

COVID-19: Guidance for Staff in Child Residential Centres (Group Homes)

This document has been updated from the April 25, 2020 version. The following changes have been made:

- Addition to the list of signs or symptoms of COVID-19
- Requirements for Mask use

Care providers in group homes play an essential role in caring for children in the care of the Minister. The advice in this document has been developed specifically to support group homes in providing care while minimizing risk of COVID-19 transmission and will be updated as new information becomes available. For information regarding COVID-19, visit the Government of Canada (<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>), World Health Organization (<https://www.who.int/>) and the Government of New Brunswick (GNB) Coronavirus (www.gnb.ca/coronavirus).

For more detailed guidance, please refer to the COVID-19 Guidance for Adult Residential Facilities.

It is important for staff to prepare and practice calm, reassuring and accurate communication with children and youth, their families and other stakeholders. It is valuable to acknowledge the seriousness of the situation and the feelings of fear and anxiety that might produce while sharing only the facts from trusted sources. It may also be helpful to share what actions the home is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents and staff.

Symptoms of COVID-19

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/AboutCoronavirus.html#Symptoms

- Fever (above 38°C) or signs of fever (such as chills)
- New onset or worsening of chronic cough
- Headache
- Sore throat
- Runny nose
- New onset of fatigue
- New onset of muscle pain
- Diarrhea
- Loss of sense of taste
- Loss of sense of smell
- A child displaying purple fingers or toes even as the only symptom

Transmission

Person-to-person transmission is mostly via infectious respiratory droplets or by touching a surface or an object contaminated with the virus and then proceeding to touching one's eyes, nose and mouth.

Guideline for the prevention of spread in the group home:

- Post signs at the entrance of the building restricting visitors.
- Visitors should not be allowed into the home.
- Technology should be used to ensure social connection with loved ones. If equipment is shared, it should be disinfected between use.
- Educate staff, volunteers, the children and youth on the importance of hand and respiratory hygiene, cough etiquette and avoiding touching their eyes, nose and mouth.
- Post signs and fact sheets about COVID-19 and proper handwashing technique in public areas and bathrooms. You can access a poster on effective hand washing technique here: <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/images/Shareables/handwashing.png> .For proper use of hand sanitizer here: <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/SanitizerDesinfectant.pdf>
- Perform hand hygiene frequently. Wash hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Ensure adequate access to at least 60% alcohol hand sanitizers.
- Provide tissues and garbage bins. No-touch garbage cans are preferred for disposal of items.
- Please note that hand sanitizer products must not be ingested and be kept out of reach of children at all times, when not in use. If there is any reason to believe the child may be at risk of ingesting this product, (e.g., based on age, cognitive ability, or self-harming behaviour), do not leave these products unattended.

For smaller size homes (similar to a family home):

It is understood that these homes function like a family home and should practice the following physical distancing measures:

- Physical distancing measures (maintaining two metres spatial separation) are utilized for staff and residents, wherever feasible.
- Residents and staff should separate into groups, ideally of less than five, when coming together for meals or in common areas of the home.
- Residents with symptoms should self-isolate in their room, with meals served in their room.
- Monitor residents every shift for two or more of the following symptoms and encourage to report any symptoms right away:
 - fever above 38°C or signs of fever (such as chills)
 - new onset or worsening of chronic cough
 - sore throat
 - runny nose
 - headache

- a new onset of fatigue
- a new onset of muscle pain
- diarrhea
- loss of sense of taste or smell
- a child displaying purple fingers or toes even as the only symptom
- If the symptomatic resident must leave their room or the home, for short periods of time to access testing or other types of health care, they should wear a procedure mask while waiting for test results resident should remain isolated.
- Regional Public Health will follow up on all positive and negative test results at this time. There is a system in place for patients to retrieve their own test results if they access testing through the COVID assessment centers.
- **Regional Public Health will provide direction if resident is confirmed positive. Public Health will identify the contacts and assist the home with outbreak management.**

Transportation

When transportation is provided to a child/youth, the following safety precautions should be taken:

- Maintain physical distancing by only transporting the child/youth in the back seat and only transport one passenger at a time in the vehicle, unless they are from the same group home. Do not transport passengers from different group homes together.
- Maintain physical separation within the vehicle as much as possible.
- Remind child/youth of respiratory etiquette (i.e., coughing or sneezing into elbow or tissue).
- While not necessary to reduce transmission risk, drivers can consider setting vehicle ventilation to non-recirculated air or opening windows.
- Extra precaution is required when transporting a child/youth who is ill with symptoms of COVID-19. In this case, only transport for essential reasons and provide a procedure mask to the passenger to wear (if tolerated).
- Staff should wear /procedure mask as well during transport.
- Place the ill child/youth in the back seat.
- Drivers should put their windows down for a few minutes while driving away.
- Wash your hands (with soap and warm water for at least 20 seconds) or use an alcohol-based hand sanitizer (minimum content of 60% alcohol is important) after each transport.
- Always clean and disinfect all surfaces potentially touched by the ill child/resident and driver after each transport or if they look soiled. Pay careful attention to high touch surfaces such as door handles, armrests and seatbelts.

Cleaning

- Increased cleaning activity will reduce risk of retention of the virus on hard surfaces. Cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient for COVID-19. All surfaces, especially those that are horizontal and frequently touched, should be cleaned and disinfected. It is recommended to keep the room properly ventilated by opening windows whenever safe and appropriate.
- Wipe down all common areas regularly with disinfectant cleaners (*Cleaning and Disinfection for COVID-19* – <https://www2.qnb.ca/content/dam/qnb/Departments/h-s/pdf/CDCOVIDE.pdf>)

- If using disposable gloves for any tasks, handwashing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled, ripped or become dirty.

Laundry

- Use disposable single use gloves when handling dirty laundry. Place possibly contaminated laundry into a container with a plastic liner and do not shake. This minimizes the possibility of dispersing virus through the air. Wash with regular laundry soap and hot water (60-90°C), and dry well. Clothing and linens belonging to the ill person can be washed with other laundry. Use proper hand washing before putting on gloves and after removing them.
- Wipe down all common areas regularly with disinfectant cleaners (*Cleaning and Disinfection for COVID-19* – <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/CDCOVIDE.pdf>)

Food preparation

- Limit the number of people eating together to ensure adequate physical distancing and to discourage sharing of food/beverages.
- Limit the number of people preparing meals together at one time.
- Do not allow anyone who is ill to prepare a meal or do dishes/clean.
- Avoid offering buffet or self-serve style meals.
- Remove shared food containers from dining areas.
- Dispense snacks directly to child/youth.
- Ensure that staff handling food practice good hand hygiene.
- Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal.
- Clean/sanitize kitchen counters and commonly used surfaces and let them air dry (e.g. toaster, kettle) regularly/after each meal.

Staff

- Prior to working every shift, staff must report if they have had potential exposure to a case of COVID-19.
- Restrict all staff from reporting to duty for 14 days after they have returned from travel outside New Brunswick.
- Staff should avoid working in different facilities.

Masks

The NB Pandemic Task Force recommends staff and volunteers wear procedure masks while working in the home. This directive is being issued in response to the emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19 and is meant to prevent transmission of COVID-19 by staff to their residents and co-workers. Social Development is assisting group homes with meeting this requirement by supplying /procedure masks for each home.

- Continuous use of procedure mask is the practice of wearing the same procedure mask for repeated close contact with different residents. The duration of extended use is dependent on the nature of the task or activity being undertaken.
- A mask can be worn for the full duration of the shift as prevention of transmission of unrecognized COVID-19 infection to residents. The mask should be immediately changed and safely disposed of whenever it is damaged or soiled/wet. If the mask is not damaged, soiled/wet or contaminated, it should be stored safely for reuse.
- It is recommended that staff and volunteers minimize their mask use to two masks per shift where possible.
- Guidance for taking off surgical mask with ties for continuous use:
 - Clean hands.
 - Remove the procedure mask by untying the bottom ties and then the top ties. (If the ties cannot be undone without tearing the ties, the mask will be discarded).
 - The front is contaminated, so remove slowly and carefully.
 - After removing facemask, visually inspect to determine if the mask has been damaged or is soiled/wet or contaminated. If damaged, soiled/wet or contaminated the mask must be discarded.
 - If the surgical/ procedure mask is NOT damaged, soiled/wet or contaminated, it should be stored for re-use.
 - Fold the mask in half (lengthwise or widthwise), so the outside surfaces are touching each other, carefully store in a paper bag labelled with your name and date. This will avoid destroying the shape of the mask and to prevent contamination.
 - Clean hands.
 - A disposable I/procedure mask can be worn for several hours if not damaged, soiled/wet or contaminated.
 - Perform hand hygiene frequently. Wash hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
 - Avoid touching eyes, nose and mouth.

This video (<https://vimeo.com/403797242>) demonstrates the proper procedure when putting on or taking off the mask.

Staff should monitor for symptoms:

- Fever (above 38°C) or signs of fever (such as chills)
- new onset or worsening of chronic cough
- sore throat,
- runny nose
- headache,
- a new onset of fatigue,
- a new onset of muscle pain,
- diarrhea
- loss of sense of taste or smell

- If staff develops two or more COVID-19 symptoms while away from their work, they should immediately call the dedicated line (1-833-475-0724), stay off work and self-isolate, and notify their supervisor.
- If staff develops two or more symptoms of COVID-19 while at work (they should:
 - avoid further resident contact;
 - immediately exclude themselves from work when able to do so safely;
 - do not remove their mask if wearing one or put one on immediately;
 - wash their hands;
 - notify their supervisor; and
 - call the dedicated line to arrange testing.

Activities of youth absent from the home

If the activities of any youth who is absent from the child placement source returns and the activities cannot be verified, then an assessment should be done.

If the assessment indicates the youth has symptoms of COVID-19 or has been in close contact with someone who has COVID-19, they should self-isolate (e.g. youth should stay in a room of their own for 14 days and limit contact with others), monitor symptoms daily, ensure access to handwashing supplies and disinfect common items and surfaces. It is very important to create a supportive environment for children and youth who are self-isolating to minimize stress and hardship as the impact of self-isolation can be substantial. For resources please refer to https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/mental-health-and-coping-during-covid-19.html#5

If the assessment indicates that the youth is not showing symptoms of COVID-19 or have not been in close contact with a confirmed case, they should self-monitor for symptoms and TeleCare 811 should be contacted if symptoms develop.

Caring for a child who has COVID-19

It has been noted that so far, the majority of people who develop COVID-19 will have mild illness and may not require care in the hospital. They can convalesce at home as long as effective isolation and appropriate monitoring for worsening of the illness can be provided.

In the home, the child with COVID-19 should stay in a room of their own so they can be isolated from other household members. If a separate bathroom is not possible, the bathroom should be cleaned and disinfected frequently. Household members with conditions that put them at greater risk for complications of COVID-19, e.g. the elderly or those with underlying chronic or immunocompromising conditions, should not provide care for the child and alternative arrangements may be necessary.

The Government of Canada information sheet titled *Coronavirus disease (COVID-19): How to care for a person with COVID-19 at home – Advice for Caregivers* provides more detailed information (<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/care-for-person-covid-19-home-caregivers/care-for-person-covid-19-home-caregivers-eng.pdf>).