

Coronavirus (COVID-19)

December 16, 2020

INFORMATION SHEET FOR INFORMAL AND FAMILY CAREGIVERS WHOSE LOVED ONE IS INSTITUTIONALIZED

A number of measures have been put in place during the current pandemic to limit, to the greatest extent possible, the spread of COVID-19 among the elderly and the most vulnerable.

We have prepared the following information and instructions regarding visitors and informal or family caregivers of clients living in residential and long-term care centres (CHSLDs), intermediate and family-type resources (RI-RTFs) that accommodate adults, and private seniors' residences (RPAs).

To help you better understand the instructions and how to apply them, the terms "informal or family caregiver" and "visitor" are defined as follows:

Informal or family caregiver :

Anyone who provides support on an occasional or ongoing basis to a family member or other loved one who is temporarily or permanently incapacitated. Their support is provided on a non-professional basis, regardless of the recipient's age, living situation, or incapacity, be it physical, psychological, psychosocial, or other. It may for example take the form of transportation, help with personal care, emotional support, or coordination of care.

This means that close and immediate family must be able to access their loved one's residential facility just as informal or family caregivers can.

Visitor :

Anyone who wishes to visit the resident who is not a close or immediate family member or informal or family caregiver as defined above. It may be someone the resident knows and with whom they have occasional contact that is not essential to their physical or psychological well-being. It may also be someone they do not know.

INSTRUCTIONS REGARDING INFORMAL OR FAMILY CAREGIVERS AND VISITORS IN CHSLDs, ADULT RI-RTFs, AND RPAs

Access to a facility for informal or family caregivers and visitors varies depending on the alert level where the facility in question (CHSLD, adult RI-RTF, or RPA) is located. The alert level, i.e., 1 (green), 2 (yellow), 3 (orange), or 4 (red), for a given region is established based on the recommendations of the public health authorities, who regularly review the situation taking into account the epidemiological situation, transmission control, and healthcare system capacity.

To find out the alert levels in effect, refer to www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/progressive-regional-alert-and-intervention-system.

In addition to alert levels, additional measures are taken when there is an outbreak at a facility.

When certain residential facilities encounter difficulties in managing access and outings as well as complying with IPC measures, the facilities involved may ask residents to identify a few informal or family caregivers according to the specific instructions for their alert level in order to limit the risk of spreading the virus.

The maximum number of informal or family caregivers identified by residents is based on the following situations:

- When there is an outbreak at a facility, residents, clients, or their representative must identify up to two informal or family caregivers.
- When a residential facility is located in a region with a red alert, residents, clients, or their representative must identify up to three informal or family caregivers.
- When a residential facility is located in a region with an orange alert, residents, clients, or their representative must identify up to four informal or family caregivers.

Clinical judgment remains important in all situations, both in consideration of the psychological state of residents and to prevent informal or family caregivers from becoming exhausted.

1. General guidelines

- As long as they comply with the usual requirements and any special instructions from the facility, informal or family caregivers should generally be able to decide for themselves when, for how long, and how often to visit. Furthermore, informal or family caregivers may be assigned an arrival time to prevent contact between caregivers and visitors as much as possible. Lying down is allowed as long as it helps support the person receiving assistance.

2. Specific guidelines according to the alert level at a residential facility (CHSLD, adult RI-RTF, RPA) without an outbreak

- In areas at alert level 1 (green) or 2 (yellow), visits are permitted in CHSLDs, RI-RTFs, and RPAs where there is no outbreak, provided that informal or family caregivers and visitors comply with the specific infection prevention and control (IPC) requirements in place. The number of people authorized varies from facility to facility. (Refer to the tables of measures according to residential facilities.)
- In areas at alert level 3 (orange), visitors are not allowed into CHSLDs, although informal or family caregivers are. Visitors may, however, enter RI-RTFs and RPA rental units and visit outdoors on the property of such facilities, provided they comply with any specific requirements. The number of people authorized to do so will vary from facility to facility (refer to the tables of measures according to residential facilities).
- In areas at alert level 4 (red), only informal or family caregivers are authorized in CHSLDs, RI-RTFs, and RPAs. Visitors are not permitted in CHSLDs, RI-RTFs, and RPAs when alert level 4 is in effect.
- Visits are permitted for informal or family caregivers and palliative and end-of-life care (ELC) visitors at all residential facilities. Refer to the current guidelines available on the website:
https://msss.gouv.qc.ca/professionnels/documents/coronavirus-2019-ncov/COVID-19-Directives_SPFV_2020-10-05.pdf

3. Specific guidelines for a residential facility (CHSLD, adult RI-RTF, RPA) with an outbreak or in preventive isolation

- Informal or family caregivers are still permitted at the facility, provided they comply with any specific requirements.
- In the event of an outbreak where a resident is in isolation or if the resident is in a CHSLD, RI, or RPA, visitors are not permitted. However, if the outbreak is

localized under certain conditions, they will be able to go into unaffected units with the authorization of the IPC team.

- Visits are permitted for informal or family caregivers and palliative and end-of-life care (ELC) visitors at all residential facilities. Refer to the current guidelines available on the website:

https://msss.gouv.qc.ca/professionnels/documents/coronavirus-2019-ncov/COVID-19-Directives_SPFV_2020-10-05.pdf

4. Informal or family caregivers and visitors must comply with the following instructions:

4.1. Isolation, symptom monitoring, and screening:

- You must self-monitor for symptoms at all times. As soon as any symptoms appear, stop going to the CHSLD, RI-RTF (SAPA program), or RPA (see appendix for symptoms).
- If you are isolating (for example, due to close contact with a COVID-19 case), do not go to a CHSLD, RI-RTF, or RPA until your isolation is over.
- If you have tested positive for COVID-19, you may go to a CHSLD, RI-RTF, or RPA only when you are considered recovered. To be considered recovered, the criteria of 10 days since the onset of acute illness or 21 days since being admitted to intensive care or 28 days for residents who are on corticosteroids or are immunocompromised may be applied in lifting isolation measures provided the resident meets the clinical criteria already recommended for lifting isolation measures, i.e., no fever for 48 hours (without taking antipyretics) and no symptoms for at least 24 hours (excluding lingering cough, loss of smell, and loss of taste).
- Any informal or family caregiver or visitor who so wishes may be tested at the facility on request. Under no circumstances may the CHSLD, RI-RTF, or RPA require an informal or family caregiver to test negative to have access to the residential facility.

4.2. IPC measures:

- Sign the visitors log so that you can be quickly contacted by public health authorities and isolated if necessary in the event of an outbreak. The log must contain the minimum amount of personal information necessary for public health authorities to conduct epidemiological investigations (name, phone number or email address, date and time of visit, room visited).

- Familiarize yourself with available information about symptoms monitoring, good hand hygiene, respiratory etiquette and the correct way to use PPE.
- Practice good hand hygiene when entering and exiting CHSLD, RI-RTF and/or RPA facilities and when entering and exiting a resident's room or a hot spot, as applicable.
- Ensure that you correctly wear your procedure mask as soon as you enter a CHSLD, RI-RTF or RPA and keep it on throughout your visit. Procedure masks can only be used once, then discarded.
- Use PPE appropriately on the basis of the type of care provided and the resident's condition. Except for procedure masks, PPE must be fully removed prior to exiting a hot spot.
- Do not bring clothes or items from home such as a purse or lunch bag, documents, etc. into the CHSLD, RI-RTF or RPA if they will subsequently be brought back home.
- Physical distancing of two metres must be maintained in CHSLDs at all times, with no exceptions, especially when residents share a room, but also in all residential facilities. In the context of daily care, a medical mask must be worn when a distance of two metres cannot be maintained.
- Enter the facility with clean clothes. Change your clothes when you return home and launder them regularly.

4.3. Movement within the CHSLD, RI-RTF, or RPA:

- Refer to the tables of measures according to residential facilities regarding places where visitors and informal or family caregivers may go.
- Stay two metres away from residents, staff, and other informal or family caregivers at all times.
- Stay out of equipment storage areas.
- Immediately leave the resident's room if medical procedures that generate aerosol spray are beginning. Only re-enter the room once the required number of changes of the room air has been completed (varies with the facility).
- Ask which washrooms you can use and what precautions and sanitary measures you need to follow. As an example, you should never use a washroom in a hot zone.

About going outside:

Refer to the tables of measures according to residential facilities regarding going outside (see useful links section).

Informal or family caregivers and visitors who do not follow the rules, despite having received all the information and having been assisted with applying IPC measures, may be denied further access to the CHSLD, RI-RTF, or RPA.

If you are dissatisfied or disagree with the interpretation and/or implementation of a ministerial directive

- In CHSLD, RI-RTF and RPA facilities, a manager or other employee is designated to answer questions from informal caregivers and deal with lack of satisfaction regarding the interpretation or implementation of ministerial directives. Feel free to ask for the name of that person in your facility.

In cases where dissatisfaction and/or disagreement persist you may contact the facility's Service Quality and Complaints Commissioner under the confidential procedure for examining complaints.

USEFUL REFERENCES

Informal and family caregivers

- [Informal and family caregivers during the coronavirus disease \(COVID-19\) pandemic](#) (New)
- [Public Health Recommendations for Informal Caregivers](#)
- [Answers to questions about Coronavirus \(COVID-19\)](#)
- Caregiver support : 1-855-852-7784 or info-aidant@lappui.org

Going outside :

- CHSLD <https://www.msss.gouv.qc.ca/professionnels/covid-19/covid-19-directives-au-reseau-de-la-sante-et-des-services-sociaux/chsld/#visites-et-sorties>
- RPA <https://www.msss.gouv.qc.ca/professionnels/covid-19/covid-19-directives-au-reseau-de-la-sante-et-des-services-sociaux/residences-privees-pour-aines/#visites-et-sorties>
- RI-RTF <https://www.msss.gouv.qc.ca/professionnels/covid-19/covid-19-directives-au-reseau-de-la-sante-et-des-services-sociaux/ri-rtf/#,sorties-des-usagers>

Bereavement

- [I am in bereavement for one or more people who lost their lives in the pandemic](#)
- [Guide pour les personnes endeuillées en période de pandémie réalisé par les Formations Montbourquette sur le deuil](#) (In French only)
- Tel-Écoute- Ligne Le Deuil : 1 888 533-3845.

Appendix 1: Self-monitoring symptoms checklist

COVID-19 SYMPTOMS

Asymptomatic

Date of symptoms onset _____ YYYY-MM-JJ

Symptoms associated with a COVID-19 episode			
Recent onset of cough or worsening chronic cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Fever of $\geq 38^{\circ}\text{C}$ or 100.4°F ; for the elderly, these figures are $\geq 37.8^{\circ}\text{C}$ or 100°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Feverishness/Chills (temperature not taken)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Intense fatigue and significant loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Respiratory distress, out of breath, finding it hard to speak	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Generalized fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Muscular, chest and/or abdominal pain, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Irritability, confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Sudden loss of smell (anosmia) without nasal obstruction, with or without loss of taste (ageusia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Other (provide details): _____			

20-210-46W