

Health Management - Group Care

Q&A

Q: If a youth in a group home is COVID positive, does the youth have to be moved? How would we self-isolate them when other youth live there?

A: Public health will make recommendations regarding the appropriateness of isolation. Any COVID positive youth should remain in their bedroom separate from uninfected youth as much as possible. Where this is not possible, infected youth should wear a mask when moving about the home. It is best to limit the number of staff who provide care to infected youth. If someone is symptomatic, that person should be self-isolated from the well people within the home. Health Links- Info Santé (204-788-8200 or 1-888-315-9257) can be contacted for next appropriate steps.

Q: What is the process for consideration of moving youth with underlying health conditions out of a home where there is a positive case? How/who makes the decision and what qualifies as underlying health conditions?

A: When a case is identified, Public Health will perform a contact investigation and make recommendations regarding the needed isolation requirement for the case. Recommendations will be made regarding the need for isolation of contacts. The care provider, CFS guardian agency, and CFS branch placement resources staff need to have a phone conference to discuss options, as each case and child situation is unique.

Q: What if a staff has an underlying health condition and there is a COVID positive youth in the home?

A: Decision on staffing will be made by each service provider. We recommend that you consult with your HR departments, boards and/or unions for direction and decision.

Q: What if a youth in a group home is COVID positive and the group home has only one bathroom?

A: Public Health will make recommendations regarding the isolation requirements of cases. Any bathroom being used by a COVID positive person should be sanitized using a bleach solution after each use. Any COVID positive person should be encouraged to put the toilet lid down before flushing. If there are two bathrooms (even if one was previously designated as a staff bathroom) one should be designated for the COVID positive youth.

Q: What do we do if youth living in the group home refuse to follow social distancing rules?

A: Try to impress upon the youth the importance of social distancing. Help them understand the role they play, that no one is immune and that their behaviours can make their friends, parents, grandparents, Elders and others they love sick. More information can be found in the COVID-19 – Talking with Children and Youth document below.

COVID-19 – Talking with Children and Youth

A new virus such as the one that causes COVID-19 can create anxiety and be difficult for children and youth to understand, especially if someone near them is sick, or they see or hear troubling messages on the radio, internet or television. It is normal for children to feel worried or nervous and have questions. Communication should reflect the diverse linguistic, literacy and cultural characteristics and needs of the children. It will be important for facility staff to monitor for discrimination and/or bullying surrounding COVID-19, in particular towards those who are being monitored for symptoms. Program staff should make all efforts to ensure that misinformation is clarified and anti-discrimination/bullying protocols are adhered to.

Program staff will need to pay attention to children's feelings and reactions. How the situation is handled will strongly affect how children will respond. Group care settings can consider the following:

Provide reassurance

Reassure children and youth about their personal safety and health. Telling children that it is okay to be concerned is comforting. Reassure them they are safe and there are many things they can do to stay healthy:

- **Hand washing:** Wash hands often with soap and warm water for at least 20 seconds, or use a sanitizer, especially after coughing or sneezing and when handling food.
- **Cough/sneeze etiquette:** Cough and sneeze into arm or tissue.
- **Stay home when sick:** Children should tell staff if not feeling well, and together, make a plan to stay home from school.
- **Keep clean:** Keep hands away from face and mouth.
- **Stay healthy:** Stay healthy by eating healthy foods, keeping physically active, getting enough sleep.

Listen to Children and Youth

Children and youth want to be heard. They do not need detailed information about events but they do need to talk about their feelings. Let them know they can ask questions. Answer questions honestly but make sure that the information is suitable for their age level. If you don't know the answers to their questions it's okay to say so and together look for resources that can answer their questions. Remember children are often listening when you talk to others about COVID-19. Staff should be mindful of how children share information in less supervised settings e.g. before and after school, lunch and snack times, recess and on personal time. It may be in these settings where children can become misinformed. It will be important for administrators and staff to correct this misinformation when they are made aware of it.

Maintain routines

Maintain familiar activities and routines in the group care setting as it can reinforce the sense of security of children and youth.

Pay attention to media access

Limit media exposure or ensure information being accessed on-line is reputable. Exposure to too much or misinformed resources/media coverage can give children and adults an exaggerated view of the risks association with COVID-19. It may be easier to limit exposure in younger children but this may be more difficult with age. Where feasible, monitor for misinformation and assist children and youth in accessing reliable sources of information. Explain the events as well as you can and help children put information into perspective. Keep children informed about what is happening and what may happen at a level that is suitable for their age.

Q: Are gloves the best protection?

A: Washing your hands is the best prevention strategy and even if you wear gloves, you still need to wash your hands. Removing gloves and other PPE must be done correctly and washing afterwards. Removing PPE must be followed by washing with soap and water.

Q: If a youth in a group home is coughing, are they considered symptomatic?

A: Youth who cough should be reminded to wash their hands, use coughing etiquette and social distancing. They should be checked for other symptoms such as fever. If symptoms increase, or do not resolve then staff should contact Health Links- Info Santé (204-788-8200 or 1-888-315-9257). If symptoms worsen, increased social isolation is another option.

Q: What if a youth spits on me and I was not wearing PPE, will I get COVID 19?

A: Spit is a means for the virus to be transmitted. You should wash with soap and water immediately then monitor for symptoms. If the person who spit on you is not COVID positive, you cannot contract the virus from their spit.

Q: What is the direction for staff when they work in a group home with a COVID positive person, if they are concerned about bringing the virus home to their family?

A: Using universal precautions is the foremost defence against transferring the virus such as increased sanitizing, proper use of PPE and frequent hand washing.

Q: If my co-worker now has flu-like symptoms, do they need to self-isolate? Do I need to self-isolate?

A: The staff with flu-like symptoms should stay home, not attend work, monitor their symptoms and self-isolate until well. If their symptoms worsen, they should contact Health Links- Info Santé (204-788-8200 or 1-888-315-9257). If someone has casual contact and is asymptomatic, their risk is minimal. You would not have to self-isolate. A contact of a contact is NOT a contact. Public Health will contact all close contacts of confirmed cases and provide advice.

Q: Therapists, social workers and family want to see our residents but every person in and out is a risk. Should we let them in?

A: At this time, only essential service delivery should occur. Consultation with the CFS worker, guardian agency and the care provider will determine who should come into the home, how often and for what purpose. Limiting the number of people in and out of the home does help reduce the risk of exposure and is part of social distancing measures. For more information, see the circular on this topic below.



CIRCULAR

Date: April 6, 2020

CIRCULAR NUMBER: COVID#: 2020-52

To: Group care facilities, caregivers of children in care, essential support service staff and families of children in care.

This includes group homes, treatment homes, foster homes, places of safety and emergency shelters and any other place that a child in care resides.

Subject: Visitation, including access to a child in care, family visits and essential service contact with all children in care.

Program(s): All

Type: Policy For Internal Reference Only
 Procedure Information Only

Effective Date Immediately

All in-person visits - including family visits - are to be temporarily altered and/or suspended. This includes visits that normally occur in CFS offices, group homes, foster homes, respite settings or any other place where the contact is face-to-face. This includes all support service staff (including therapists, support staff, respite providers) who must provide services in alternate formats. If respite or specialized support is required, the guardian agency will provide direction on this on a case-by-case situation.

This decision was not an easy one to make. However, face-to-face activities and movement of adults and children must be restricted and suspended to mitigate the risk of exposure of COVID-19 to caregivers, staff and youth/children in care.

In exceptional circumstances, only one person at a time may visit a placement or home if the visitor is considered to be absolutely essential, and is approved by the legal guardian. This is to be done only when all other options for contact have been exhausted and the only way to maintain the best interests of a child's mental health and well-being. Essential visitors may include family members, friends, companions, or specialized service providers who can uniquely provide comfort to the child or youth.

Visitor exceptions must be reviewed and approved as "essential" by the CFS guardian agency and in consultation with the care provider on a case-by-case basis.

Even if approved on an exceptional basis, all visitors must undergo risk assessment screening by staff at the facility, agency or department. Visitors who have cold or flu

symptoms, or have been exposed to a confirmed case of COVID-19, or who have traveled outside of Manitoba within the last 14 days, **must not** enter the placement setting. Essential visitors who on very rare case-by-case exceptions are granted access to enter a facility or home must wash their hands when entering and leaving, and more frequently if appropriate, and follow respiratory etiquette by coughing or sneezing into their sleeve or a tissue.

Family Visits:

Family contact is deemed an essential activity that supports the well-being of children, youth and parents. CFS agencies and the alternate care provider should work together to ensure some form of family contact occurs. This may include use of social media, telephone calls, sending pictures or videos etc.

Support Staff and Service Providers:

All therapists, psychologists, elders, and others who may be providing key services and support to a child in care must make every effort to continue to provide their services through an alternate means. If this cannot be accommodated, the guardian CFS agency, alternate care provider and the service provider will consult and decisions will be made on a case-by-case basis.

These measures, while necessary to protect residents, children and staff, may be difficult to implement. We appreciate that CFS agencies, authorities and placements with alternate caregivers are doing their best and that limitations regarding internet access and geographical barriers may be challenging. Every effort will be made to utilize alternate means of contact to ensure families, children and youth remain connected to the important people in their lives.

All screening for suspected cases of the virus are be referred to Health Links at 204-788-8200 or 1-888-315-9257. A self-assessment tool and the most up-to-date information on COVID-19 can be found at www.manitoba.ca/covid19.

If you have any other questions, please contact your organization or agency and seek guidance.

Sarah Thiele | Assistant Deputy Minister
Child and Family Services

Catherine Gates | Acting Assistant Deputy Minister
Community Service Delivery

Q: How do I know if it is the flu or COVID-19?

A: Without testing for COVID-19, this is difficult to know. This is why we ask people who are sick to isolate, monitor their symptoms and if they worsen or do not go away to consult a doctor or Health Links- Info Santé (204-788-8200 or 1-888-315-9257).

Q: Can I get COVID-19 from touching cardboard or other surfaces? I heard the virus can live on cardboard for hours?

A: Viruses need moist places, like our eyes, nose or mouth to enter and survive. The virus can be on surfaces, but it is when we touch the surface and then rub our eye or nose that we run the risk of becoming sick. Washing our hands and not touching our face is the easiest and most effective way to prevent getting sick.

Q: What if we know kids will run so we negotiate driving them to a friend's and they stay for 3 hours and we pick them up. Is that safe?

A: Social distancing is hard, and some of the youth you provide care to will struggle with this. At times, harm reduction approaches will be needed and are considered "essential" service. Consult with the CFS agency and determine what makes sense, but limiting contact with others, social distancing and handwashing are the best prevention strategies.

Q: What if youth are sharing cigarettes or smoking illegal substances, are they at increased risk of contracting COVID-19?

A: Sharing cigarettes, food or anything where there is a transfer of oral mucus increases the risk of any communicable disease such as COVID-19. Youth should be informed of these risks and you should work with them to understand that this can jeopardize their health.

Q: What measures should be taken to clean and disinfect the home to help keep residents and staff healthy?

A: At least twice a day, thoroughly clean and disinfect surfaces that are touched often, such as tables, bathroom fixtures, remotes or controllers, bed rails, wheelchairs, etc.

Wash your hands after cleaning. Avoid touching your face.

Q: What are safe practices for preparing and serving meals and snacks?

A: Have one person prepare and put food on plates. Avoid buffet style eating and sharing bowls such as fruit bowls, popcorn, chips, etc.

If a sick person is being isolated, food should be delivered to the isolation area and consumed there.

The person who is sick should not share dishes, utensils, towels, bedding or other personal items with anyone. Ideally, disposable dishes/utensils are preferred and should be disposed of in a tied plastic bag. If disposable utensils/dishes are not available, wash items with soap and hot water (preferably in the dishwasher) immediately after use.

Q: What are safe practices for doing laundry when people in the home have cold/flu symptoms or a confirmed diagnosis of COVID-19?

A: Place items that require washing in a plastic bag. Wear eye shield, gloves and surgical mask when handling and carrying away from your body. Do not shake dirty or soiled laundry. Wash items on the warmest setting possible based on the manufacturer's label (ideally 60-90 Celsius). Disinfect laundry hamper or other areas that may have come into contact. Remove gloves and discard. Wash hands after removing gloves.

Q: Is it safe for staff to be redeployed across the sector and work in multiple homes?

A: Staff are to follow the same protocols in every home they attend. Hand washing, safe social distancing and use of appropriate PPE will mitigate the potential for contamination across home environments.

Q: Should staff be monitoring participants for cold or flu symptoms?

A: Yes. Monitor for symptoms, particularly fever and respiratory symptoms such as coughing and difficulty breathing. Other milder symptoms including runny nose and sore throat should also be noted. Taking and recording temperatures daily is a good idea, particularly for people who are not able to effectively communicate pain or discomfort.

There is a form available online to help with recording a person's temperature and other symptoms at: https://www.gov.mb.ca/asset_library/en/coronavirus/temperature.pdf.

If the person develops symptoms, contact your Supervisor, the person's doctor and/or Health Links- Info Santé (204-788-8200 or 1-888-315-9257).

Q: What measures should be taken if a participant is showing signs of cold or flu symptoms?

A: The person with cold/flu symptoms should stay in a separate area (isolation area) away from others living in the home and should use a separate bathroom if available. Ensure toilet lid is put down before flushing and surfaces are disinfected following use.

Where it is challenging to isolate, consider re-locating healthy roommates to other areas of the home to protect them. If relocating, you may want to limit their contact with others to reduce the likelihood of further transmission.

Be mindful that if roommates had close contact (within 2 meters/ 6 feet for 10 minutes or more), they would be considered a contact and may have been exposed. If this is the case, they should self-isolate within the home for 14 days.

Call Health Links – Info Santé – 204-788-8200 or toll-free at 1-888-315-9257 for further advice.

Q: What are other important practices if a person is awaiting test results, is a presumptive case or has a confirmed diagnosis of COVID-19?

A: Monitor the symptoms of the person who is ill at all times. If the person's symptoms are worsening, contact your Supervisor, the person's doctor and/or Health Links – Info Santé – 204-788-8200 or toll-free at 1-888-315-9257. Be clear that the person is either awaiting test results or has a laboratory-confirmed diagnosis of COVID-19.

If the ill person has a medical emergency and you need to call 911, notify the 911 operator that the person is awaiting test results or has a laboratory confirmed case of COVID-19.

Keep your supervisor, the child/youth's family (if appropriate) along with the child's CFS agency updated on their illness/status.

Dispose gloves, facemasks and other potentially contaminated items in a plastic bag and tie tightly and dispose with other household waste. Wash your hands with soap and water immediately after handling these items.

Public Health will contact all close contacts of confirmed cases to provide advice. Monitor yourself for symptoms at all times. Should you develop any cold/flu symptoms, self –isolate and contact your Supervisor and Health Links-Info Santé (204-788-8200 or toll free 1-888-315-9257). Be clear that you have been caring for someone who is awaiting test results or has a laboratory confirmed diagnosis of COVID-19.

Q: At what point can isolation end and the individual be allowed to leave the isolation area?

A: Public Health will determine when a case is no longer considered to be infectious and can therefore be removed from isolation. In general, discontinuation of isolation protocols can be considered when all of the following have occurred:

- a. 14 days have passed since the onset of their first symptom;
- b. The ill person no longer has a fever (without the use of fever reducing medicine);
- c. Other symptoms (coughing, etc.) have improved; and
- d. There are no additional cases, confirmed or awaiting test results, in the facility.