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## Ministerial Order DGAPA-014

**Catégorie(ies):**

- ✓ Residential facilities
- ✓ Intermediate resources
- ✓ Family-type resources
- ✓ Infection prevention and control measures
- ✓ Young people

### Instructions for Intermediate Resources and Family-Type Resources (IR-FTRs) for Youths (JED and DI-DP-TSA Programs)

**Replaces the Order issued on June 19, 2020 (uncoded)**

**Sent by:** Direction générale des aînés et des proches aidants (DGAPA)



**To:**

- CISSS and CIUSSS
  - 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:** These instructions include all rules governing youths receiving services under the JED and DI-DP-TSA programs, placed under the *Youth Protection Act* and the *Act respecting health services and social services* in intermediate resources and family-type resources (IR-FTRs). For these specific user groups, these directives replace the IR-FTR directives issued on June 19 last. In addition, they complement the measures set out in Table B (for IRs hosting youths vulnerable to COVID) and Table E (for IR-FTRs subject to the *Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements*, hereinafter the ARR), *COVID-19: Incremental scale of measures in facilities by alert level* and the *Trajectory: Youths from a private residence, from another IR-FTR to an IR-FTR housing youth clients (placements under the Youth Protection Act/Act respecting health services and social services)*.

Positive and open communications and coordination between the resource and the establishment are vital in the context of the COVID-19 pandemic. If additional questions arise

	concerning health measures, the establishment should contact its regional public health office for clarification
<b>Measures to be introduced:</b>	<ul style="list-style-type: none"> <li>✓ Establishment representatives must: <ul style="list-style-type: none"> <li>○ Adjust their clinical follow-up to the alert level in force in their region, including application of the <i>Regulation respecting the classification of services offered by an intermediate resource and a family-type resource</i>.</li> <li>○ Adapt youths' visits and outings to comply with public health instructions and, where applicable, use the decision-making algorithm.</li> <li>○ Decide whether or not the child should attend school or daycare.</li> <li>○ Notify the person responsible for welcoming youths back from outings or visits of the measures to be applied.</li> <li>○ Apply the rules concerning placements/relocations/returning residents.</li> <li>○ Follow the instructions concerning respite placements and intermittent placements.</li> <li>○ Provide guidelines for the resource to help it deal with self-isolation, quarantine and outbreaks.</li> <li>○ Take into account the different guidelines concerning emergency placements.</li> <li>○ Make sure the resource is aware of the rules governing cardiopulmonary resuscitation during the pandemic.</li> </ul> </li> <li>✓ The resource operator(s) must: <ul style="list-style-type: none"> <li>○ Keep a register to manage arrivals and departures of regular staff members (IR).</li> <li>○ Collaborate with the establishment.</li> <li>○ Apply the rules applicable to youths returning from outings.</li> <li>○ Watch for the appearance of COVID-19 symptoms.</li> <li>○ Supervise employees and replacement employees.</li> <li>○ Apply Ministerial Order-in-Council 2020-038 concerning staff mobility.</li> <li>○ Follow the procedure for testing.</li> <li>○ Apply INSPQ instructions in the resource.</li> <li>○ Apply the rules governing visits to the resource, where applicable.</li> <li>○ Use personal protective equipment and other equipment where necessary.</li> <li>○ Apply self-isolation, quarantine or outbreak rules as directed by the establishment.</li> </ul> </li> </ul>

### Sector and resource contact information

**Important notes:** N.A.

Resource department or service:	<b>DSAPARIRTF – Volet RI-RTF jeunesse</b> <a href="mailto:guichetRIRTF@msss.gouv.qc.ca">guichetRIRTF@msss.gouv.qc.ca</a>
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](https://msss.gouv.qc.ca/directives)

Associate Deputy Minister,  
**Original signed by**  
Natalie Rosebush

**Read and approved by**  
Deputy Minister  
Dominique Savoie

## Ministerial Directive DGAPA-014

### Directive

### Clinical Follow-up

Clinical follow-up is decided on a case-by-case basis by the establishment, according to the users concerned, their situation and the other people with whom they are in contact on a daily basis. Activities must be carried out in compliance with infection prevention and control measures, public health rules and Tables B and E, depending on the facility.

Establishment representatives must follow infection prevention and control rules when visiting resources (see Appendix 3 - 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)).

### Visits and Outings for Youths in Difficulty Living in an IR-FTR

Refer to Tables B and E *COVID-19: Incremental scale of measures in facilities by alert level*.

Ministerial Order-in-Council 2020-032 states that the director of youth protection is required to arrange, in a manner that enables the health of the population to be protected, for contact through physical presence between a child and parent, grandparents or any other person ordered. A decision-making algorithm has been devised to support these decisions and, where applicable, adapt the rules governing contacts to take into account factors associated with COVID-19, the overall health of the individuals concerned, and the person's family environment.

<https://publications.msss.gouv.qc.ca/msss/fichiers/2020/20-210-290W.pdf>

The situations in which an in-person visit or outing is not permitted are those in which a youth entrusted to a facility or a person sharing the living environment (IR-RTF) or the person with whom the contact will take place finds themselves in one of the following situations:

- has been diagnosed with COVID-19 or is awaiting the results of a COVID 19 test;
- has, within the last 14 days and for at least 15 minutes, been within two metres of a person who has been diagnosed with COVID-19;
- has travelled outside Canada in the last 14 days;
- has one or more symptoms associated with COVID-19, including fever, a new or worsening cough, difficulty breathing, sudden loss of sense of smell without nasal congestion, and with or without loss of sense of taste;
- has been instructed by the public health authorities to self-isolate.

In any of the above situations, alternative methods (e.g. use of technology, telephone, videoconference) must be suggested to maintain the contact between the youth and the person with whom the interaction was supposed to take place.

If the child, the person with whom the interaction was supposed to take place, or another person in the IR-RTF, has a factor that renders him or her vulnerable to COVID-19, alternative methods for the visit or outing must be suggested. The **vulnerability factors** for COVID-19 are:

- 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](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\\_sante\\_maladies\\_chroniques.pdf](https://www.inspq.qc.ca/sites/default/files/publications/2967_protection_travailleurs_sante_maladies_chroniques.pdf))
- People who are significantly overweight (e.g. BMI  $\geq 40$ );
- 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).

For example, an alternative method may be to replace a visit to the parents' home with a walk outdoors (with physical distancing of two metres or the wearing of appropriate personal protective equipment such as a procedural face mask if physical distancing is not possible).

Alternative arrangements must be discussed with the parents and the resource. Where necessary, the establishment should refer to its regional public health department to decide on the best way of making the interaction safe for all concerned.

Resources to which Table B applies 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, parents, non-regular staff members and replacements providing care and services, and volunteers. The register must also 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.

The resource, family and youth protection case workers must work together to decide on the best ways of ensuring physical contact. If it is impossible to arrange a visit or outing safely, in-person interactions must be prohibited. However, the decision to suspend an outing or visit must be made by the youth protection officer, and should only be made in exceptional circumstances.

## Health measures applicable to all outings and visits for youths entrusted to IR-FTRs

The person who will look after the youth during the outing must undertake to apply infection prevention and control measures suited to the youth, the environment and the rules governing the outing (e.g. one-hour or overnight).

It is the establishment's responsibility to inform the person who will **host** the youth about health measures in general and measures applicable to the outing in particular.

The person **hosting** the youth must contact the establishment if a person is found to have COVID-19 symptoms during the outing. A case worker from the establishment should also ask the person in charge of the facility for details of the outing, to decide whether special measures are needed when the youth returns to the IR-FTR. The person **hosting** the youth will be notified by the establishment of the health rules to be observed, including the following:

- Before the visit, clean and disinfect all frequently-touched objects and surfaces including door handles, faucets, light switches, stair handrails and toilets: <https://www.inspq.qc.ca/covid-19/environnement/nettoyage-surfaces>.
- At the beginning and end of the outing, the youth and everyone present in the facility must wash their hands with soap and water (for 20 seconds) or clean them with a 70% alcohol-based disinfectant solution (e.g. Purell).
- Depending on the length of the outing, make sure hands are washed and objects and surfaces are cleaned regularly (cleaning and disinfection reduce the risks of contagion).
- Consider the fact that the care required by the youth during his or her daily activities should ideally be provided by the same person (e.g. help with meals, going to the toilet, moving around the house).
- As far as possible, limit activities involving direct contact with another person (e.g. keep people as far apart as possible, limit sharing of objects such as cell phones, remote controls and game pads, allow only one person to touch the pieces used in a board game, etc.).
- Deploy a method to enforce and operationalize the above guidelines, depending on the type of outing (e.g. common areas, meals, personal hygiene and sanitary facilities, bedtime, etc.).
- During outings, and when in public, remind everyone concerned of the importance of maintaining a distance of two metres between the youth, the parent or the significant adult.
- A face-covering must be worn in indoor public places. Face-coverings must be worn by adults and, where possible, by the youth if he or she is 10 years of age or older. For visits that taken place in a facility, visitors aged 2 or over must wear face-covering. Face-coverings need not be worn by children under 2 years of age, by people with breathing difficulties or by people who cannot remove them alone.
- If the youth must receive care during the outing, procedural face masks are strongly recommended.
- The host environment in which the outing or visit takes place must contact the resource to notify it of the youth's general health (presence of symptoms associated with COVID-19).

### **When the youth returns to the resource after an outing**

Changes in the health of the people concerned (the youth and the people with whom the youth was in contact) must also be considered to ensure that:

- the virus is not introduced into the IR-RTF;

- youths who are infected are identified quickly;
- the infection prevention and control measures **shown below** can be applied.

When the youth returns to the resource, the following steps must be taken:

1. Hands must be washed systematically with soap and water for 20 seconds, or cleaned with a 70% or stronger alcohol-based solution (e.g. Purell)).
2. Check for the presence of typical COVID-19 symptoms:

#### Fever:

Children 0 to 5 years of age: 38.5 °C (101.3 °F) or higher (rectal temperature)

- Children 6 years of age or older: 38.1 °C (100.6 °F) or higher (oral temperature)

- Adults: 38 °C (100.4 °F) or higher (oral temperature)

- Or 1.1 °C higher than the person's normal temperature

#### General symptoms:

- Sudden loss of sense of smell with no nasal congestion, and with or without loss of sense of taste

- Extreme fatigue

- Significant loss of appetite

- General muscular pain (unrelated to physical effort)

#### Respiratory symptoms:

- Cough (new or worsening)

- Breathlessness, difficulty breathing

- Sore throat

- Runny nose or blocked nose

#### Gastrointestinal symptoms:

- Nausea

- Vomiting

- Diarrhea

- Stomach ache

3. The establishment must be contacted immediately if symptoms associated with COVID-19 are found.
4. Clothes must be changed, luggage must be cleaned, and clothing worn during the outing must be washed.
5. Electronic devices (cell phone, tablet, etc.) must be cleaned with disinfectant wipes.
6. Fever and other symptoms of respiratory infection must be actively monitored among all users at least once a day for 14 days after the visit or outing.
7. Stringent hand and respiratory hygiene measures must be applied at all times.

In some situations it may be necessary for the establishment and regional public health department to work together.

If symptoms are observed, please complete [the self-evaluation tool for symptoms](#) or contact the COVID-19 help line (1 877 644-4545) for instructions on testing. A quarantine period will also be required

The resource must pay particular attention to changes in the youth's symptoms.

## **Replacements and employees hired by IR-FTRs**

All replacements and employees who do not live in the resource must wear a mask when they are in contact with a youth for more than 15 minutes without two-metre physical distancing.

For guidelines regarding PPE use, please refer to the CNESST instructions:

How to limit the spread of COVID-19 at work

Poster showing the priority order of infection prevention and control measures to limit the spread of COVID-19 at work

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

In addition, in hot and warm zones, procedural face masks, eye protection, gowns and gloves must be worn at all times when administering direct care to users without two-metre physical distancing.

Replacements and employees must also apply the hierarchy of workplace control measures available on the INSPQ website: <https://www.inspq.qc.ca/sites/default/files/covid/3022-hierarchie-mesures-controle-milieu-travail-covid19.pdf>

If labour issues are encountered, a resource may contact the people identified by the CISSS or CIUSSS with which it has an agreement, for assistance.

## Worker mobility

Ministerial Order-in-Council 2020-038 addresses the subject of inter-zone and inter-workplace mobility of service providers and staff members (see the definition in Appendix 5). 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 who works 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

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 if the IR-FTR agrees, is able to provide a zone (room) for that purpose and has the necessary PPE, training and skills to take care of the person. Youth admissions must be based on the *Trajectory: Youths from a private residence, from another IR-FTR to an IR-FTR housing youth clients (placements under the Youth Protection Act/Act respecting health services and social services)*. When the youth first arrives at the resource, the sanitary measures set out in the *Returning Residents* section must be applied preventively.

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 above).

A range of methods have been proposed to reconcile the various issues arising from COVID-19, to ensure that relocations are a last resort, even in the current context.



## 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”.

### Testing

Under the current public health orders, the testing access criteria applicable to the general public also apply to youths entrusted to IR-FTRs. To decide whether or not a test is needed, the self-assessment tool available by clicking on the link below should be completed, and the instructions should be followed:

<https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/guide-auto-evaluation-symptomes-covid-19/>

### Measures to Counter the Spread of COVID-19 in IR-FTRs

To protect service providers and the people entrusted to IR-FTRs, the following actions should be taken in compliance with INSPQ instructions:

- 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 a take-out or delivery meal can be found here : [https://www.mapaq.gouv.qc.ca/SiteCollectionDocuments/Avis\\_publicite/COVID19-Questions-reponsesMAPAQ.pdf](https://www.mapaq.gouv.qc.ca/SiteCollectionDocuments/Avis_publicite/COVID19-Questions-reponsesMAPAQ.pdf)

- Monitor the health of IR-FTR employees or replacements (if any), before each shift (e.g. by introducing a symptom monitoring grid).
- Provide training, including training on infection prevention and control, for IR-FTR operators, their employees and replacement 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>
- Ensure that users and staff members (where applicable) do not move from one zone to another (see Ministerial Order 2020-038).
- Where applicable, assign staff exclusively to warm and hot zones.
- Note that PPE requirements vary according to the level of spread in the region and depending on whether or not there is an outbreak at the facility.
- Visors, if required by the IR-FTR, must be kept and disinfected for future use.

## **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**

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.

## **Attendance at School**

All students must attend school in person.

Students whose health renders them vulnerable to the virus may be exempt from the requirement to attend school in person, provided they submit a physician's note. Physicians are notified of the conditions for exemption by the public health authorities. Students living under the same roof as someone who is vulnerable to the virus may also be exempt. Parents whose children have cancer are asked to consult the recommendations issued by the *Comité national de cancérologie pédiatrique* for the COVID-19 pandemic.

Students who are unable to go back to school are entitled to distance education services. A physician's note is required.

Anyone, whether a staff member or student, who has symptoms compatible with COVID-19 or has been ordered to self-isolate, must not attend school in person.

For details of the measures applicable to educational institutions and childcare services, please see: <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/reponses-questions-coronavirus-covid19/questions-reponses-education-famille-covid-19/>

## **Attendance at Daycare**

For questions concerning family daycare services in IR-FTRs, the resource operator should consult his or her advisor at the Ministère de la Famille.

It is up to parents to decide whether or not their children should attend daycare, based on the orders relating to school attendance during the pandemic.

## **Rules Governing Visits to IR-FTRs (where applicable)**

See the *COVID-19: Incremental scale of measures in facilities by alert level Tables B and E*.

For visitors:

- Visitors must go directly to the location set aside for the visit, and must not walk around the resource.
- A procedural face mask must be worn from the time a visitor enters the resource, along with the necessary PPE, depending on the region.
- At the beginning and end of the visit, the youth and the visitor must wash their hands with soap and water (for 20 seconds) or clean them with a 70% or stronger alcohol-based solution (e.g. Purell).
- As far as possible, limit activities involving direct contact with another person or the sharing of objects (e.g. keep people as far apart as possible, limit the use of tablets or cell phones, allow only one person to touch the pieces used in a board game, etc.).
- If a walk outdoors is authorized, visitors must stay at least two metres away from all other people.
- During visits, it may be difficult to maintain a distance of two metres between the youth, the parent or the significant other. The youth may wear a face-covering, where possible, in compliance with provincial public health orders.

Disinfection instructions for IR-FTRs:

- Before and after the contact (with the parent or visitor in the resource), clean and disinfect all frequently-touched objects and surfaces including door handles, faucets, light switches, stair handrails and toilets, using an approved product:

<https://www.inspq.qc.ca/covid-19/environnement/nettoyage-surfaces>.

- Make sure the disinfection protocol is applied systematically, with a clear list of tasks, to ensure that all contaminated surfaces are cleaned and disinfected.
- Use personal protective equipment (PPE) and other equipment.
- 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.
- Where COVID-19 symptoms are present:
- A youth who exhibits COVID-19 symptoms, is awaiting test results or has been exposed to someone who has tested positive for COVID-19 must self-isolate and must wear the necessary personal protective equipment if possible, depending on his or her abilities. The resource must also wear the necessary PPE.

## **Self-isolation, Quarantine or Outbreaks**

Where self-isolation is required, the various possibilities offered by the physical environment and the organization of services must be discussed with the establishment, to ensure the safety and protection of all users. The room of the user concerned may serve as a warm or hot zone (depending on the situation).

The person (a user, the resource operator or a member of the operator's family) may 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 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.

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.

However, the establishment must ask for the person to be transferred to a quarantine facility [1] in a pre-determined location, for the entire quarantine period, if any of the above conditions has not been met.

For all situations involving a minor child, the parents or tutor must be notified. For situations involving a youth protection placement, the DYP must be notified. For all other situations, the family must be notified.

## **Emergency Placement**

Emergency and provisional placements are considered to be essential services and must therefore be maintained regardless of the regional alert level (see the *Trajectory: Youths from a private residence, from another IR-FTR to an IR-FTR housing youth clients (placements under the Youth Protection Act/Act respecting health services and social services)*).

For an emergency placement, the establishment must ensure that the IR-RTF concerned has the PPE needed to provide services safely and limit the spread of COVID-19. Self-isolation may be needed, since it may be difficult to evaluate the environment because of the context surrounding this type of placement.

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<sup>[1]</sup> Commonly known as a hot or warm zone, depending on the conditions applicable to health and social services establishment concerned.

The resource is asked to refer to the youth's case worker at all times for proper information on the measures required.

All decisions to require self-isolation must be made on the basis of an analysis by the establishment and should preferably be discussed with the regional public health department, which must take into account the level of risk associated with the youth's potential exposure to COVID-19.

### **Cardio-pulmonary resuscitation (CPR) during the pandemic**

For this section, we refer you to the *simplified COVID-19 resuscitation protocol* (see Appendix 2) 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.

## **APPENDIX 1: SELF-ISOLATION FOR USERS WITH ADJUSTMENT DIFFICULTIES, INCLUDING THOSE WHO ALSO HAVE ID, PI, ASD OR MENTAL HEALTH PROBLEMS**

- 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 address 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 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 (e.g. cleaning and disinfection of all surfaces touched).
- 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, wearing of personal protective equipment where necessary, 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 2

# 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.



### 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.
    - 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 3 - 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:

- 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.
- Representatives must wear procedural face masks from the time they arrive at the resource, and must also wear eye protection where required.
- If there is more than one visit to make in the same day, representatives must also put on a protective gown as soon as 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 not have been diagnosed with COVID-19 in the last ten days. In addition, they must not have returned from a trip in the last 14 days, must not be awaiting test results and must not have had moderate or high-risk contacts with a confirmed case.
- Representatives must have no symptoms associated with COVID-19, including fever, a new or worsening cough, breathing difficulties, sudden loss of sense of smell without nasal congestion or without loss of sense of taste, general weakness, headaches, feverishness/shivering, muscular pain, sore throat, diarrhea or vomiting.
- It is important to 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 an establishment representative or resource operator 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> ;
- *Mesures pour les travailleurs de la santé lors de la prestation de soins à domicile: recommandations intérimaires* <https://www.inspq.qc.ca/sites/default/files/covid/2917-mesures-travailleurs-sante-soins-domicile-covid19.pdf>;

Additional measures to prevent transmission via droplets or contacts must be applied upon entering the room, and PPE must be removed before leaving the room:

- Procedural face mask.
- Eye protection (facial screen or goggles, or a mask with built-in visor). Prescription glasses do not provide adequate protection.
- Single-use, disposable, non-sterile long-sleeved gown. A washable gown (single use) may be worn if disposable gowns are temporarily not available. Provide waterproof gowns if there is a risk of contact with biological fluids e.g. vomit.
- Single-use non-sterile gloves, close-fitting and covering the wrist.
- Do not touch your eyes, nose or mouth with your hands, to avoid potential contamination.

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

## APPENDIX 4 – 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	<p>First name and surname: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Address: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Telephone number: Cliquez ou appuyez ici pour entrer du texte.</p> <p>E-mail: Cliquez ou appuyez ici pour entrer du texte.</p> <p>Job title: Cliquez ou appuyez ici pour entrer du texte.</p>

### Section to be completed by the staff placement agency

<b>Agency's identification</b>	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.
<b>Service Provider</b>	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. Service provider's job title: Cliquez ou appuyez ici pour entrer du texte.

### Employment History

*(In the fourteen (14) days preceding the assignment)*

Location 1	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.  Date(s): Cliquez ou appuyez ici pour entrer du texte.  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
Location 2	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.  Date(s): Cliquez ou appuyez ici pour entrer du texte.

	<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 5 – The 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).
- 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.