

**CIRCULAR**

**Date:** May 6, 2020

**CIRCULAR NUMBER:** COVID#: 81-2020

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**To:** **CLDS agencies and department employees**

**Subject:** **PPE use and health management for visitation in the CLDS sector**

**Program(s):** **Community Living disABILITY Services**

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**Type:**  Policy  For Internal Reference Only  
 Procedure  Information Only

**Effective Date** Immediately

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While the Manitoba government recently announced its COVID-19 recovery and re-opening strategy, we need to remember that we have a very important responsibility to keep vulnerable citizens, including adults with intellectual disabilities, healthy. We must also ensure the health of our vitally-important care providers.

Dr. Brent Roussin, Manitoba's Chief Provincial Health Officer, has given us clear direction:

1. As the weather warms, visiting outdoors is an option to support family visits with the vulnerable adults we care for. We must continue to follow public health guidelines about social distancing and other measures, even during outdoor visits. The risk of contracting the virus is reduced when visits take place outside and if these guidelines are followed.
2. The PPE guidelines for staff have not changed, regardless of whether visits take place outside or indoors.
3. Indoor visits to shift-staffed group homes continue to be restricted and should only occur if critical to the well-being of a resident. Strict prevention measures should be followed before, during and after these visits.
4. Indoor visits to Home Shares should be restricted to the greatest extent possible; however, a family member may be allowed an in-home visit. These decisions should be made in consultation with the Home Share provider, the participant, the CSW and overseeing agency (where applicable) and must not expose high risk groups due to age or medical conditions. If anyone in either household has symptoms or is on isolation for other exposures, the visit should not occur.

Staff must consider a number of factors related to all visits.

For each vulnerable adult:

- ✓ If the individual is medically compromised, in-person visits should be considered only in critical situations.
- ✓ Consider if there is an alternative (video chat or phone call, for example) to an in-person visit.
- ✓ Consult with your supervisor to determine if an in-person visit is necessary, how it can safely occur and what other types of visits can occur. This must include consideration of:
  - who should attend
  - where the visit can take place (outdoor visits are preferred; indoor visits are only to take place if critical for the well-being of the resident)
  - the preventative measures that will be implemented throughout the visit

If an in-person visit (regardless of whether it takes place indoors or outside) is in the best interests of the vulnerable adult:

1. Ask screening questions prior to holding any visits to identify possible risk.
2. If the adult or the visitor is ill, reschedule the visit.
3. Minimize the number of people in attendance during the visit.
4. All individuals present must practice hand hygiene before, during (if possible) and after any in-person visit.
5. Maintain social distancing (2 meters or 6 feet) wherever possible.
6. Staff must wear PPE as directed (eye shield and face mask). Others (e.g. family members) can be encouraged to wear non-medical or cloth masks if they have them.
7. Any inter-personal contact should be brief and kept to a minimum
8. Contact with other residents should not occur

NOTE:

Wearing a non-medical mask has not been proven to protect the person wearing it. However, the use of a non-medical mask can reduce the chance that others are coming into contact with respiratory droplets by covering your mouth and nose to prevent respiratory droplets from spreading to others or landing on surfaces.

They are not mandatory. See the PPE Update dated April 30, 2020, for information about non-medical or cloth masks <https://sharedhealthmb.ca/files/covid-19-use-of-cloth-face-masks.pdf>.

### **Outside activities**

While providing care outside, staff should continue to wear PPE as directed. The continuous use of PPE is very important for a number of reasons:

1. Putting on and removing PPE increases the risk of contamination.
2. Continuous use helps conserve PPE supplies.
3. Staff cannot guarantee that social distancing will always be maintained while outside.

Remember to wash your hands regularly with soap and water. Practicing hand hygiene is the best protection against the virus.

**Note:**

Home share providers have not been directed by the department to wear PPE. This is because home shares are treated like family homes and we do not put on PPE when in our own family homes. Home share providers are welcome to support the children and vulnerable adults in their homes to meet with their loved ones outdoors, following the same preventative measures that are in place for group homes, including screening prior to visitation, practicing social distancing throughout the visit and practicing frequent hand hygiene.

**Visits**

Vulnerable adults require support to maintain important relationships. Wherever possible, families and support networks should continue with virtual visits, video chats, telephone calls, or window visits in order to minimize exposure risk. The vulnerability and health risks of other individuals living in the home (e.g. house-mates) must also be considered.

Medical advice should be obtained prior to arranging an in-person visit with a medically compromised adult. If staff are unsure about whether an in-person visit should take place, either because of the health of the individual or that of a house-mate, they should seek medical advice (remember, family physicians can help to support making these decisions).

**Scenario 1: In-person outdoor visits**

If a risk assessment determines that an outdoor visit can occur (e.g. residents are healthy, and visitors have been screened) social distancing should be followed. Staff should continue to wear PPE during the visits.

**Scenario 2: In-person visits (critical for the well-being of the resident) to a shift-staffed group home**

All in-person home visits with residents of a shift-staffed group home must be reviewed and prioritized based on the resident's well-being and the critical nature of the visit. Critical service providers may continue to attend the residence. This may include visits from Residential Care Licensing Coordinators to ensure that licensing requirements are being met. If a critical visit must take place, interaction with other residents in the home should be prevented, to the greatest degree possible. These visits should take place in a room separate from other residents.

**Scenario 3: In-person visits to a Home Share**

A family member may be allowed an in-home visit if mutually agreed upon by the home share provider, the participant, the CSW and the overseeing agency (where applicable). These visits should take place in a room that allows appropriate social distancing of all residents in the home.

Critical service providers may continue to attend Home Shares. This may include visits from Residential Care Licensing Coordinators to ensure that licensing requirements are being met.

**Scenario 4: Family takes vulnerable adult to family home for a visit**

Families should only be supported to take their vulnerable family member from their residential care facility to the family home for a short visit if the visit is deemed critical to supporting the individual's health or well-being. Prior to allowing the individual to return to their residential care facility, the operator must ask screening questions to assess the level of risk to the other individuals living in the facility. If there are exposures or illness that occur during a home visit, there will be a review to determine if isolation is required prior to return to the facility. Families should be advised that this may occur prior to the visit.

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cc. Distribution List