

# Coronavirus COVID-19

2020-03-23

Due to the spread of COVID-19 worldwide and the rapid evolution of cases of infection in Quebec, we ask that you read the following information and instructions.

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## **GUIDELINES FOR RELIGIOUS COMMUNITIES**

### **1. We recommend implementing the following instructions.**

- a) Suspend all non-essential services generally offered by your community.
- b) Implement social-distancing measures in common areas. Arrange chairs so they leave at least of 1 m between people, especially in the dining room or in places of prayer.
- c) Prohibit access to visitors except for compassionate grounds such as end of life.
- d) As within the entire population, people over the age of 70 must stay at home. Walks outside are permitted. For purchases, we suggest you give preference to delivery services.
- e) Restrict the presence of workers in the facility, except for those providing essential services, such as health care and meal preparation.

### **2. It is essential to ensure compliance with the following measures to prevent and control infection.**

- a) Have hand hygiene stations at the entrance to the facility as well as at the entrance to the units and in common rooms (e.g., dining rooms and activity rooms).
- b) Immediately implement infection prevention and control measures in the community as soon as an infection is suspected.

- c) Ensure that everyone in the community complies with basic infection prevention and control measures, in particular:
- Wash your hands often with warm water and soap for at least 20 seconds or use an alcohol-based hand sanitizer.
  - Cover your mouth and nose with your arm to reduce the spread of germs when coughing or sneezing.
  - If you use a tissue, dispose of it as soon as possible and wash your hands afterwards.
  - Avoid direct contact for greetings, such as handshakes, and promote the use of alternative practices.
- d) Display coronavirus information in several places:

*Protégez votre santé* poster:

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

*Mesures d'hygiène* poster:

<https://publications.msss.gouv.qc.ca/msss/fichiers/2019/AfficheOnSeProtege.pdf>

### **3. Personnel and Volunteers**

- a) Require any person working in the community returning from abroad, regardless of whether they are an employee or volunteer, to go into mandatory isolation for 14 days.
- Let them come back to work after 14 days.
- b) Immediately remove from the workplace anyone with symptoms of coughing or fever.
- Let them come back to work 14 days after the symptoms have ended or if competent authority confirms that the person does not have COVID-19, so that the person can safely perform their duties for the benefit of users and staff.

### **4. Suspected or Confirmed Cases of COVID-19**

- If a member of your community has symptoms, they should immediately isolate themselves for up to 14 days after the end of symptoms (meals in the room, single room and dedicated bathroom), or less on the recommendation of a physician. The person can also call the information hotline at 1-877-644-4545.
- To provide management of suspected or confirmed cases of COVID-19 when the

individual is not independent and requires assistance for their care and services, we recommend that you contact your CISSS or CIUSSS for instructions and assistance, as required. In this case, the person should be considered a probable case of COVID-19 as soon as symptoms appear , and **should put into containment**.

- a. Apply the measures for probable or confirmed cases in the document published by the National Institute of Public Health on the Web: *COVID-19 Mesures pour la gestion de cas et des contacts dans les CHSLD : recommandations intérimaires* à at this address:  
[https://www.inspq.gc.ca/sites/default/files/covid/2020-03-17\\_covid-19\\_mesurespci\\_interim\\_chsld\\_vf-1.pdf](https://www.inspq.gc.ca/sites/default/files/covid/2020-03-17_covid-19_mesurespci_interim_chsld_vf-1.pdf)
- b. Opt for a dedicated team with the people in the containment areas.
- c. Train personnel on the safe use of personal protective equipment (the integrated centre in your region can share the content of their training with you if required).
- d. Adjust the nursing workforce according to patient needs.

#### **5. Be sure to put in place the following instructions for cleaning the premises:**

- a. Clean by applying a freshly prepared bleached solution (solution stored away from light and a new batch prepared every 24 hours; see the dilution table in Appendix 2).
- b. Clean surfaces and objects that are frequently touched (e.g., door handles, railings, lights, counters, sinks, tables, chairs). This should also be done after holding an activity (e.g., a meal).
- c. Immediately clean up spills, body fluids, and the like on contaminated surfaces and objects.
- d. Have adequate supplies of tissues and an adequate number of garbage cans. The cans should be emptied regularly and have a lid, if necessary (e.g., if there is a risk of scrounging).

## 5. Useful References

Québec.ca website:

<https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/>

MSSS posters and publications:

<https://publications.msss.gouv.qc.ca/msss/sujets/covid-19?txt=>

For your reference, we are sharing with you documents sent to institutions in the health and social services system (Appendices 1 and 2).

**NURSE CLINICAL ASSESSMENT**

**Signs and Symptoms Associated with COVID-19**

The most common

- Fever
- Dry cough

Other symptoms

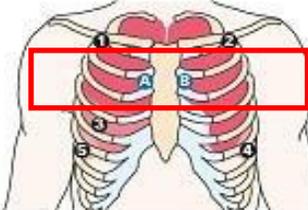
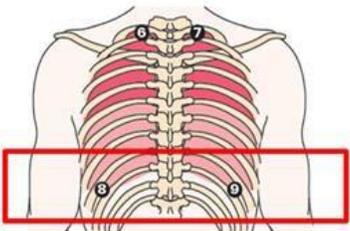
- Shortness of breath
- Sputum production
- Fatigue

Less common symptoms

- Sore throat
- Headache
- Myalgia/arthralgia
- Nausea or vomiting
- Nasal congestion
- Diarrhea
- Hemoptysis
- Conjunctivitis

**Anamnesis**

<b>Chief complaint</b>	
<b>P: Provocation/Palliation</b> (aggravating factors, ameliorating factors)	
<b>Q: Quality/Quantity</b> (description/intensity/impact on independence)	
<b>R: Region/Radiation</b>	
<b>S: Associated signs and symptoms</b>	
<b>T:</b> Timing/Duration/Intermittence	
<b>U: Understand the meaning for the patient</b>	

Physical Examination	
Inspection	
<p><b>Assessment of mental state</b></p> <ul style="list-style-type: none"> <li>• Attention span           <ul style="list-style-type: none"> <li><input type="checkbox"/> Attentive <input type="checkbox"/> Not attentive</li> </ul> </li> <li>• State of consciousness:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Hyperalert</li> <li><input type="checkbox"/> Alert</li> <li><input type="checkbox"/> Lethargic (verbal)</li> <li><input type="checkbox"/> Stuporous (physical)</li> <li><input type="checkbox"/> Comatose</li> </ul> </li> </ul>	<p><b>Atypical geriatric signs*</b></p> <ul style="list-style-type: none"> <li>• Sudden loss of independence (&lt;1 week):           <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> <li>• Sudden change in mental state (&lt;1 week):           <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> <li>• Sudden change in behaviour (new behaviour or cessation of behaviour) (&lt;1 week):           <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> </ul> <p><b>*If the answer to any of these questions is yes, eliminate an acute condition. If no acute cause is identified, consider the person as a probable case and transfer them to the containment area.</b></p>
<p><b>Vital signs</b></p> <p><input type="checkbox"/> Pulse: _____/min      <input type="checkbox"/> BP: _____/ _____</p> <p><input type="checkbox"/> T°: _____°C (fever if oral or rectal T° ≥ 37.8°C or if 1.1°C than the normal T°)</p> <p>Respiration:</p> <ul style="list-style-type: none"> <li>• Rate: _____/min (if ≥ 25/min ≈ sign of infection)</li> <li>• Type: <input type="checkbox"/> Thoracic      <input type="checkbox"/> Abdominal</li> <li>• Amplitude: <input type="checkbox"/> Normal   <input type="checkbox"/> Deep      <input type="checkbox"/> Superficial</li> <li>• Rhythm: <input type="checkbox"/> Regular      <input type="checkbox"/> Irregular</li> </ul>	
Auscultation	
<p style="text-align: center;"><b>Anterior chest</b></p> <p>Abnormal sound present: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name it, if possible:</p> <p><input type="checkbox"/> Wheezing   <input type="checkbox"/> Rhonchi</p>	<p style="text-align: center;"><b>Posterior chest</b></p> <p>Abnormal sound present: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name it, if possible:</p> <p><input type="checkbox"/> Wheezing   <input type="checkbox"/> Crackles</p>
<p><input type="checkbox"/> Right bronchus (A)   <input type="checkbox"/> Left bronchus (B)</p>	<p><input type="checkbox"/> Right inferior lobe (8)   <input type="checkbox"/> Left inferior lobe (9)</p>
	

## Nursing Decision-making

- Physician informed:  Yes
- Transfer to the dedicated unit (single room with dedicated bathroom, door closed. If no private room is available, maintain a distance of at least 2 met or install a physical barrier between patients):  Yes  No
- Updated TNP:  Yes  No

## Clinical Nursing Follow-Up

### Clinical monitoring of the health condition according to identified risks

- **Clinical monitoring for signs of delirium:**
  - 1- Sudden onset and fluctuation of symptoms  Yes  No  
(evidence of change from the usual state)
  - 2- Impaired attention  Yes  No  
(inability to follow a conversation, maintain gaze, cannot give the days of the week, or spell the word "world" backwards)
  - 3- Disorganized thinking  Yes  No  
(incoherent language, rambling speech, randomly switching from one topic to another)
  - 4- Altered state of consciousness  Yes  No  
(hyperalert, lethargic, stuporous, comatose)

**If criteria 1 AND 2 are present with 3 OR 4 = Medical emergency**

- **Monitoring for signs of dehydration**

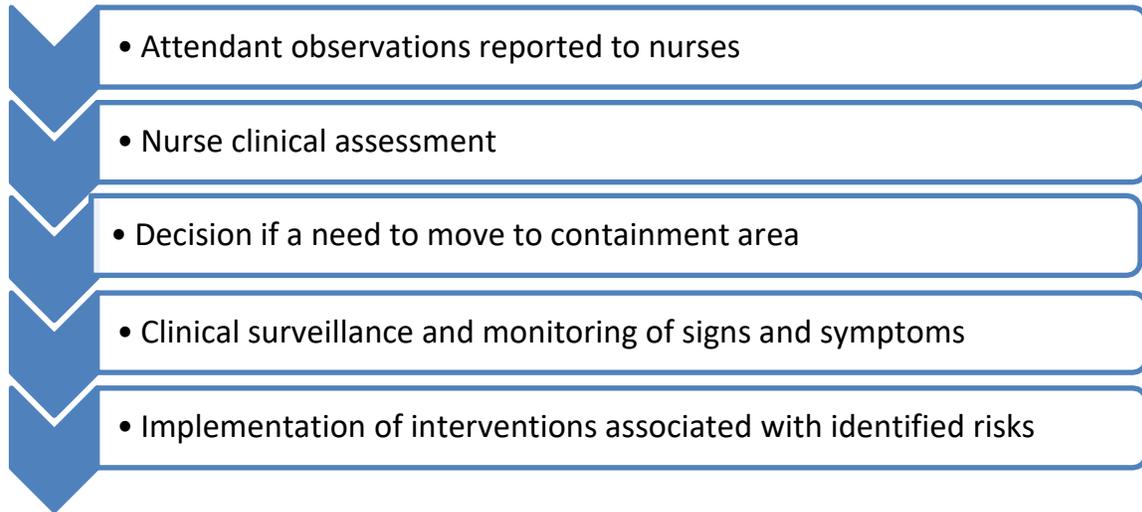
Did the patient have anything to drink between meals over the last 24 hours:  Yes  No  
Moist tongue:  Yes  No  
Thread of saliva under the tongue:  Yes  No  
Dry underarm:  Yes  No  
Skin-fold test (sternal, frontal, or subclavian):  Normal  Abnormal
- **Undernutrition monitoring**

Food intake (main dish) decreased by 75% in the last 7 days:  
 Yes  No  
Unintentional weight loss (2% in 1 week, 5% in 1 month, 7.5% in 3 months):  
 Yes  No  
BMI under 21:  Yes  No
- **Monitoring for signs of psychological distress:**

Crying  Yes  No      Anxiety  Yes  No  
Agitation  Yes  No      Insomnia/hypersomnia  Yes  No
- **Behavioural and psychological symptoms of dementia (BPSD)**
  - Ensure application of basic approaches (communication, validation, diversion, reframing, decision-making strategy, managing refusal)
  - If persistent despite an adequate approach: Identification of causes

Document adapted from: Philippe Voyer (2011). *L'examen clinique de l'ainé*. Saint-Laurent.

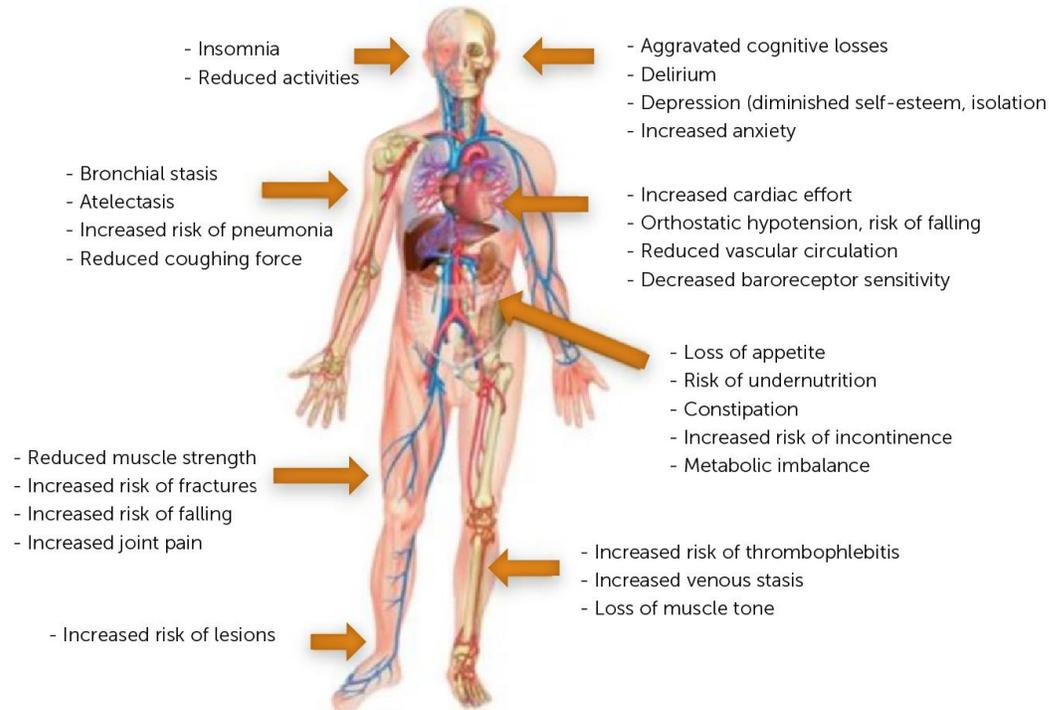
### Assessment Algorithm and Nursing Follow-UP



### Risks related to isolation for an elderly person

- **Behavioural and psychological symptoms of dementia due to isolation or other physical causes and interaction with caregivers.**
- **All risks the associated with immobilization (See the diagram.)**

# Consequences of Immobilization



## SUPPLEMENTARY DOCUMENTS

### BPSD Management

[A non-pharmacological approach to the treatment of behavioural and psychological symptoms of dementia.](#)

### Management of Delirium

Unless otherwise indicated, the following information taken from the delirium clinical data sheet related to "État cognitif" in the reference framework "Approche adaptée à la personne âgée," 2011, MSSS apply:

[Approche adaptée à la personne âgée en milieu hospitalier-État cognitif](#)

### **Management of Undernutrition**

Unless otherwise indicated, the following information taken from the delirium clinical data sheet related to "État cognitif" in the reference framework "Approche adaptée à la personne âgée," 2011, MSSS apply:

[Approche adaptée à la personne âgée en milieu hospitalier-Dénutrition](#)

### **Management of Dehydration**

Unless otherwise indicated, the following information taken from the delirium clinical data sheet related to "État cognitif" in the reference framework "Approche adaptée à la personne âgée," 2011, MSSS apply:

[Approche adaptée à la personne âgée en milieu hospitalier-Déshydratation](#)

## APPENDIX 2

### RECIPE FOR PREPARING CHLORINE-BASED DISINFECTANT SOLUTION (500 ppm)<sup>1</sup>

<u>Quantity of bleach</u> (must be diluted with the quantity of water indicated in this tableau depending on the concentration [3% to 12%] of the bleach)	<u>Quantity of water</u> Needed depending on the concentration (between 3% and 12%) of the bleach used. 3% to 6% concentration: for household use. 12% concentration: for commercial use. The 12% concentration requires protection for the skin, respiratory tract, and eyes. Concentrations differ depending on the brand.		
	Dilute 3% to 4% in	Dilute 5% to 6% in	Dilute 12% bleach in
5 mL (1 tsp.) of bleach	250 mL (1 cup) of water	500 mL (2 cups) of water	1 L (4 cups) of water
10 mL (2 tsp.) of bleach	500 mL (2 cups) of water	1 L (4 cups) of water	2 L (8 cups) of water
15 mL (1 tbs.) of bleach	750 mL (3 cups) of water	1.5 L (6 cups) of water	3 L of water
30 mL (2 tbs.) of bleach	1.5 L (6 cups) of water	3 L of water	6 L of water
50 mL of bleach	2.5 L of water	5 litres of water	10 L of water
100 mL of bleach	5 L of water	10 L of water	20 L of water
200 mL of bleach	10 L of water	20 L of water	40 L of water
300 mL of bleach	15 L of water	30 L of water	60 L of water

Using a single concentration of bleach and pre-measured templates for the quantities of bleach and water can help avoid errors.

#### AVOIDING MISTAKES

- Prepare a fresh disinfectant solution daily (record the date).
- If possible:
  - Always use the same concentration of bleach.
  - Prepare templates by marking measures and containers with the required quantities of

water and bleach (depending on the concentration used) to prepare the disinfectant solution.

<sup>1</sup>Source: Adapted from the Comité sur les infections nosocomiales du Québec (CINQ), June 2005.

