

COVID-19 Pandemic Action Plan

Guidance for Residential Group Homes & Co-Living Setting



Table of Contents

Background	3
Staff / Students and Clients.....	5
Routine Infection Control Practices	6
Modifying Day to Day Operations	7
Cleaning and disinfecting the Residential Facility	8
Screening.....	10
Guidance for Sleeping	12
Transportation Protocol	13
Mental Health Resources.....	15
Appendix A – Screening Checklist (Adapted from Ministry of Health).....	16
Appendix B: Mental Health Programs	17

Background

This document captures the necessary components of a pandemic action plan for staff, students and clients in the residential group program setting, referred to as “co-living or residential settings”. Residential Groups provide support for individuals in our community that need a supervised and supportive living environment, such as individuals recovering from mental health challenges. A comprehensive and well-reasoned action plan is required to ensure the protection of clients in the residential group home, as well as to prevent the spread of COVID-19 in the residence and community at large.

COVID-19 is an acute respiratory infection caused by a newly discovered coronavirus. COVID-19 is spread primarily through close contact, person to person, via respiratory droplets when an infected person coughs or sneezes. It is also spread through direct contact with a contaminated surface when a person touches the surface and then transfers the virus to their mouth, nose, and eyes when touching their face. Most people who become infected with COVID-19 will develop mild to moderate symptoms, however people over the age of 70 and individuals who are immune-compromised are more likely to develop serious complications due to COVID-19. Individuals living in group homes may be highly susceptible to communicable disease due to:

- Underlying medical conditions such as: heart disease, diabetes, cancer, and respiratory disease, as they all increase the risk of acquiring an infectious disease.
- Congregate and public settings: people living in a group setting may be limited in their ability to isolate. Due to physical limitations, some co-living settings may not be able to provide adequate space needed for physical distancing.

Common symptoms of COVID-19 include, but are not limited to:

- Fever
- Dry cough
- Difficulty breathing

Symptoms may appear as early as 2 days or as long as 14 days.

Protective Measures for COVID-19 include:

- Washing hands frequently with soap and water or alcohol-based hand sanitizer (minimum of 70% alcohol) if water and soap is unavailable
 - If hands are visibly soiled, hand washing with soap and water is required
- Avoid touching eyes, nose, mouth and face with unwashed hands
- Maintaining physical distancing of 2-meters, and do not hug, kiss, or shake hands
- Avoiding crowds
- Coughing or sneezing with a tissue or using your elbow (sleeve). Discard used tissue into garbage bag, and immediately wash hands afterwards
- If symptomatic, self-isolate from others and seek medical attention immediately. Call the Health line at 8-1-1 or for the deaf and hard of hearing, call 7-1-1.

Individuals that live in congregate settings such as residential group homes have a level of risk exposure that is considered high. Before an individual becomes ill, there is considerable close contact that could happen prior. It is important that these settings maintain separation (2-meters) of all individuals as much as possible and try to keep clients from leaving and returning often. It is best to stay home or stay put during COVID-19 pandemic to minimize risk.

There may be a need to reduce normal occupancy during COVID-19 to accommodate the extra space required at this time.

Staff / Students and Clients

Reducing the Risk for Staff, Students and Clients

- Our top priority is to reduce the risk for Staff, Students and Clients

It is important that all staff / students and clients be kept to a minimum number necessary to manage the operation of the residential group home. All staff and students must be screened for symptoms of COVID-19 and other risk factors including, recent travel outside of Canada using the recommended screening procedure ([Appendix A](#)). Only staff and students essential to continued operation of the co-living setting should be permitted to enter if they pass screening.

Group homes and non-regulated housing should avoid using any staff or students that are high risk for contracting COVID-19. These include any person with an existing chronic condition such as, heart disease, diabetes, cancer, and respiratory disease.

All staff, students and clients should actively monitor their health before each shift using the Ministry's self assessment tool (<https://bc.thrive.health/covid19/en>), and immediately report any symptoms, that develop, stay home, and contact their healthcare provider.

If COVID-19 is suspected / diagnosed in staff or students, return to work should be determined in consultation with the healthcare provider and the Diversified Director of Operations before returning to work.

Residential group homes should reduce unnecessary assembly of staff and clients to maintain physical distancing. For staff or client meetings, meet via conference calls instead of in-person meetings. Consider allowing work from home for those staff whose work can be completed remotely.

For more information, see the "[Guidance for Occupations Health and Safety for COVID-19](#)" document from the Ministry of Health.

Contingency Plans for Staff Absenteeism

Residential group homes have a contingency plan for increased absenteeism caused by employee illness or other circumstances related to COVID-19 that requires employees to stay home. Identifying critical job functions and positions and planning for alternative coverage is key. Plans for alternative coverage may include extending hours of operation, cross-training current employees, staggering shifts, and / or recruiting temporary employees. It may also include providing services to clients remotely (for example, clinical work, educational sessions, cardiovascular exercises).

Routine Infection Control Practices

Routine Infection Control practices are always from the Infection Prevention and Control (IPAC) practices recommended to be used to prevent and control the spread of germs:

1. All staff, students and clients should engage in regular and frequent hand hygiene practices:
 - Hands should be washed with soap and water or hand sanitizer (with a concentration between 70% & 90%) for 15-20 seconds.
 - It is recommended to use disposable paper towels when drying hands.
 - Provide [hand-washing posters](#) in visible locations around the home, including in washrooms, above sinks and near hand sanitizer dispensers.
 - Provide hand sanitizers to staff, students and clients.
2. All staff, students and clients should engage in good respiratory etiquette:
 - Everyone should cover their nose / mouth with a tissue, or into the bend of the arm when coughing and sneezing (do not sneeze or cough into hands). Any used tissues should be disposed of in the garbage, and hands should be washed immediately after.
 - Post [Proper Cough & Sneeze Practice Poster](#) in visible locations around the setting, staff / students should frequently remind clients about good respiratory etiquette.
 - Staff should ensure that cleaning and disinfecting in the facility is performed on a routine and consistent basis. Special attention should be paid to high-touch surfaces (e.g., doorknobs, light switches), common areas (e.g., dining rooms, bathrooms) and shared equipment (e.g., telephone, keyboards).
3. All staff, students and clients should practice physical distancing (maintaining at least 2-meters of distance) to limit the number of people that individuals come into contact with:
 - Consider rearranging furniture to assist with promoting physical distancing.
 - Educate clients to be mindful of their proximity to each other.
 - Create visual cues, such as tape on the floor to remind individuals about maintaining their distance.
 - If, at any point, staff, students or clients do not feel that they are able to protect themselves from the spread of COVID-19, discontinue the interaction and notify the Director of Operations.
4. Train all staff and clients on using appropriate use of personal protective equipment (PPE). Please refer to link if PPE is required.

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

Modifying Day to Day Operations

There are many things that residential group homes and other co-living settings can do to protect their staff, students and clients when it comes to daily activities:

1. Meals, Group Activities and Outings:
 - Allow 2-meter distance between individuals. Clean / disinfect items / areas after each use (for more information on cleaning / disinfecting, see page 8).
 - Post signs in visible locations around the kitchen to educate individuals about [proper hand washing](#) and [respiratory etiquette](#).
 - Remove shared food containers from dining areas (e.g., water pitchers).
 - Advise individuals to avoid sharing any food, drinks, or cutlery items, such as forks, knives, spoons, napkins, or plates.
 - Encourage clients to remain in their room when resting or free time.
 - Cancel group activities and individual outings unless essential (e.g., getting groceries or picking up medication).
 - Clients can leave the home only for urgent appointments – arrange delivery of medications if required.

2. Avoid Sharing of Personal / Household Items:
 - Clients should not share personal items with others.
 - Where possible, personal items should be kept separately for each client.
 - Clean all items that may be used by multiple people between uses (e.g., books, games, tv remote, and computer).

3. No Home Visits
 - Home visits to friends and family are not permitted at this time.
 - Encourage use of phone or video interaction for clients to maintain contact with family/friends.

Cleaning and disinfecting the Residential Facility

Routine cleaning followed by [disinfection](#) is the best practice to prevent the spread of COVID-19.

Recommendations for cleaning and disinfection include the following:

- Follow protocols and procedures for cleaning and disinfecting. This will help to determine where improvements or additional cleaning may be needed.
- Commonly used cleaners and disinfectants are effective against COVID-19. Only use disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirmed it is approved for use in Canada. Check the expiry date before using cleaners and disinfectants, and always follow the manufacturer's directions for use to ensure safety and effectiveness. This includes wearing gloves while cleaning or disinfecting surfaces and allowing enough contact time for the disinfectants to kill germs.
- Use damp cleaning methods, such as damp clean cloths and / or a wet mop. Do not dust or sweep surfaces, as this can distribute virus droplets into the air.
- In addition to routine cleaning, high-touch surfaces should be cleaned and disinfected twice per day and when visibly dirty. Examples of high-touch surfaces include doorknobs, handrails, light switches, toilet handles, faucet handles, counters, touch screen surfaces, and keypads. If using refillable hand-sanitizing dispensers, ensure that they are cleaned first followed by disinfection between refills. Shared spaces, such as kitchens and bathrooms, should also be cleaned more often.
- Contaminated disposable cleaning items (e.g., mop heads and cloths) should be placed in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90 degrees Celsius).

Monitor hygienic supplies regularly to ensure that inventories are sufficient and order more as appropriate. Ensure bathrooms and other sinks are constantly stocked with soap and single disposable drying materials for handwashing, such as paper towels. Plan to have extra supplies on hand during the COVID-19 pandemic. These supplies include:

- Liquid hand soaps
- Alcohol-based sanitizers that contain at least 60% alcohol
- Paper towels
- Tissues
- Trash baskets
- Disposable face masks
- Cleaners and disinfectants

Additional resources for cleaning:

- [Cleaning and disinfecting public spaces \(COVID-19\). PHAC](#)
- <https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf>

Cleaning clothing, towels, linens and other items in laundry:

- It is recommended that staff wear disposable gloves and gowns when handling dirty laundry and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.
- If no gloves are available when handling dirty laundry, be sure to wash hands afterwards.
- If no gowns are available, do not hug laundry and keep from personal clothing.
- Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Screening

Group homes / co-living settings should post signage on the entry door and throughout the residence to prompt anyone to self-identify to staff if they feel unwell or screen positive for COVID-19 symptoms.

All staff, students and returning Clients must be actively screened upon entry for COVID-19 and / or respiratory illness using the [COVID-19 Self Assessment Screening Tool \(Appendix A\)](#), and monitored for COVID-19 symptoms daily.

Screening Procedure by Staff:

- Keep a log of clients and include names and times of entry / exit.
- Access to the home should be restricted to one entrance (for all) **FRONT DOOR**.
- Those that are conducting screening should do so at the entrance and maintain a physical distance of 2-metres:
 - Consider placing markings on the floor indicating how individuals are expected to distance themselves from one another.
 - If this distance is not possible, and a physical barrier is not available, the screener should wear a mask.
- Upon entry, each person should be asked to sanitize hands using soap and water (if sink available in the area) or use provided hand sanitizer (minimum of 70% alcohol).
- Continue to complete all screening questions with the individual ([Appendix A](#)).
- Anyone exhibiting signs of illness (e.g., coughing, sneezing) or indicate that they are not feeling well should be given a surgical / procedure mask and be required to put it on.
- If the individual being screened answers “no” to all questions, they have passed the screening and can enter the building. They should be reminded of hygiene and distancing requirements.

Failed Screening:

- If the individual answers YES to any of the screening questions or refuses to answer, they have failed the screening. Give the individual a surgical / procedure mask if they have symptoms, hand sanitizer:
 - A. Staff and students: cannot enter and should go home, self-isolate and contact their healthcare provider.
 - B. Clients: Immediately isolate the individual into a separate space that has been predetermined and is used solely for that purpose. Call the local Health Unit or your designated health service provider to arrange for a medical assessment.

For individuals who answer “no” to all other questions, and only answer “yes” to either:

- I have a condition that affects my immune system (e.g., HIV/AIDS)
- I have chronic health condition (e.g., diabetes, heart condition)
- I am getting treatment that affects my immune system (e.g., chemotherapy);

- I am over 70 years of age

These individuals should be isolated but separate from anyone exhibiting symptoms. Have the individual follow-up with their healthcare provider.

Ongoing screening (Daily for staff / students / clients)

In order to reduce exposure during COVID-19 it is best that individuals limit their time outside and in public spaces if possible, avoiding crowds and others. For clients who have passed initial screening at entry and remain in the home on a daily basis, regular monitoring of symptoms should occur. Clients could be asked a few simple screening questions about their health (symptoms) at meal times daily and bedtime.

Guidance for Sleeping

Ideally individuals would have their own room; however, grouping of people may be required if support person attends. Individuals that have passed screening and individuals that require isolation should be separated. For those that have passed screening ensure:

- Beds are assigned once and not rotated.

Isolation:

If a Client fails the screening procedure and / or tests positive for COVID-19 and will be required to self-isolate, the room / area at the residence should have the following amenities:

- If a client fails the screening procedure and / or tests positive for COVID-19 and will be required to self-isolate, we are designating the downstairs bedroom with bathroom and kitchen that can be closed off and isolated from the rest of the group.
- During the pandemic, we will always have one downstairs bedroom empty and available for isolation if needed. Therefore, we will only allow a maximum of 5 participants into the program, until further notice.
- In the event of isolation, art session space will need to be moved by the gym equipment downstairs in order to fully isolate the downstairs area and allow the client to have access to separate side entrance / exit and all necessary items for easy functioning.
- A door that can be closed (isolating the area of bathroom, bedroom and downstairs kitchen).
- There is good airflow in the downstairs room (open windows if the weather permits).
- Unwell Client should wear a mask.
- All clients will be provided with own hand sanitizer.
- Individuals in isolation should be provided a boxed meal so they can eat in the room they are isolated to. Proper cleaning and handling of dishes should be designated to one staff member.
- Provide these individuals with a plastic lined garbage, hand sanitizer and tissues at their bed / beside them to cover coughs, easily clean hands and dispose of materials.
- Symptoms should be monitored several times per day.
- If more than one client in the residence tests for Covid-19 or exhibits symptoms, additional downstairs bedroom should be designated, and bathroom and kitchen downstairs will be shared between the two ill clients.

Transportation Protocol

Individuals who fail the screening questions, may need to be transported to an Assessment Centre, or to a hospital if symptoms are more severe. The transportation protocol needs to be in place to facilitate the process:

Transportation to Treatment / Assessment Centre:

In the event the unwell client requires to go for testing or to a hospital if symptoms are more severe, follow the transportation protocol:

- It is recommended that the client is transported alone in the designated vehicle.
- Ideally, the vehicle will be large enough that the driver and the client can maintain physical distancing during transport.
- To transport more than one Client, it is recommended to use a larger vehicle (i.e., a van) and limit the number of passengers per trip to four (excluding the driver).

For transporting individuals who are very sick / exhibit severe symptoms, please arrange for transportation via emergency medical services to a health care facility. Call 911 as appropriate.

The following measures should be followed to minimize the risk of spreading the virus:

For Drivers:

- Driver should wear a mask.
- If possible, roll down the windows to improve ventilation.
- Employ standard cleaning practices, have disinfectants in the car and plan to clean and disinfect the car as often as possible – especially after you drop off passengers (e.g., door handle, seat belt, arm rest, window controls, etc.) and disinfect them accordingly with appropriate disinfectant solution / wipes.
- Have tissues and hand sanitizer available for passengers.

If helping a passenger out of the car, or assisting with belongings, you should wear gloves and throw them away immediately after. Wash your hands or use hand sanitizer before getting back into your car.

For Passengers:

- Wear a mask prior to entering the vehicle.
- Sanitize hands before occupying the vehicle.
- Ride in the back of the vehicle to maintain physical distance away from the driver.

- If there is more than one passenger, ensure that a distance of at least 2-meters from the driver is maintained.

The client should also be advised to sneeze or cough into their elbow or a tissue, and to sanitize their hands immediately after. The tissue should be safely discarded in the trash upon exiting the vehicle.

Care of Clients with Suspected or Confirmed COVID-19

- Clients with who have symptoms of respiratory illness (Fever, coughing, shortness or difficulty breathing) should be separated from others and their movement limited as much as possible.
- Clients experiencing mild to moderate respiratory symptoms, should also be separated from others and maintain a minimum distance of 2-meters at all times.
- Limit the number of staff providing care to the unwell client.
- Ensure that the clients have plenty of liquid (water) to maintain hydration.
- All caregivers should practice regular hand hygiene and wear appropriate personal protective equipment (PPE) as required.
- Tasks that do not involve close contact and direct care do not require additional PPE than what is normally used.
- Tasks that require close contact and direct care with clients who are otherwise healthy, do not require additional PPE than what is normally used.
- Staff should check in (maintaining 2-meters) on clients several times daily and log / monitor symptoms. If symptoms appear to worsen and become severe, call 911 for an emergency.
- If calling 911, inform them of the client's condition.

Additional Resources on PPE:

- [Recommended Steps: Taking Off Personal Protective Equipment \(PPE\) – COVID-19](#)

Mental Health Resources

In some situations, an individual may not be able to comply with isolation recommendations due to a severely untreated Mental Health Condition or Substance Use issue. Recommended practices are as follows:

- Share resources with Clients about [coping with stress during the COVID-19 crisis](#).
- People with pre-existing mental health conditions should continue with their treatment plan and be aware of new or worsening symptoms. Advise Clients to contact their primary care or treatment providers for guidance on how to continue treatment during the COVID-19 pandemic.

If it is not possible to have mental health specialists in the isolation areas either in-person or by telephone, refer clients experiencing mental health issues to the appropriate services and programs in the community ([Appendix B](#)). If at any time a Client is experiencing a psychosocial crisis, contact the local crisis line or bring them to a local emergency department. If a Client has a treatment provider or a mental health provider (e.g., social worker, counsellor), advise them to contact this professional for guidance on continuing their treatment plan and to coordinate ongoing access to psychosocial support.

Appendix A – Screening Checklist (Adapted from Ministry of Health)

Staff / Client Screening

1. Do you have any of the following symptoms: new fever, new or existing cough and difficulty breathing (worse than usual)?
 Yes
 No
2. Have you travelled internationally within the past 14-days (outside Canada)?
 Yes
 No
3. Have you had close contact with a confirmed or probable COVID-19 case?
 Yes
 No
4. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14-days?
 Yes
 No
5. Are you 70 years of age or older?
 Yes
 No
6. Do you have a chronic condition like diabetes, heart disease, high blood pressure, lung disease (COPD, Asthma) or condition affecting your immune system (HIV/AIDS, Leukemia)?
 Yes
 No

If Clients answer yes only to questions 5 and 6, but no to all others, they should be further protected, distanced from others, and isolated from individuals exhibiting symptoms. These individuals are at higher risk of developing symptoms related to COVID-19.

Appendix B: Mental Health Programs

Services are provided at no cost upon presentation of a valid health card. Available services include:

<https://www.interiorhealth.ca/AboutUs/ContactUs/Pages/EmergencyNumbers.aspx>

References

Australian Government Department of Health. (2020). Coronavirus disease. Retrieved from

https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-drivers-and-passengers-using-public-transport_1.pdf

Centers for Disease Control and Prevention. (2020). Coronavirus 2019 (COVID-19) – Interim recommendations for US households with suspected/confirmed coronavirus disease 2019- Clean and disinfect. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

Government of Canada. (2020). Cleaning and disinfecting public spaces (COVID-19). Retrieved from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>.

Higher Ground Harm Reduction, Reynolds Health Strategies, Harm Reduction Coalition & Vital Strategies. (2020). COVID-19 guidance for people who use drugs and harm reduction programs. Retrieved from <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>

Middlesex London Health Unit. (2020). COVID-19 (2019 novel coronavirus). Retrieved from <https://www.healthunit.com/novel-coronavirus>

Ministry of Health. (2020). COVID-19 Guidance: Group Homes and Co-living Settings. Retrieved from [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\)group_home_s_guidance.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019)group_home_s_guidance.pdf)

Windsor-Essex County Health Unit, April 2020

WorkSafeBC

Interior Health