It may be possible to designate a staff who has recovered from COVID-19 to preferentially provide care for additional individuals with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.

Use of homemade masks:

In settings where facemasks are not available, staff might use homemade masks (e.g., bandana, scarf) for care of people with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect staff is unknown. Caution should be exercised when considering this option. Homemade

masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

When No Gowns Are Available, Options Include

Using another barrier made from plastic or fabric. These should be removed in the same order and manner identified above.

Appendix E

Disinfecting & Cleaning

Guidelines:

- Clean and disinfect surfaces that are touched often, like tables, countertops, desks, keyboards, faucets, sinks, bathroom fixtures, toilets, bedside tables, doorknobs, light switches, phones and television remotes, video game controllers, wheelchair handles, brakes, and commonly touched surfaces on any lifts, bed rails.
- Use store-bought disinfectants to clean, following the directions on the label. Health Canada has published a [list of hard surface disinfectants](#) that are likely to be effective for use against coronavirus (COVID-19). Although they do not claim to kill viruses such as COVID-19, cleaners can play a role in helping limit the transfer of germs. For high-touch surfaces such as door handles, toys and phones, Health Canada recommends cleaning these often with either:
 - regular household cleaners or
 - diluted bleach (1 part bleach to 9 parts water)
 - hydrogen peroxide 3%
- Clean touch screens with 70% alcohol wipes.

Additional resources:

See also www.gov.mb.ca/covid19/infomanitobans/index.html under home based child care providers, youth facilities and community organizations.

See online information at

www.gov.mb.ca/covid19/prepareandprevent/index.html.

Appendix F

What is COVID-19 and how does it spread?

What is COVID-19

Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

COVID-19 is a new disease that has not been previously identified in humans. Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person to person through close contact.

Symptoms:

Symptoms range from mild (e.g., fever, cough, runny nose and sore throat) to severe (e.g., shortness of breath and breathing difficulties). While many people will develop only mild symptoms, some groups appear to be more vulnerable to COVID-19. Those at higher risk typically develop more serious, even fatal, symptoms such as pneumonia, severe acute respiratory syndrome and kidney failure. High risk groups include those:

- 60 years of age and older
- living with chronic health conditions (e.g. diabetes, heart, renal or chronic lung conditions)
- with weakened immune systems (e.g. cancer)

Symptoms of COVID-19 or other coronaviruses may take up to 14 days to appear after exposure to the virus.

How COVID-19 Spreads

There is much to learn about the newly emerged COVID-19, including how easily it spreads. Based on what is currently known about COVID-19 and what is known

about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts.

You can also get COVID-19 by touching objects contaminated with the virus and then touching your mouth, eyes and nose.

Close contact can occur while caring for a person, including:

- being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time.
- having direct contact with infectious secretions from a person with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

Visit www.gov.mb.ca/covid19/about/index.html for information.

For more information about COVID-19 you can also go to <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>