

# Coronavirus COVID-19

2020-03-25

Given the spread of coronavirus COVID-19 throughout the world and the gradual emergence of cases of infection in Québec, we wish to share some new information and prevention rules for intermediate and family-type resources.

This document replaces the previous news release dated March 17, 2020

## **RULES FOR INTERMEDIATE AND FAMILY-TYPE RESOURCES (IR-FTRs)**

The COVID-19 pandemic has raised a number of questions concerning the everyday lives and activities of people confined to intermediate and family-type resources (IR-FTRs) and in connection with provincial and collective agreements.

The resources have a legal relationship as service providers to health and social services establishments and must therefore collaborate to ensure continuity of services to users in compliance with the applicable legislation, regulations, public health orders and rules of good practice. The purpose of this document is therefore to provide instructions and important information needed to protect people who live in IR-FTRs and everyone else who lives in the same environment.

These instructions apply to all users, including seniors, people with decreasing independence, cognitive disorders, intellectual disabilities, physical disabilities, autism spectrum disorders or mental illnesses, as well as youth in difficulty. Some of these people, depending on their underlying medical conditions, are at risk of developing complications if infected with COVID-19, and may require more complex critical or intensive care.

As network partners, the establishments and intermediate/family-type resources must work together in the current emergency situation in which we now find ourselves.

### **Public health emergency order**

The Québec Government issued a public health emergency order on March 13, 2020, under which exceptional measures can be taken to protect the health of Québec's population.

### **Visits prohibited**

In the news releases dated March 14 and 17, 2020, the Government announced that all non-essential visits to residential and long-term care centres (CHSLDs) and IR-FTRs are prohibited.

To maintain contact between users and their relatives, we ask you to encourage the use of the telephone and other means of communication. Specific instructions for the management of visits ordered by the Court of Québec under the *Youth Protection Act* were also sent out on March 20, 2020.

### **Outings and contacts between users and relatives**

As of March 23, 2020, all visits to users in IR-FTRs that also house other users with risk factors that make them more vulnerable to COVID-19 are prohibited. All outings are also suspended for these people.

However, the following visits and outings are permitted:

- Visits and outings required for humanitarian reasons or to obtain care or services that are essential to health
- Visits deemed essential for repairs and maintenance work needed to maintain the unit's safety
- Supervized outings

Visits by relatives and friends, or outings to visit them, are prohibited for all users. Consequently, case workers must notify relatives and the resource concerned that visits and outings have been suspended. A note on the overall health and condition of the user and the resource should also be placed in the file. All types of contacts must be suspended, by relatives and by users. Establishment personnel must support the IR-FTRs owners to ensure that users and their families and friends understand the impacts of the measures in terms of prevention, voluntary confinement or isolation, depending on the symptoms and diagnosis in each case. It is the resource's responsibility to notify relatives, family and the establishment about changes in a user's physical or psychological health.

### **Visits, outings and contacts between parents and children housed in resources**

According to the directive issued by Deputy Minister Yvan Gendron on March 17, 2020, all non-essential visits and outings are suspended. The directive applies to foster families, youth intermediate resources, youth adaptation/rehabilitation centres and youth group homes.

Case workers are invited to agree with parents and youths aged 14 or over on the best strategy to maintain contacts between them, for example by using alternative telephone or virtual methods, which are encouraged where applicable, to maintain the parent-child connection, carry out interventions or provide clinical follow-up.

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For all decisions relating to visits, outings and contacts for youths placed in resources under the *Youth Protection Act*, the director of youth protection (DYP) must be involved. A decision-making algorithm is available to the DYP.

If a young person leaves a resource in conditions other than those established by the DYP (runaways, any other type of unauthorized outing), the decision-making algorithm may be used by the DYP to assess the level of risk and decide on the steps to be taken. See the section entitled “Suspected or confirmed cases in IR-FTRs” for information on bringing young people back to a resource.

### **Contacts ordered by the Youth Chamber**

See the Order in Council declaring a health emergency in Québec, dated March 13, 2020.

See the Ministerial Order of March 19, 2020, concerning the suspension, other than in exceptional circumstances, of the conclusions of judgments or orders rendered by the Court of Québec, concerning physical contacts between children and their parents, grandparents or other people.

### **Non-essential outings**

All non-essential appointments and activities are postponed until further notice. This includes annual trips to the dentist, social activities and part-time work. This is the core aspect of the social distancing measures that are now being recommended. It is also important to assess whether or not regular services such as weekly psychological monitoring, child psychiatry appointments and so on, should be maintained. This will depend on the each user’s individual health.

### **Clinical follow-up**

Visits or outings required for clinical interventions or clinical follow-up may continue in cases where the users require them. The essential nature of an intervention is decided by the establishment on a case-by-case basis, depending on the users concerned, their situation and the other people with whom they are in contact on a daily basis, with due regard for the spread of the pandemic in Québec. For all other interventions, it is preferable to implement alternative telephone-based or virtual measures, to ensure the safety of the user.

### **Services provided to users**

It is important to ensure that the health of users does not deteriorate. In some cases, it may be necessary to review the provision of preventive services, due to the new social isolation measures in force and the resulting changes to lifestyle habits.

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### **Access to emergency childcare services for IR-FTR employees and foster families**

Emergency childcare services are available to IR-FTRs. Emergency childcare places are therefore available to the employees and owners intermediate resources and family-type resources to ensure continuity of services.

### **State supervision of user health**

In the exceptional context of the pandemic, establishments must carry out a clinical analysis of every situation as it arises, in collaboration with the resource concerned, and must make decisions in compliance with public health directives, which will change as the situation develops. This applies to all resource residents (including new placements).

### **User placements/relocations**

First, and above all, even during a 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; the pandemic must not become a ground for systematic refusal. Clearly, the pandemic requires case-by-case adjustments almost from hour to hour, and presents its share of unusual challenges with which everyone concerned must deal. The current exceptional context demands flexibility from everyone concerned, and flexibility must be applied when interpreting everything that is said.

We hope the parties will act in the best interests of everyone concerned, and are convinced that collaboration and communication are of primordial importance in the context of the pandemic.

### **Respite placements and intermittent placements (adult and youth users)**

Respite and intermittent placements are currently suspended, as are all activities in connection with this type of placement, so as to limit multiple interpersonal contacts and avoid spreading COVID-19.

In light of the orders given, youth protection cases are exceptions to the rule that must be assessed on a case-by-case basis by each DYP.

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## Isolation for resource owners and employees

IR-FTR users and resource owners or employees who return from travel outside the country must go into voluntary self-isolation for a period of 14 days.

However, since many of these people provide services in their principal place of residence, self-isolation at home may lead to contamination of the users who live there. They and any of their employees who return from travel abroad or who have symptoms must therefore talk to the establishment about the different options available in their physical environment and organization of services, to protect and safeguard the users in their care.

They may remain in the IR-FTR if:

- They are independent, able to look after themselves, able to comply with the directives, and even if they live with other people, have their own room and exclusive access to their own bathroom (meals taken in their room).
- If this condition is not met, the establishment will recommend that the person be transferred to a quarantine facility at a predetermined location, for the entire duration of the quarantine period.
- Decisions must take into account the person's characteristics, psychosocial situation and environment (including the other people residing in the resource and the resource users).

In addition, like all other citizens of Québec, IR-FTR owners and their employees must, if they intend to travel outside the country, comply with the public health directives applicable at the time of their return.

## Prevention: before symptoms emerge

Given that some IR-FTR users are more at risk of developing complications from the virus, it is important to be vigilant in preventing infection. The main preventive steps to be taken at this stage are as follows:

- Communication methods must be adjusted to the characteristics of the users concerned.
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Information on COVID-19 must be posted in different locations, along with information on the hygiene measures in force:

[https://publications.msss.gouv.qc.ca/msss/fichiers/2019/Affiche\\_OnSeProtege.pdf](https://publications.msss.gouv.qc.ca/msss/fichiers/2019/Affiche_OnSeProtege.pdf)

- Adapted communication methods must be used to ensure that everyone present at the IR-FTR complies with basic infection prevention and control measures, including the following:
    - Wash your hands frequently, with warm water and soap for at least 20 seconds, or using alcohol-based disinfectant.
    - When coughing or sneezing, cover your mouth and nose with your arm to reduce the spread of germs.
    - If you use a tissue, throw it away as soon as possible and wash your hands afterwards.
    - Stay at least two metres away from other people.
  - For resources with users who do not comply with the public health directives – for example, users who attend gatherings or continue to have contact with others – and who may therefore endanger the health of the resource owner or other users, we invite the resource owners to contact the establishment with which they have an agreement in order to find a solution that will safeguard the physical integrity of users and the resource.
  - The adapted infection prevention and control methods provided by the establishment must be applied to staff members and everyone else, where applicable.
  - Control measures must be introduced to prohibit access by visitors, relatives and volunteers.
  - Rules must be introduced to limit visits if cases of COVID-19 occur in the resource, in accordance with the recommendations of the establishment concerned.
  - To limit the possibility of introducing COVID-19 into the resource, a safe delivery mechanism should be introduced for goods or services required by users but not offered by the resource itself.
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- Rules must be introduced for the circulation of information between resource staff members, where applicable.
- Refer people to the COVID-19 hotline (1-877 644-4545) if they have questions
- Consult the up-to-date information available on the following website:  
<https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/>;
- **It is up to IR-FTRs owners to ensure that these instructions are enforced.**

### Special instructions

For people aged 70 or over and vulnerable people:

- These users must take their meals in their rooms. For other users, it is important to encourage them to eat their meals in their rooms, or to congregate with as few people as possible in the dining room (stagger meal service times, leave unoccupied tables between each occupied table, etc.). The same applies to other activities in the resource.

### Additional labour needs

If labour issues are encountered, resources may contact the Human Resources Department of their region's CISSS or CIUSSS for assistance.

### If there is a suspected or confirmed case of COVID-19 at the IR-FTR:

1. Notify the establishment immediately.
  2. Inform the establishment of the care level required, if known.
  3. The infected person may be able to remain in the IR-FTR if:
    - He or she is independent, able to take care of himself or herself and able to comply with the directives, and:
    - lives alone or is able to self-isolate in his or her apartment (meals in the apartment);
    - lives in and can self-isolate in an individual room and has exclusive access to his or her own bathroom (meals in the room);
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- lives with other people but has and can self-isolate in his or her own room and has exclusive access to his or her own bathroom (meals in the room).
4. However, the establishment recommends that the person be transferred to a quarantine facility<sup>1</sup> in a predetermined location, for the entire quarantine period, even if adaptation measures have been introduced, if:
    - one of the conditions has not been met;
    - the person is not independent and cannot look after himself or herself;
    - the person is not able to comply stringently with the room quarantine instructions (e.g. neurocognitive disorder or oppositional defiant disorder);
    - the staff does not have access to the individual protective equipment they need to provide assistance safely.
  5. Decisions must take into account the person's characteristics, psychosocial situation and environment (including the other people who reside at the resource and the resource owner). Some people, for example children, people with intellectual disabilities, autism spectrum disorders or physical disabilities and people with major neurocognitive disorders, will need additional measures to preserve their physical and psychological integrity.
  6. For all situations involving a minor child, the parents or tutor must be notified. For situations involving protective youth custody, the DYP must be notified. For all other situations, the user's family must be notified.

**If the user is transferred to a quarantine facility or special care facility:**

Use adapted transportation where possible, if protective equipment is available to transport the person. If not, or if the person's condition deteriorates, use an ambulance.

**In a community quarantine facility for COVID-19:**

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<sup>1</sup> Commonly known as a hot zone or warm zone, depending on the methods applied in the establishment concerned.

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- Temporary convalescence-type accommodation
- For all levels of clinically adapted care
- For the duration of the quarantine period
- Visitors prohibited, except for humanitarian reasons (e.g. end-of-life situations)

#### **In a COVID-19 hospital (critical or intensive care)**

- Requires medical assessment before transportation to a hospital
- For people requiring care levels A and B (prolongation of life including specialized care, intubation and ventilation)
- Visits prohibited, except for humanitarian reasons (e.g. end-of-life situations)

#### **Useful references**

##### **Coronavirus (COVID-19) in Québec**

<https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/#c46383>

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