

Health Management - Community Living disABILITY Services

Q&A

Q: How can staff encourage and support social distancing in group/residential care home settings?

A: Whenever possible, encourage participants to follow social distancing guidelines between all people in the household, including roommates and staff. If the home does not easily allow for social distancing, implement good practices such as:

- i. Seating people at opposite ends/sides of tables instead of next to each other.
- ii. Watching TV from separate chairs rather than together on the couch.
- iii. Limiting the time staff spend close to individuals when engaged in personal care, when possible.

Q: Some of our participants have challenging behaviours and find it difficult to follow the protocols around hand hygiene and social distancing. How can staff safely support individuals in those situations?

A: Staff are encouraged to continue educating individuals around the importance of regular hand washing, social distancing and practicing other good hygiene habits (e.g. sneezing into the crook of your arm) in order to minimize the risk of spread. Regular communication about the importance of following the guidance provided by public health is the best strategy to supporting people to stay safe and to protect the health and well-being of others.

Q: What measures should be taken to clean and disinfect the home to help keep residents and staff healthy?

A: At least twice a day, thoroughly clean and disinfect surfaces that are touched often, such as tables, bathroom fixtures, remotes or controllers, bed rails, wheelchairs, etc.

Wash your hands after cleaning. Avoid touching your face.

Q: What are safe practices for preparing and serving meals and snacks?

A: Have one person prepare and put food on plates. Avoid buffet style eating and sharing bowls such as fruit bowls, popcorn, chips, etc.

If a sick person is being isolated, food should be delivered to the isolation area and consumed there.

The 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 with soap and hot water (preferably in the dishwasher) immediately after use.

Q: What are safe practices for doing laundry when people in the home have cold/flu symptoms or a confirmed diagnosis of COVID-19?

A: Place items that require washing in a plastic bag. Wear eye shield, gloves and surgical mask when handling and carrying away from your body. Do not shake dirty or soiled laundry. Wash items on the warmest setting possible based on the manufacturer's label (ideally 60-90 Celsius). Disinfect laundry hamper or other areas that may have come into contact. Remove gloves and discard. Wash hands after removing gloves.

Q: Is it safe for staff to be redeployed across the sector and work in multiple homes?

A: Staff are to follow the same protocols in every home they attend. Hand washing, safe social distancing and use of appropriate PPE will mitigate the potential for contamination across home environments.

Q: Should staff be monitoring participants for cold or flu symptoms?

A: Yes. Monitor for symptoms, particularly fever and respiratory symptoms such as coughing and difficulty breathing. Other milder symptoms including runny nose and sore throat should also be noted. 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).

Q: What measures should be taken if a participant is showing signs of cold or flu symptoms?

A: The person with cold/flu symptoms should stay in a separate area (isolation area) away from others living in the home and should use a separate bathroom if available. Ensure toilet lid is put down before flushing and surfaces are disinfected following use.

Where it is challenging to isolate, consider re-locating healthy roommates to other areas of the home to protect them. If relocating, you may want to limit their contact with others to reduce the likelihood of further transmission.

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 this is the case, they should self-isolate within the home for 14 days.

Call Health Links – Info Santé – 204-788-8200 or toll-free at 1-888-315-9257 for further advice.

Q: What practices are needed in the home if someone in the home has a confirmed diagnosis of COVID-19?

Public Health will provide advice on the isolation requirements related to confirmed cases. The person with the diagnosis should stay in a separate area (isolation area) away from others living in the home and should use a separate bathroom if available. Ensure toilet lid is put down before flushing and surfaces are disinfected following use.

Where it is challenging to isolate, consider other options to reduce the potential for spread. This may include:

- i. relocating roommates to a different space in the home
- ii. moving the individual with the diagnosis to a different placement and supporting the remaining roommates to self-isolate for 14 days and monitor for symptoms
- iii. supporting the roommates to relocate to another placement, self-isolate for 14 days and monitor for symptoms.

Be mindful that if roommates had close contact (within 2 meters/ 6 feet for 10 minutes or more), they may have been exposed. Those individuals will need to self-isolate for 14 days and be monitored for symptoms. This advice will be provided by Public Health.

While the individual with the diagnosis is in isolation, Direct Service Workers 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.

In situations where the sick individual and roommates remain in the home together, the roommates need to stay away from the isolation area. Be creative to assist roommates to support and connect with the isolated individual from a distance.

Ideally, the person who is sick should wear a mask to cover their nose and mouth when in contact with anyone.

Q: What are other important practices if a person is awaiting test results, is a presumptive case or has a confirmed diagnosis of COVID-19?

A: Monitor the symptoms of the person who is ill at all times. If the person's symptoms are worsening, contact your Supervisor, the person's doctor and/or Health Links – Info Santé – 204-788-8200 or toll-free at 1-888-315-9257. Be clear that the person is either awaiting test results or has a laboratory-confirmed diagnosis of COVID-19.

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

Dispose gloves, facemasks and other potentially contaminated items in a plastic bag and tie tightly and dispose with other household waste. Wash your hands with soap and water immediately after handling these items.

Public Health will contact all close contacts of confirmed cases to provide advice. Monitor yourself for symptoms at all times. Should you develop any cold/flu symptoms, 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 who is awaiting test results or has a laboratory confirmed diagnosis of COVID-19.

Q: At what point can isolation end and the individual be allowed to leave the isolation area?

A: Public Health will determine when a case is no longer considered to be infectious and can therefore be removed from isolation. In general, discontinuation of isolation protocols can be considered when all of the following have occurred:

- a. 14 days have passed since the onset of their first symptom;
- b. The ill person no longer has a fever (without the use of fever reducing medicine);
- c. Other symptoms (coughing, etc.) have improved; and
- d. There are no additional cases, confirmed or awaiting test results, in the facility.

Q: Are gloves the best protection?

A: Washing your hands is the best prevention strategy and even if you wear gloves, you still need to wash your hands. Removing gloves and other PPE must be done correctly and washing afterwards. Removing PPE must be followed by washing with soap and water.

Q: What if a participant spits on me and I was not wearing PPE, will I get COVID 19?

A: Spit is a means for the virus to be transmitted. You should wash with soap and water immediately then monitor for symptoms. If the person who spit on you is not COVID positive, you cannot contract the virus from their spit.

Q: If my co-worker now has flu-like symptoms, do they need to self-isolate? Do I need to self-isolate?

A: The staff with flu-like symptoms should stay home, not attend work, monitor their symptoms and self-isolate until well. If their symptoms worsen, they should contact Health Links- Info Santé (204-788-8200 or 1-888-315-9257). If someone has casual

contact and is asymptomatic, their risk is minimal. You would not have to self-isolate. A contact of a contact is NOT a contact. Public Health will contact all close contacts of confirmed cases and provide advice.

Q: How do I know if it is the flu or COVID-19?

A: Without testing for COVID-19, this is difficult to know. This is why we ask people who are sick to isolate, monitor their symptoms and if they worsen or do not go away to consult a doctor or Health Links- Info Santé (204-788-8200 or 1-888-315-9257).

Q: Can I get COVID-19 from touching cardboard or other surfaces? I heard the virus can live on cardboard for hours?

A: Viruses need moist places, like our eyes, nose or mouth to enter and survive. The virus can be on surfaces, but it is when we touch the surface and then rub our eye or nose that we run the risk of becoming sick. Washing our hands and not touching our face is the easiest and most effective way to prevent getting sick.