

COVID-19

Guidance for Group Homes and Congregate Settings

COVID-19 is an infection caused by a novel coronavirus that can result in acute respiratory illness. In general, these viruses are spread when a sick person coughs or sneezes. It may also be possible for a person to get COVID-19 by touching contaminated surfaces and then touching their own mouth, nose, or possibly their eyes. The majority of people with COVID-19 develop a mild illness, which may include fever, cough, or shortness of breath. For more general information about COVID-19, visit

www.toronto.ca/COVID19.

The following are recommendations to help reduce the risk of exposures to acute respiratory illness including COVID-19 in congregate settings. Congregate settings include settings where a number of people reside. This guidance can be adapted for group homes, rooming houses and personal care rooming homes.

COVID-19 is circulating in the community in Toronto. Infection prevention and control advice to help reduce the risk of respiratory infection, including COVID-19, is provided below. For a more comprehensive guideline, please see the [Ministry of Health's COVID-19 Guidance: Group Homes and Co-Living Settings](#).

- **Consider screening activities to limit infection:**

- All staff/volunteers, residents and clients should check for signs and symptoms of COVID-19, including:
 - fever
 - cough
 - muscle aches and tiredness
 - difficulty breathing
 - and less commonly: sore throat, headache, diarrhea
- Passive screening:
 - Residents and clients with any of the above signs and symptoms should stay home and practice [physical distancing](#) (i.e. keeping a two metre/six foot distance from others at all times).
 - Staff/volunteers with any of the above symptoms should stay home, and not attend the facility for 14 days from symptom onset, and are no longer feeling unwell.
 - Visit our [website](#) to learn about [assessment centres](#) and to help determine if further care is required.
- Consider active screening where appropriate (congregate care settings):
 - Designate an area near the entrance to conduct the screening. Arrange the area in a way to allow a minimum of two metres (six feet) distance between staff conducting screening and the person being screened or equip the area with a barrier.
 - If [physical distancing](#) or a barrier is not possible, then staff/volunteers conducting the screening should wear personal protective equipment (e.g., mask, gloves, etc.)
 - Post signage in visible areas clearly explaining the screening process and the rules and conditions for entry (see example COVID-19 [Screening Sign](#)).

- Actively screen staff/volunteers residents/clients prior to entry by asking about the following:
 - Do you have any of the following symptoms: fever/feverish, new or existing cough, sore throat, or difficulty breathing?
 - Have you travelled outside of Canada, including the United States, within the last 14 days?
 - Have you had close contact with a confirmed or probable COVID-19 case?
 - Have you had close contact with a person with acute respiratory illness who has been outside Canada, including the United States, in the last 14 days?
 - Make alcohol-based hand sanitizer (70% to 90% alcohol concentration) available at the screening station for people who have answered NO to all question for use prior to entry into the facility.
 - Staff/volunteers and clients who fail screening should not be permitted to enter the facility.
 - Visit our [website](#) to learn about [assessment centres](#), and to help determine if further care is required.
- **Practice proper hand hygiene and respiratory etiquette:**
 - Educate staff, residents and volunteers on proper hand hygiene and respiratory etiquette.
 - [Wash hands](#) with soap and water frequently.
 - If soap and water is not available, use an alcohol-based [hand sanitizer](#), provided hands are not visibly soiled. Alcohol-based hand sanitizer should have 70% to 90% alcohol concentration.
 - Disposable paper towels are preferred for hand drying. If cloth towels are used they should not be shared between individuals.
 - Provide additional alcohol-based hand sanitizers stations (e.g. wall mounted hand sanitizer dispensers), and monitor and refill as needed.
 - Cover your cough or sneeze into a tissue.
 - Immediately throw the tissue in a lined, non-touch waste basket, and wash your hands afterwards.
 - If you don't have a tissue, sneeze or cough into your sleeve.
 - Avoid touching your face, nose and mouth with unwashed hands.
 - Monitor hand hygiene supplies of soap, paper towel and hand sanitizer, tissues and waste receptacles lined with plastic bags.
 - Post [Cover your Cough](#), [Hand Washing](#) and [Hand Sanitizing](#) signage in visible locations.
 - **Enhance environmental cleaning and disinfection practices:**
 - Cleaning refers to the removal of dirt and organic material from surfaces. Cleaning alone does not kill or deactivate germs.
 - Disinfecting works by using chemicals to kill/deactivate germs on surfaces. This process does not work effectively if surfaces are not cleaned first.
 - Clean and disinfect all high-touch surfaces (e.g. toilets, sinks, door handles, light switches, remote controls) twice a day or more, and when visibly dirty.
 - Disinfectants should have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
 - Alternatively, chlorine bleach solutions may be used for disinfection. Prepare fresh bleach solution daily.
 - Check the expiry dates of products you use, and always follow the manufacturer's instructions.

- Educate staff on how to use cleaning agents and disinfectants, including information about:
 - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
 - Safety precautions and required PPE.
 - Directions for where and how to securely store cleaning and disinfectant supplies.
- Wash laundry in warm water (60-90°C) and thoroughly dry.
 - Wear mask and gloves when handling dirty laundry from unwell residents.
 - Keep laundry away from the body (avoid "hugging") to avoid self-contamination.
 - If the laundry basket comes into contact with contaminated laundry disinfect it.
 - [Wash hands](#) with soap and water immediately after handling laundry.
 - If soap and water is not available use an alcohol-based [hand sanitizer](#) provided hands are not visibly soiled.

Note: Disinfectant wipes may have a combined cleaning product and disinfectant in one solution, but depending on how dirty the surface is, it may need to be pre-cleaned as disinfectants may become ineffective when there is dirt present. Check instructions on the product's label.

- **Reduce the risk of transmission during activities:**

- Modify programs and events to ensure [physical distancing](#), and maintain a two-metre (six feet) distance between staff, residents and clients at all times.
- Supervise client and resident activities to ensure hand hygiene, respiratory etiquette and physical distancing is practiced.
- Suspend all non-essential visitors to the facility.
- Suspend communal dining, unless physical distancing is possible (e.g. staggering mealtimes and clean and disinfect surfaces between use) or serve residents individual meals in their rooms.
- Remove shared food containers from dining areas (pitchers of water, salt and pepper shakers etc.).
- Use pre-packaged items and dispense snacks directly to residents.
- Stagger departures and arrivals to avoid crowding at entrances or in corridors.
- Schedule transportation to ensure fewer people are being transported per trip to ensure physical distancing is maintained.
- Cancel group activities and individual outings that require close contact between individuals, unless they are essential.
- Stagger the use of the kitchen (e.g. one person at a time), and clean and disinfect after each use.
- Create a schedule for residents to use the common spaces in shifts, to maintain physical distancing.
- Reconfigure common spaces so seating ensures physical distancing.
- Remind residents not to share personal items.
- Support residents in making use of the yard and outdoor space immediately surrounding the residential setting, if physical distancing can be maintained.

- **Isolate staff, residents/clients that become ill with signs and symptoms of COVID-19:**

- Monitor residents daily for signs and symptoms of COVID-19.
- Limit the number of staff providing care to any residents with suspected or confirmed COVID-19.
- Staff/volunteers who become ill while at work should be sent home immediately, and directed to our [website](#) for more information about COVID-19.

- Residents/clients with symptoms of COVID-19 should be placed in a private room with a private bathroom where possible:
 - The room should have a handwashing sink with soap and paper towels or alcohol-based hand sanitizer available.
 - Clean and disinfect the room(s) occupied by unwell residents frequently, twice per day and when visibly dirty.
 - Open outside doors and windows to increase air circulation in the area, if possible.
- Rooms being shared by well and unwell residents:
 - Ventilate the room as best as possible
 - Ensure physical distancing (i.e. two metre or six feet separation) can be maintained.
 - Unwell residents/clients should wear a mask if they are able to use the mask properly (e.g. accessing the mask with clean hands, putting on and taking off carefully, avoiding touching while on) in the presence of others.
- Rooms being shared by more than one person diagnosed with COVID-19:
 - Residents/clients are not required to wear a mask.
 - If the resident/client can wear a mask and physical distancing can be maintained, then staff do not require PPE.
- Bathrooms shared by well and unwell clients/residents:
 - If a private bathroom is not available develop a schedule for use with the unwell person going last, followed by thorough cleaning and disinfection of the bathroom.
 - Remind resident/clients not to share personal items (e.g. towels, washcloths, bed linens, cigarettes, phones, computers, remote controls and other electronic devices)
- Monitor sick residents/clients, and if their symptoms worsen, call a health care practitioner or Telehealth Ontario at 1-866-797-0000.
 - If a resident or client is going to be taken to a hospital or clinic call ahead.
 - If a resident/client is very ill and requires acute care, call an ambulance and let the 911 operator know that the individual is symptomatic for COVID-19.
- Keep resident/client's family members and caregivers informed.
- Resources for caring for persons with COVID-19, including recommendations for PPE in the home, are available at the [PHO website](#).
- **For persons providing care, consider and review the use of personal protective equipment:**
 - Tasks that do not involve close contact and direct care with the person with suspected or confirmed COVID-19 do not require PPE.
 - PPE should be available and used by staff/volunteers who visit, provide care and interact within two metres (six feet) of residents or clients that have suspect or confirmed COVID-19.
 - Before using PPE, staff should be familiar with how to safely put it on and take it off.
 - Review PPE advice provided in the [Ontario Ministry of Health COVID-19 Guidance: Group Homes and Co-Living Settings](#).
 - Review Public Health Ontario's [Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)

- **Communication with residents/clients and their families:**

- Home visits to family are only permitted if the resident stays with the family for the duration of the COVID-19 emergency, and until they are instructed that they may return to the residential setting.
- Home visits to family for a short time is not recommended.
- Suspend unnecessary in-person meetings, and use teleconferences or other virtual means of communication.
- Post signs at all entrances instructing visitors not to enter or visit if they are sick.
- Post educational materials to encourage behaviour to prevent transmission such as:
 - [Physical Distancing](#)
 - [Protect Yourself](#)
 - [Information about COVID-19](#)
 - [Wash your hands](#)
 - [Cover your cough](#)
 - [How to Self-Isolate](#)
 - [Physical Distancing on Elevators](#)

- **Support people who are self-isolating:**

- If residents/clients or staff have been advised by TPH to self-isolate at home, the care providers should make efforts to support them and their families and ensure:
 - Policies and procedures are in place to allow for continued delivery of services.
 - Residents/clients and their families are treated with respect, fairness and compassion with a focus on dignity and privacy protection.

- **Provide support and reassurance:**

- Being a positive role model is an effective strategy to help reduce fear and anxiety as well as promoting healthy behaviours.
- Maintain familiar routines activities and reinforce a sense of security.
- Acknowledge concerns and provide reassurance about personal health and safety.
- Refer individuals to our website at www.toronto.ca/COVID19 for the most up-to-date-information, and mental health [resources](#).
- Help identify when sources of misinformation are circulating, and correct this information when it occurs.

More information

For more information, visit our website at www.toronto.ca/COVID19 or call us at 416-338-7600.

References

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