

Coronavirus COVID-19



2020-04-12

Updated on: 2020-06-25

As Québec gradually begins to reopen, this update provides new information and instructions for private seniors' residences (PSRs) with a view to resuming normal activity.

The confinement measures have been eased in response to the epidemiological situation as it was on June 22, 2020. They may be reintroduced if there is a resurgence of the virus in Québec.

This document replaces the directives issued on May 20, 2020, and complements the deconfinement plan for PSRs issued on June 18, 2020 (reference: 20-MS-05553-32).

During the pandemic, directives issued by the Ministère de la Santé et des Services sociaux (MSSS) take precedence over all other directives.

THE OBLIGATIONS OF INSTITUTIONS (CISSS/CIUSSS) TOWARDS PSRs DURING THE COVID-19 PANDEMIC

- Work with all the residences in their territory to set up a communication mechanism through which they can provide support and answer questions (reference: 20-MS-02321).
- Identify a reference nurse for each PSR.
- Improve the training and support given to PSRs by infection prevention and control personnel.
- Help the PSRs to apply measures when cases of the virus are confirmed or suspected.
- Provide personal protective equipment for PSRs as needed and according to whether or not there are suspected or confirmed cases of COVID-19 in the residence.
- Test users and personnel where necessary, in accordance with MSSS directives or regional public health directives. Informal caregivers may also go to an institution for testing. **Testing priority changes constantly. Please therefore refer to current ministerial directives on testing (<https://www.msss.gouv.qc.ca/professionnels/covid-19/directives-cliniques-aux-professionnelset-au-reseau/depistage/>).**

INSTRUCTIONS FOR ALL CATEGORIES OF PSRs

1. Visits and Outings

1.1 Visits

- Beginning on June 18, 2020, visits to a resident's rental unit are permitted in all PSRs without virus outbreaks, in every region, and subject to compliance with specific infection protection and control measures. Visitors are not authorized in common areas, except to walk through them. Adaptations may be made for particular situations. For further details, please refer to the directive below, on the MSSS website: <https://www.msss.gouv.qc.ca/professionnels/covid-19/covid-19-directives-au-reseau-de-la-sante-et-des-services-sociaux/proches-aidants/>.
- Visitors must comply with current Government instructions on private gatherings (<https://www.quebec.ca/sante/problems-de-sante/a-z/coronavirus-2019/rassemblements-evenements-covid19/#c59362>). As of June 25, 2020, no more than ten people from three different households may visit a resident, and must maintain a distance of two metres between themselves at all times.
- Visitors must be accompanied to ensure that they do not exhibit any of the criteria for exclusion, and to supervise the application of infection prevention and control measures. The criteria for exclusion are as follows:
 - A person who is infected with COVID-19
 - A person who has symptoms suggestive of COVID-19
 - A person who has COVID-19 symptoms and is awaiting the results of a test
 - A person who has had extensive contact with a confirmed case of COVID-19
 - A person who has been asked to self-isolate by the public health authorities
- If a localized outbreak occurs in a PSR, visitors may still be able to access unaffected units of the residence on certain conditions and with permission from the institution's infection prevention and control officer or the public health director.
- Visitors with symptoms are not allowed to enter a PSR.
- When moving around the residence, every visitor must wear a procedural mask or, if a procedural mask is not available, his or her own face covering. Inside the rental unit, the government's instructions regarding private gatherings apply (<https://www.quebec.ca/sante/problems-de-sante/a-z/coronavirus-2019/rassemblements-evenements-covid19/>).
- Keep a register of entries and exits, to facilitate contact tracing in the event of an outbreak.
- Products and goods, regardless of their source, may be delivered to rental units or to the residence's reception area. In the latter case, the resident may go to the reception area to collect the products or goods.
- Construction and renovation work is permitted in the residence, provided health regulations and infection prevention and control rules are enforced.
- Rental visits are permitted, provided health regulations and infection prevention and control rules are strictly enforced.
- Visits by clinical teams from the CISSS/CIUSSS and by outside home support service providers may resume normally, in accordance with the home support service resumption plan where applicable (reference: 20-MS-00496-49).
- Visits by teams responsible for PSR certification, to ensure service quality and resident safety, will continue.

- Inspection visits to ensure proper compliance with infection prevention and control practices, ministerial directives and pandemic care structures will continue.
- Ministerial inspection visits and compliance assessment visits by Accreditation Canada are suspended until further notice.

1.2 Residents' outings and gatherings

- Keep a register of entries and exits, to facilitate contact tracing in the event of an outbreak.
- People living in PSRs may go out for any reason whatsoever, including to work in sectors authorized by the Québec Government, provided they comply with the hygiene measures in force in the workplaces concerned.
- PSR residents may also go to stay temporarily with relatives or at another location, and need not self-isolate upon returning to the residence.

When returning to their rental units, they should comply with all measures in force at the residence (e.g. hand-washing, physical distancing), and should apply the following recommendations:

- Clean all luggage and wash all clothes used during the outing.
- Clean electronic devices (cell phone, tablet, etc.) with disinfectant wipes.
- Carefully monitor for symptoms indicative of COVID-19 (fever and other symptoms of respiratory infection) at least once a day – see the appendix on this subject.

Residents should be asked to watch the following videos, intended for the general public, to help them understand and comply with the rules. The videos can be viewed by clicking on the following links:

- Proper use of a mask or face covering (MSSS) (<https://www.youtube.com/watch?v=MeBdWnzzUtl>)
- Physical distancing (ASPC) (<https://www.canada.ca/fr/sante-publique/services/video/covid-19-eloignement-physique.html>)

Outdoor gatherings have been permitted since May 22, on certain conditions, and indoor gatherings have been permitted since June 22, also on certain conditions.

Among other things:

- A gathering must be limited to no more than ten people from no more than three different households.
- A distance of at least two metres must be maintained between people who are not from the same household.
- Everyone must wear a procedural mask or, if a procedural mask is not available, their own face covering.

The PSR's swings may be used, provided users comply with physical distancing requirements (unless they live in the same rental unit). The swings must be cleaned after each use.

2. General infection prevention and control measures

Take the necessary steps to ensure that infection prevention and control measures are applied at all times by everyone in the PSR. For example, use the available tools to dispense the training on the website of the Institut national de santé publique du Québec (INSPQ): <https://www.inspq.qc.ca/covid-19/formations> <https://www.inspq.qc.ca/covid-19/>

- a. Ensure that all people in the PSR apply the following basic infection prevention and control

measures:

- Comply with physical distancing requirements, for example by maintaining a distance of two metres, wherever possible, between residents, between personnel members and residents, and between personnel members.
- Wash your hands frequently with warm running water and soap, for at least 20 seconds, or use a 60% or stronger hydro-alcoholic solution.
- If you use a tissue, dispose of it quickly and wash your hands afterwards.
- Avoid direct contact when greeting others (e.g. handshakes and hugs).

Provide hand hygiene training for all staff members, using the information capsule available online at: <https://fcprtss.qc.ca/local/html-courses/hygiene/story.html>.

- b. Refer to the Guide to the prevention of infections in private seniors' residences (<https://publications.msss.gouv.qc.ca/msss/document-000056/>), which explains the basic practices to be applied at all times.
- c. Install hand hygiene stations at the entrance to the residence, and provide hygiene and respiratory etiquette materials in the cafeteria, including:
 - Posters on handwashing techniques
 - Hydro-alcoholic solution dispensers
 - Boxes of tissues
 - A recipient for used materials
- d. Limit the number of people who may use the elevator at the same time, according to the size of the elevator, so that occupants are able to stand at least two metres apart. Post the permitted number of occupants by the elevator door.
- e. Apply the following measures for bathrooms shared by several residents:
 - A person who is being investigated for a suspected case of the virus must wear a procedural mask when going to and from the bathroom.
 - Hand hygiene must be practised before leaving the room and immediately after using the toilet.
 - If possible, disinfect the door handle, toilet flush handle and faucet after use.

2.1 Infection prevention and control measures for employees

- a. A staff member must work only with residents who have the same infection status, i.e. with probable cases, confirmed cases or cases under investigation for COVID-19 OR with residents who do not have the virus or are not at risk.
- b. In addition, the following infection prevention and control measures must be applied:
Staff members and informal caregivers must wear a procedural mask at all times, from the time they enter the residence, including while they are in the break room, cloakroom and dining room. When providing care at a distance of less than two metres to people in a hot or warm zone, they must also wear eye protection, a gown and gloves.

TABLEAU 1. PORT DU MASQUE MÉDICAL¹ ET DE LA PROTECTION OCULAIRE² DANS LES CHSLD, RI-RTF, RPA et CENTRES HOSPITALIERS

Une attention scrupuleuse de tous les instants doit être portée au lavage des mains et aux mesures d'hygiène et de salubrité dans toutes les régions socio-sanitaires, dans tous les établissements et dans toutes les zones					
		CHSLD / RI - RTF ³ /	RPA		CENTRE HOSPITALIER (CHSGS)/ Centre de réadaptation (déficience physique ou santé physique)
		PERSONNEL	PROCHES AIDANTS	PERSONNEL	PROCHES AIDANTS
HORS-CMM	ZONE CHAude	Masque médical + Protection oculaire en contexte de soins uniquement, si moins de 2 m d'un patient Les autres équipements de protection individuelles (EPI) recommandés par l'INSPQ doivent être revêtus lors de soins aux patients dans ces zones ⁴			
	ZONE TIÈDE				
	ZONE FROIDE	Masque médical			
CMM	ZONE CHAude	Masque médical + Protection oculaire en contexte de soins uniquement, si moins de 2 m d'un patient Les autres équipements de protection individuelles (EPI) recommandés par l'INSPQ doivent être revêtus lors de soins aux patients dans ces zones ⁴			
	ZONE TIÈDE				
	ZONE FROIDE	Masque médical + Protection oculaire en contexte de soins uniquement, si moins de 2 m d'un patient.			

¹ Masque médical = masque de procédure.

² Lunette de protection OU visière

³ RI-RTF du programme-services de soutien à l'autonomie des personnes âgées.

⁴ <https://www.inspq.qc.ca/publications/2906-pci-soins-aigus-covid19>

- c. Personal protective equipment must be available and must be used correctly.
- d. Eye protection should be disinfected and re-used.
- e. PSR operators and their family members who share living space with the residents (small PSRs) are not required to wear a procedural mask or eye protection. However, replacement staff members, caregivers and any other person who has access to the residence must wear the protection required in the region in which the residence is located.
 - o Make sure these people are familiar with the personal protective equipment that is required, and that they wear it properly. They should watch the training capsule available online at: <https://vimeo.com/399025696>. Depending on the agreement, a professional from the CISSS/CIUSSS should check to ensure that all caregivers working with probable or confirmed cases of COVID-19 have understood how to wear and remove personal protective equipment.
- f. The health of all employees at the residence should be monitored before each shift (e.g. by using a symptom monitoring grid).
- g. Employees should be asked to wear clean clothes when they come to work, change their clothes when they go home, and wash them separately if they are visibly dirty.
- h. Make it compulsory for all PSR employees to take the training available on the ENA website at: <https://fcp-partenaires.ca/>.
- i. Employees exhibiting symptoms of COVID-19 must not come to work.
 - o When returning to work, they should follow the INSPQ's recommendations on COVID-19 self-isolation and the lifting of isolation for health workers, which can be found at: <https://www.inspq.qc.ca/publications/2904-levee-isolement-travailleurs-covid19>.
 - o The risk exposure level for health workers when caring for confirmed cases of COVID-

19 can be found here: <https://www.inspq.qc.ca/publications/2905-evaluation-risque-travailleurs-covid19>.

3. Integration / reintegration of residents

3.1 Integration

In line with the gradual deconfinement measures that allow residents to visit or stay with family members, new residents or residents returning from the community are no longer required to undergo testing or to self-isolate for 14 days, provided they have no symptoms. However, residents entering a care unit must still be tested and must undergo compulsory self-isolation for a period of 14 days.

A new resident who has a suspected or confirmed case of COVID-19 still cannot be admitted into a PSR that does not already have COVID-19 cases. Instead, he or she must transition via a buffer zone.¹ If the infection is confirmed, the new resident may be admitted to a hot zone until he or she has recovered.

The same instructions apply to residents moving from one PSR to another, regardless of the region concerned. A resident who tests positive for COVID-19 and who cannot therefore move into a rental unit in a “cold” PSR should move his or her personal effects into a buffer zone. All surfaces that can be cleaned should be cleaned. All items that can be washed should be washed. Items that cannot be cleaned or washed (e.g. sofa, mattress) should be wrapped. The personal effects can then be transferred to the rental unit in the PSR, and no-one must enter that unit until the resident is admitted.

3.2 Reintegration

Before returning to the PSR, a user who no longer requires active care in a hospital, who has had an extended stay in an emergency room (more than 24 hours) or who is returning after a hospital stay of more than 24 hours must:

- have tested negative for COVID-19 before leaving the hospital;
- plan the timing of his/her return in collaboration with the person in charge of the PSR;
- wash his/her hands, put on a procedural mask before entering the PSR, and wear it until reaching his/her rental unit or room;
- always maintain a distance of two metres from all other residents while walking to his/her rental unit.

Preventive self-isolation is not required.

3.3 Additional information

Residents who visit an emergency room for consultation purposes and who remain there for less than 24 hours, and those who visit a hospital or outpatient clinic for a medical appointment, need not be tested for COVID-19. They may re-enter their rental unit and are not required to self-isolate for 14 days.

¹ Please see the specific directives for additional information on buffer zones.

A PSR cannot refuse to allow a resident to re-enter his/her rental unit for any other reason. A PSR operator who does so is liable to punishment under the *Act respecting health services and social services* and the *Regulation respecting the certification of private seniors' residences*.

Priority use of NAAT tests for COVID-19 has changed. Please refer to current ministerial directives for testing.

<https://www.msss.gouv.qc.ca/professionnels/covid-19/directives-cliniques-aux-professionnelset-au-reseau/depistage/>

See also directive 20-MS-03823-99 on the testing strategy for long-term care centres, issued on June 8, 2020.

4. Moving

- a. Moving is permitted, even between regions.
- b. However, INSPQ recommendations must be applied (<https://www.inspq.qc.ca/publications/2923-recommandations-demenageurs-covid-19>),
- c. In no case must movers have symptoms of COVID-19. It is also recommended that:
 - o The number of movers should be limited to two.
 - o **One or two family members should be on site to welcome and guide the movers.** The movers, family members and resident must walk only between the resident's rental unit and the entrance to the residence.
 - o Physical distancing requirements must be met, in the residence and in the rental unit.
- d. When the movers have gone, only two family members should remain in the dwelling to secure the space and install the basic elements needed by the resident to live. Work can also be carried out.
- e. A resident who does not use a professional moving company may receive help from family members, provided the following criteria are met:
 - o No more than two family members may be present.
 - o The family members must not have symptoms of COVID-19, must not have travelled in the last 14 days, must not have been in contact with infected people and must not have been instructed to self-isolate at home.
 - o A distance of two metres must be maintained between the people present, and infection prevention and control measures must be applied.

5. Services and activities offered by the residence

As activities gradually resume, it is important to comply with personal protective equipment requirements, public health directives and instructions specific to the activities concerned (e.g. public pools, gyms). Activities have now resumed throughout Québec to a level where services and activities previously offered in private seniors' residences may now restart on a regular basis, in line with the undertakings in the residents' leases. Every person who provides a service must apply the INSPQ recommendations specific to their respective sectors (<https://www.inspq.qc.ca/covid-19/sante-au-travail>).

It is also important to continue to visit or call residents in order to monitor their health. The number of different staff members in contact with the same resident should be reduced to a minimum. The

general health of residents should be monitored, and the following steps should be taken where necessary:

- Note any changes in the resident's file or in a monitoring folder. See Appendix 1 for details of the main symptoms and changes to be monitored.
- Contact the dedicated nursing resource from the CISSS/CIUSSS concerned for information on probable new cases of COVID-19 and to obtain assistance if necessary.
- Notify the resident's representative if there are signs that the resident's health is declining.
- Set up an internal communication mechanism for caregivers, to circulate information and coordinate the provision of care and services to individual residents.

It is recommended that action should continue to be taken to prevent deconditioning. Please refer to the document entitled "*Instructions to prevent deconditioning of seniors confined at home during the pandemic, especially in PSRs, IR-FTRs and CHSLDs*".

Services to be maintained or restored
Security services: Answer emergency calls at all times.
Nursing care: Continue to dispense care and provide activities in residents' rental units, including ambulatory care, and ensure that the appropriate infection prevention and control measures are applied (https://www.inspq.qc.ca/covid-19/prevention-et-controle-des-infections).
Personal assistance services (assistance with eating, hygiene, dressing and undressing, administration of medication, washing of hair, etc.): - Resume the provision of all these services.
The following home assistance services: - Distribution of medication - Maintenance of clothing and household linens. Allow family members to do the resident's washing if the residence has a laundry room. - Housekeeping services in rental units and common areas.
Meal services: - Meal services must be provided in the dining room, with physical distancing or a "bubble" layout for users with neurocognitive disorders, unless otherwise indicated for clinical reasons, or unless there is an outbreak of the virus. In these cases, the residence should deliver meals to the residents' rental units.
Leisure services: - The proposed activities must be adapted to comply with current health directives, including the two-metre distancing requirement. However, leisure activities that involve sharing of materials (e.g. playing cards, a pool table, bean bag games, library books) are not recommended.

Activities that are suspended until further notice

Evacuation exercises.

Residents must not be invoiced for services added temporarily because of the pandemic (e.g. delivery of meal trays). Since dedicated financing has already been provided for this purpose, residence operators must enter all additional costs generated by the addition of these services in the report sent to the CISSS/CIUSSS concerned.

In addition, all hair and beauty salons located in residences may now resume their activities. For further details regarding personal care and beauty sector activities (e.g. hairdressing, foot care), please refer to the instructions issued by the Institut national de santé publique du Québec (INSPQ; <https://www.inspq.qc.ca/publications/2997-soins-esthetiques-covid19>) and the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST; <https://www.cnesst.gouv.qc.ca/salle-de-presse/covid-19/Pages/trousse.aspx>).

Residents may also use hair and beauty salons located outside their residence, in the community.

5.1 Other people providing care or services in the residents' rental units

	PSR (no virus outbreak)	PSR (virus outbreak)
Personnel providing care in the PSR (dentist, dental hygienist, audioprosthologist, etc.)	Yes From June 26, 2020	Yes, but only in zones where there is no outbreak, in cases where the outbreak is localized From June 26
Personnel hired by the family (hairdresser, companion, etc.)	Yes From June 26, 2020	No
Volunteers, people paid by the PSR for leisure activities (singer, zootherapy etc.)		

- As far as possible, movements by people providing care or services in multiple facilities should be limited. Where this is not possible, additional steps must be taken to prevent them from becoming a vector for transmission of the virus from one facility to another.
- Volunteers and personnel hired by families must be accompanied to ensure that they do not exhibit any of the criteria for exclusion, and to supervise the application of infection prevention and control measures. In addition, resources must be available in the PSR to welcome them, and procedural masks must also be made available to them. The criteria for exclusion are as follows:
 - A person who is infected with COVID-19
 - A person who has symptoms that may indicate a COVID-19 infection
 - A person who has COVID-19 symptoms and is awaiting the results of a test
 - A person who has had extensive contact with a confirmed case of COVID-19
 - A person who has been asked to self-isolate by the public health authorities
- Every PSR must keep a register of non-regular personnel providing care or services (dentist, dental hygienist, audioprosthologist, etc.), volunteers, and personnel hired by families, so that

they can be contacted quickly by the public health authorities if an outbreak occurs and so that they can self-isolate where necessary.

6. Cardiopulmonary resuscitation for COVID-19

This section addresses the subject of cardiopulmonary resuscitation (CPR) for COVID-19. Please refer to the *COVID-19 Simplified Resuscitation Protocol*, updated on May 29, 2020, for details of the procedure, which is applicable to all non-hospital residential and care facilities including PSRs.

However, there are some specific elements to consider for PSRs, mainly because of their organizational features:

- Operators are not required to discuss the resident's wishes for specific care, and are not required to determine whether or not a resident is capable of expressing those wishes.
- Residents who wish to discuss their wishes in case of cardiopulmonary arrest should be directed to their physician or another health professional involved in their case, who may discuss the matter with them.
- If a resident's wishes concerning care or other elements (e.g. anticipated medical instructions or DNR) are known and recorded in his or her file at the institution, the PSR operator must be notified, with the consent of the resident or his or her representative. A form such as the *Level of care and cardiopulmonary resuscitation*² form should be used for this purpose.
- Where applicable, a person's wish not to be resuscitated must be respected. The PSR should ensure that anyone who may be required to respond to an emergency in the PSR has access to this information.
- If a resident's wishes are unknown or uncertain, CPR must be attempted, and the **safety of the person administering the procedure** must be assured. The instructions set out in the *COVID-19 Simplified Resuscitation Protocol* must be applied.

An effective communication corridor between the PSR and the institution is vital when implementing CPR to COVID-19 patients. It is vital for institutions to inform PSRs about their residents' wishes regarding CPR and their respective responsibilities in connection with this. In addition, the institutions must actively support PSRs by ensuring that all the necessary equipment and materials are available at their premises.

For additional information on care levels and CPR for COVID-19, the following online video may be useful: <https://www.youtube.com/watch?v=rQUMg7x52kU>

7. Instructions for suspected or confirmed cases of COVID-19 in a PSR:

- a. Preventive isolation and a NAAT test are required in all cases.
- b. Make sure the resident remains in his or her rental unit or room (if sharing an apartment).
- c. Immediately notify the CISSS/CIUSSS.
- d. Inform the CISSS/CIUSSS of the level of care required, if known.

² Institut nationale d'excellence en santé et services sociaux, 2016.

https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/OrganisationsSoins/Formulaire_NiveauxdeSoins_RCR.pdf

- e. In collaboration with the CISSS/CIUSSS, decide whether or not the person can remain in the PSR, depending on his or her situation:
- If the test is positive, the person may be able to **remain in the PSR** for a self-isolation period of at least 14 days if he or she:
 - is able to comply with instructions;
 - lives alone and can self-isolate in his or her rental unit (meals and medication delivered to the unit at no additional cost) **or** lives in an individual room and has exclusive access to his or her own bathroom (meals in the room) **or** lives with other people in the rental unit but has an individual room (meals in the room) and exclusive access to his or her own bathroom;
 - is **independent** and able to look after himself or herself.

OR

The **PSR has personnel who are trained in infection prevention and control** and are able to apply rigorous protection measures, including basic practices and wearing of adequate personal protective equipment (PPE) when providing personal assistance. In addition, the PSR must be laid out in such a way that suspected or confirmed cases can be separated from other residents in hot zones and cold zones (the CISSS/CIUSSS must be involved in creating these zones) and dedicated staff members must be available to work exclusively with these cases. The resident's room may be designated as a hot zone.

- Home assistance services other than the distribution of medication must be suspended, unless otherwise directed by the CISSS/CIUSSS.
- Regular monitoring should be carried out by telephone to verify the person's condition.

For people who require assistance with **activities of daily living**:

- The CISSS/CIUSSS will decide if the frequency of certain services can be reduced.
- The number of staff members providing services to these people must be kept to a minimum.
- Rigorous basic infection prevention and control practices, such as hand washing and wearing of procedural masks, must be applied, and where necessary, additional steps must be taken to prevent transmission via droplets or contact (full PPE).

If the person lives with other people:

- He or she must wear a procedural mask when moving between the bathroom and his or her own room.
- Hands must be washed before leaving the room and immediately after using the toilet.
- If possible, the door handle, toilet flush handle and faucet must be disinfected after the toilet is used.

Apply the measures required for the person's situation, in line with the institution's instructions.

The CISSS/CIUSSS will recommend **transfer to another facility³ in a pre-determined location** for the entire quarantine period in the following cases:

³ A buffer zone or non-traditional site (NTS).

- The person is unable to look after himself or herself.
 - The person is unable to comply rigorously with self-isolation instructions (e.g. has a neurocognitive disorder).⁴
- f. If the infected person is transferred to another facility:
- Use adapted transportation where possible, if protective equipment is available to transport the person. If not, use an ambulance.
 - Notify the transporter of the resident's status beforehand.

Depending on the desired level of care, the person will be sent to a community facility or a hospital:

- The resident must be sent to a facility with warm or hot zones (in the case of a buffer zone, please refer to ministerial directives).
- The resident must be sent to a hospital (acute or intensive care) if he or she:
 - needs a medical assessment before being transferred to a hospital.
 - needs A or B level care (prolongation of life, including specialized care, intubation and breathing assistance).

8. Services and overtime in PSRs during the COVID-19 outbreak

PSRs are asked to keep a register of costs incurred as a result of the COVID-19 crisis, especially costs relating to the hiring of additional resources, longer working hours, purchases of crisis management supplies and additional services such as tray delivery and supervision.

9. Services offered under agreements with your area's CISSS/CIUSSS

Contact the CISSS/CIUSSS concerned for information on the critical services that must be maintained.

10. Additional labour needs

If labour issues are encountered, or if you are unable to find additional or replacement personnel, contact the Human Resources Department of your region's CISSS/CIUSSS for assistance.

11. Useful references

The Québec.ca website:

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

Website of the Ministère de la Santé et des Services sociaux (MSSS)

<https://www.msss.gouv.qc.ca/professionnels/covid-19/covid-19-directives-au-reseau-de-la-sante-et-des-services-sociaux/residences-privees-pouraines/>

⁴ Ministerial order 2020-015 allows the public health director to require quarantine.

If you have questions or concerns, call 1 877 644-4545 (toll-free).

APPENDIX 1: Symptoms of COVID-19

OBSERVATIONS AND CHANGES IN THE RESIDENT'S CONDITION MUST BE REPORTED TO THE INSTITUTION'S DEDICATED NURSING RESOURCE (CISSS/CIUSSS)

Typical COVID-19 symptoms (compared to the person's normal condition)

- Most common signs and symptoms
 - ✓ Fever (over 38 °C)
 - ✓ Recent dry cough or worsening chronic cough
 - ✓ Breathing difficulties
 - ✓ Sudden loss of sense of smell with no blocked nose
- Other possible symptoms
 - ✓ Breathlessness
 - ✓ Production of sputum
 - ✓ Fatigue
 - ✓ Loss of sense of smell
 - ✓ Loss of sense of taste
 - ✓ Diarrhea
 - ✓ Sore throat
 - ✓ Headaches
 - ✓ Weakness and extreme fatigue

Atypical symptoms sometimes observed in seniors

- Sudden change of mental status
 - ✓ More confused
 - ✓ More sleepy
 - ✓ "He/she isn't the same any more"
 - ✓ No longer knows how to use everyday items
- Loss of autonomy
 - ✓ Falls
 - ✓ Newly incontinent
 - ✓ No longer able to participate in his/her own care
- Change of behaviour (new behaviour or disappearance of an existing behaviour)
 - ✓ Agitated
 - ✓ Not himself/herself
 - ✓ Aggressive/irritable
 - ✓ Loss of appetite
 - ✓ Difficulty sleeping

For information on the gradual resumption of personal care and beauty services (e.g. hairdressing, foot care), please refer to the instructions issued by the Institut national de santé publique du Québec (INSPQ) and the Commission des normes, de l'équité, de la santé et de la sécurité du travail :

- <https://www.inspq.qc.ca/sites/default/files/covid/2997-travaileurs-soins-beaute-covid19.pdf>
- <https://www.cnesst.gouv.qc.ca/salle-de-presse/covid-19/Documents/DC100-2160-guide-soinspersonnels.pdf>

The public health authorities may re-introduce confinement measures at any time.