

# Coronavirus COVID-19

2020-03-29  
Updated on 2020-04-04

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 29, 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. In addition, people who have communication problems and find it more difficult to understand the situation or their own ability to protect themselves may feel more vulnerable to the context created by COVID-19.

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. If your region is

identified as having sustained community transmission, your Public Health Department will notify you of the additional precautions you must take.

### **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, in order to protect the people who are most vulnerable.

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.

### **Visits and outings by users and visits by relatives**

As of March 23, 2020, all visits to users in IR-FTRs that also house other users aged 70 or over or with risk factors that make them more vulnerable to COVID-19 are prohibited.

All physical contacts, by relatives and users, must be suspended. Visits are prohibited for all users. Consequently, case workers must notify relatives and the resources 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. Establishment personnel must support the people in charge of IR-FTRs 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.

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 and the safety of users' rooms
- Supervised walks outdoors

Outings are also suspended for other users under 70 years of age and those who do not have COVID-19 risk factors or do not live with users at risk due to their age or other factors.

However, the following outings are authorized for these users:

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- Outings required for humanitarian purposes or to obtain essential care or services required by their state of health
- Supervised or unsupervised walks outdoors, depending their individual health or problems

### **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 relationships, carry out interventions or provide clinical follow-up.

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 cases, cases under investigation 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. However, users who have part-time jobs in the critical services or other sectors listed in ministerial order 2020-012 may continue to work on a part-time basis, following a clinical analysis that must consider the user’s ability to

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understand and apply hygiene and social distancing measures and his or her ability to identify and name symptoms if any. When deciding whether or not the user should continue to work, it is vital to consider the presence of people in the resource who may be vulnerable to COVID-19. If it is decided that the user may continue to work, he or she must apply rigorous hygiene measures. 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.

### **Personnel and employees hired by IR-FTRs**

Follow the INSPQ's recommendations on:

- Instituting and ending isolation for health workers affected by COVID-19:  
<https://www.inspq.qc.ca/publications/2904-levee-isolement-travailleurs-covid19>
  - Assessing the exposure risk of health workers caring for confirmed cases:  
<https://www.inspq.qc.ca/publications/2905-evaluation-risque-travailleurs-covid19>
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### **Access to emergency childcare services for IR-FTR employees and foster families**

Emergency childcare services are available to the employees and people in charge of intermediate resources and family-type resources as a last-resort solution for those who have no alternative childcare options.

These people have access to emergency childcare services for their children and for users of their resource if they work in a critical service (see ministerial order 2020-005 for a list of critical jobs and services giving entitlement to emergency childcare services).

If you have additional questions, please contact the Information and Complaints Office at the Ministère de la Famille by calling 1 855 336-8568.

### **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 orders, which will change as the situation develops. This applies to all resource residents (including new placements). It is important to keep a daily watch for typical and untypical signs and symptoms (see Appendix 1).

### **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. The establishment, in its analysis, must consider the fact that the signatories to the agreement and any person other than a user who lives in the principal residence of a resource fits into one of the following profiles: is aged 70 or over, or has a physical vulnerability to COVID-19.

Consequently, different means have been proposed to reconcile the various issues relating to COVID-19, so that relocation of a user continues to be a last-resort solution even in the present context.

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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.

### **Integration/reintegration of a user**

This section applies to users who are hospitalized and to those who have been welcomed into the homes of relatives or friends, who must then return to or go to live in a resource despite the pandemic, when the provinces is under an emergency health order.

A user who returns to or goes to live in an IR-FTR at which one or more of the residents is aged 70 or over or is potentially vulnerable to COVID-19 must undergo immediate preventive self-isolation for 14 days, in his or her room.

In addition, the following steps must be taken:

- Active monitoring for fever and other symptoms of respiratory infection during the 14-day self-isolation period.
- Particular attention must be paid to users who are unable to identify or name symptoms, where applicable.
- Protective equipment must be worn only by people who interact with the user at a distance of less than 2 metres.

However, if a user who intends to return to or go to live in a resource meets any of the following conditions:

- has tested positive for COVID-19
- has been transferred from a facility or unit at which an outbreak has taken place
- has been in contact with a person suspected of or confirmed as being infected, including while in hospital or in a facility at which an outbreak has taken place
- exhibits clinical signs and symptoms of COVID-19

he or she cannot go to an IR-FTR unless hot zones and cold zones have been created within the resource.

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## **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 and must be assessed on a case-by-case basis by each DYP.

## **Regulation respecting the classification of services offered by an IR/FTR**

### **Annual review of classification during the COVID-19 pandemic**

Under the Regulation, the form must be reviewed by the establishment at least once a year (or at least once every six months for users aged 2 or under). However, at the present time, when all the establishment's activities are focused on priority actions relating to the COVID-19 pandemic, it is up to the establishment to review its priorities by leaving aside certain non-urgent activities. The annual classification review may be such an activity that the establishment may choose to leave aside if it believes there has not been a change in the user's condition that would require a modification of the services to be provided by the resource or in the clarifications concerning those services.

Accordingly, the establishment must ensure that, at the time the annual review was to have taken place, there has not been a change in the condition of a user that would require a revision of the form. The case worker responsible for professional monitoring of the user should be consulted on this matter.

### **Completion of the form for a new placement**

The Regulation provides that the form must be completed and forwarded to the IR-FTR within one month of the placement, in the case of an adult. The daily compensation for the level of service determined at that time will be applicable from the 61<sup>st</sup> day of placement. It is therefore necessary for the IR-FTR to determine the services to be provided for a new placement, but the establishment may delay this task until the 60<sup>th</sup> day following the user's arrival if it is unable to comply with the time permitted in the Regulation because of the current situation.

Naturally, given the self-distancing measures recommended by public health officials, the form must be completed by telephone or other technological means in order to obtain the information from the resource.

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### Completion of the form for a change of condition

The Regulation provides that the form must be revised when a change in a user's condition requires a modification to the services to be provided by the resource to that user. The revision can be done quickly, because case workers are permitted to use their judgment and revise only the descriptors concerned (often just three or four of the 17 descriptors) and not the entire form. This ensures that services adapted to the user's new condition (following a stroke, for example) can be provided safely by the resource. Obviously, the revision must also be done by telephone or using another technology-based method.

### Prevention

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.
  - It may be appropriate to post information on COVID-19 in different locations in the residence. A poster on the hygiene measures in force is available here:  
[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.
    - Avoid direct contact (e.g. handshakes, hugs) when greeting people.
    - 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
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may therefore endanger the health of the resource owners or other people at the resource (family members, 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.
- 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, regardless of their source, to ensure that they are not handed directly to the user concerned.
- Rules must be introduced for the circulation of information between resource staff members, where applicable.
- For IRs with more than one resource, employees should be assigned to a single resource, so that they do not travel from one facility to another.
- Enhance prevention measures between workers, unless proximity is an essential part of the care or service being provided (e.g. when two people are required to move a user).
- 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 the people responsible for IR-FTRs to ensure that these instructions are enforced.

## Meals

For people aged 70 or over and people who are vulnerable to COVID-19:

- These users should be encouraged to take their meals in their rooms, if they are independent enough to feed themselves. Make sure the tray is prepared for them if necessary, when it is served (open the containers, cut up the food, etc.), and assign a person to oversee the meal and respond to the needs of all residents who eat in their rooms (e.g. if someone drops a utensil).
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- In the case of users who need help when eating, those with dysphagia and those who need close supervision or encouragement to eat, meals should preferably be eaten in the dining room. It is important to ensure that physical distancing is applied.

For other users, it is important to ensure that as few people as possible are assembled in the same place.

- For IRs housing a large number of users, mealtimes must be staggered and occupied tables must be separated by unoccupied tables, etc.
- For smaller IR-FTRs, mealtimes must be staggered or chairs must be placed at least two metres apart. The same applies to activities in the resource's common areas.

### **Additional labour needs**

If labour issues are encountered, resources may contact the people identified by the CISSS or CIUSSS with which they have an agreement, in order to obtain assistance.

### **If there is a suspected case, a case under investigation or a 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. When self-isolation at home is required, a prior discussion must take place with the establishment on the options offered by the physical environment and organization of services to ensure that users are safe and protected.

The infected person (a person in charge of the resource, a family member or a user) 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 in a supervised apartment and is able to self-isolate (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 (meals in the room and exclusive access to his or her own bathroom).

If the person does not have exclusive access to a bathroom, i.e. if the bathroom is shared with one or more people, the person may remain in isolation in the IR-FTR if the following steps are taken:

- the person under investigation must wear a procedural face mask when moving between his or her room and the bathroom;
  - hands must be washed thoroughly before leaving the room and immediately after using the toilet;
  - the door handle, toilet flush handle and faucet must be disinfected after the toilet is used;
  - a commode chair may be used in the person's room if the person is sufficiently independent and provided the chair is disinfected thoroughly.
4. Decisions must take into account the person's characteristics, psychosocial situation and environment (including the other people who reside at the resource and the person in charge of the resource). 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
5. 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);

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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. These environments are intended for adult users only.

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- the staff does not have access to the personal protective equipment (PPE) they need to provide services safely.
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:**

- 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](#)
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- <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/#c46383>
  - <https://publications.msss.gouv.qc.ca/msss/document-002490/>
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## APPENDIX 1: Symptoms of COVID-19

### OBSERVATIONS AND CHANGES IN THE USER THAT MUST BE REPORTED TO THE ESTABLISHMENT

#### Typical symptoms of COVID-19

- Most common signs and symptoms
  - ✓ Fever
  - ✓ Dry cough
- Other possible symptoms
  - ✓ Breathlessness
  - ✓ Production of sputum
  - ✓ Fatigue
  - ✓ No sense of smell
  - ✓ No sense of taste

#### Untypical symptoms that may be observed in elderly people

- Sudden change of mental status
    - ✓ More confused
    - ✓ Sleepier
    - ✓ “He/she just isn’t the same”
    - ✓ No longer able to use common items
  - Loss of autonomy
    - ✓ Falls
    - ✓ Onset of incontinence
    - ✓ Is no longer able to care for himself/herself
  - Behavioural change (new behaviour or absence of a previous behaviour)
    - ✓ Agitated
    - ✓ Does not behave as usual
    - ✓ Becomes aggressive/irritable
    - ✓ No appetite
    - ✓ Sleep disturbance
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