

Ministry of Health

# COVID-19 Guidance: Group Homes and Co-Living Settings

Version 1 – April 1, 2020

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

This guidance document is intended for staff or volunteers in a group home or another group living setting, referred to as “residential settings”<sup>1</sup>. There is a separate Guidance for Shelters on the MOH COVID-19 website.

Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, the latest case definition, FAQs, and other pertinent information.

## General Advice

It is acknowledged that staffing, physical lay-out, shared accommodation and smaller communal areas may pose challenges for following the guidance outlined in this document.

It is also recognized that much of the support and care that is provided in these residential settings cannot be deferred. Residential settings are encouraged to customize and prioritize as necessary.

**Screening is required** for everyone entering the residential setting, including residents who have left the premises, staff, volunteers and others.

## Planning

There are several things that residential settings can do to protect their staff, volunteers and clients, including implementing organizational pandemic and/or

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<sup>1</sup> Residential settings include: youth justice facilities, schools with residences; and homes and residential facilities for children and youth in care, individuals with developmental or physical disabilities, individuals recovering from substance abuse, teenage mothers, victims of human-trafficking and gender-based violence.

business continuity plans as appropriate. These should include plans to address situations when staff, volunteers and/or clients are unwell.

When planning, residential settings should also consider:

- How health care can be organized within the residential setting if residents become unwell with suspected or confirmed COVID-19 or are exposed to COVID-19, including isolation within the home;
- How to reach out to the local [public health unit](#) to assist with the planning;
- Sick leave policies and how to access extra staff and volunteers to cover for absences of staff who can not come to work because they are unwell or in self-isolation;
- How to actively screen staff, and volunteers for symptoms of COVID-19 every time they enter the residential setting;
- How to access specialist services that may be required (e.g., mental health services);
- How to access extra hand hygiene supplies (soap, alcohol-based hand sanitizer, paper towels) and cleaning products and perform enhanced cleaning;
- How to have food, medication and other supplies delivered and the quantities needed of each;
- How to access and use personal protective equipment (PPE), and what types are needed;
- How to transport unwell residents as public transportation cannot be used;
- Reviewing infection prevention and control/occupational health and safety policies and procedures with all staff and volunteers; and
- Communicating that anyone who feels unwell, especially those with fever, cough or other flu-like symptoms should stay home and report to the supervisor/manager for screening (details below).

Surgical/procedure masks should only be worn inside the residential setting if a staff person must have direct contact (less than 2 metres) with an unwell resident.

## Prevention

There are many things residential settings can do to prevent and limit the spread of COVID-19 in the residential setting, particularly by facilitating proper hand hygiene, respiratory etiquette, and physical distancing as well as screening staff, volunteers, and new or returning residents.

## Hand Hygiene

Hand hygiene (see Hand Hygiene on [PHO Public Resources](#)) refers to hand washing or hand sanitizing and actions taken to maintain healthy hands and fingernails. It should be performed frequently with soap and water or hand sanitizer for 15- 20 seconds:

- Before and after preparing food;
- Before and after eating;
- Before going to sleep;
- After using the toilet;
- After disposing of waste or handling dirty laundry;
- After blowing your nose, coughing, or sneezing;
- After interacting with other people at a distance of less than 2 metres/6 feet;
- After facilitating or engaging in group activities (where applicable - see section on Group Activities and Outings); and
- Whenever hands look dirty or are visibly soiled.

Handwashing with plain soap and water is the preferred method of hand hygiene. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer (ABHS) that contains at least 70% alcohol, ensuring that all surfaces of the hands are covered (e.g., front and back of hands as well as between fingers and under the nails) and rub them together until they feel dry. For visibly soiled hands, remove soiling with a paper towel or hand wipe first, followed by use of ABHS.

When drying hands, disposable paper towels are preferred, but a cloth towel that is only used by one person may be used.

Avoid touching the face, eyes, nose, and mouth at all times, especially with unwashed hands.

## Respiratory etiquette

- Cover your cough and teach, remind or help residents to cover their nose and mouth with a tissue when coughing and sneezing or cough or sneeze into the bend of the arm, not the hand.
- Residents and staff should dispose of any tissues that they used as soon as possible in a lined, non-touch waste basket and wash their hands afterwards.

## Physical Distancing

Physical distancing limits the number of people that individuals come into close contact with. This means keeping a distance of at least 2 metres or 6 feet (approximately 2 arms-length) from other people in the residential setting and outside. Unless providing essential personal care, people living in the residence should distance themselves from others. This may require educating residents and volunteers to be mindful of their proximity to others. Moving furniture and creating visual cues such as tape on the floor can be helpful.

## Day to Day Operations

### Meals, Group Activities and Outings

There are several things that residential settings can do to protect their staff, volunteers and residents:

- Only allow one person or family to use the kitchen at a time and clean and disinfect after each use.
- Suspend communal dining unless physical distancing is possible (e.g., eating at different times and cleaning all surfaces between seatings) or serving residents individual meals in their rooms if this is not feasible.
- Remove shared food containers from dining areas (e.g., pitchers of water, salt & pepper shakers). Dispense snacks directly to residents or use pre-packaged food.
- Encourage residents to remain in their room. If rooms are shared, residents should keep as far apart as possible from each other (e.g., "head to foot" or "foot to foot" placement of beds).
- Cancel group activities and individual outings that require close contact between individuals unless they are essential.
  - Activities that maintain physical distancing of 2 metres or 6 feet between individuals may continue in the home.
- Create a schedule for residents to use the common spaces in shifts, to maintain physical distancing. Reconfigure common spaces so seating ensures physical distancing.
- Individuals should only leave the home for urgent appointments.
- Arrange for delivery of medications, including methadone.
- People may make use of the yard and outdoor space immediately surrounding the residential setting if they can maintain physical distancing.

### **Avoid Sharing Personal and Household Items**

- Residents should not share personal items with others (e.g., toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, straws, cigarettes, drinks, drug paraphernalia, phones, computers, remote controls, toys, other electronic devices, etc.).
- Where possible, personal items should be kept separately for each resident. Clean all items that must be used by several people between uses (e.g., remote control, toys, telephones) - see cleaning below.

### **Home Visits and Visitors**

- Home visits to family are only permitted if the resident stays with the family for the duration of the COVID-19 emergency and until they are instructed that they may return to the residential setting. Home visits to family for a short time are not permitted.
- If available, use telephone or video interactions for residents to maintain contact with family and friends.
- For Youth Justice Facilities, all visitor and volunteer activities should be suspended until further notice.

### **Volunteers**

Only volunteers that are essential to the continued operation of the residential setting should be permitted to enter the residential setting, if they pass screening. All efforts should be made to adjust business practices and eliminate the need for volunteer support as well as limiting the number of people that come in and out of the residence.

## **Cleaning**

- Cleaning and disinfecting<sup>2</sup> objects and high-touch surfaces will help to prevent the transmission of viruses from contaminated objects and surfaces to people (see Environmental Cleaning on [PHO public resources](#)).

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<sup>2</sup> **Cleaning** removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. **Disinfecting** kills germs on surfaces or objects using chemicals. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. For effective disinfection, cleaning should be done first.

- Clean and disinfect all high-touch surfaces twice a day or more with a regular cleaner and disinfectant. High-touch areas include toilets and sinks, door handles (including refrigerator), kitchen surfaces and small appliances (e.g., kettles, coffee makers), light switches, telephones, remote controls, toys.
- Read and follow the product label for health and safety information about the products, substances or chemicals that may be hazardous. Only use disinfectants that have a Drug Identification Number on the label (8-digit number given by Health Canada). Wear gloves when handling cleaning products.
- High-touch electronics such as mobile devices and phones, computers and other devices may be disinfected with 70% alcohol (e.g., alcohol prep wipes).
- Place lined waste baskets in visible locations and empty them regularly.

## Screening

The latest COVID case definition is available on the [MOH COVID-19 website](#).

[Signage](#) (link to signage in multiple languages). should be posted on the entry door and throughout the residence to prompt anyone to self-identify if they feel unwell or screen positive for symptoms of COVID-19.

All staff, volunteers and returning residents should be actively screened on intake and daily using the ministry's [self-assessment screening tool](#). Those who fail screening are not permitted to enter.

Individuals conducting screening should ideally be behind a physical barrier (e.g., Plexiglas) or stand 2 metres or 6 feet away from the individual being screened. If possible, the screener should be placed at the entrance to screen all individuals wanting to enter the residential setting. If a physical barrier or 2 metres or 6 feet distance is not possible, then screeners should wear a mask and gloves. Hand sanitizer should also be available.

Residents should be monitored for symptoms of COVID-19 daily (see How to Self Monitor on [PHO Public Resources](#)). Symptoms range from mild to severe and include fever, new cough or change in cough, difficulty breathing or shortness of breath, muscle aches, fatigue, headache, sore throat, and runny nose.

## Positive Screening: What to do With Staff and Volunteers

All staff and volunteers who have symptoms that may be from COVID-19 or have been exposed to someone with suspected or confirmed COVID-19 are required to self-isolate and must not come to work. They should report their symptoms to their supervisor/manager and contact their local [public health unit](#) for advice.

Staff and volunteers who become unwell on site in the residential setting should tell their manager immediately and separate themselves from others. They should be given a mask and hand sanitizer to use. They should go home (avoiding public transit) and contact their primary care provider, Telehealth (1-866-797-0000) or the [local public health unit](#). They should also complete the MOH's self-assessment tool and go to an Assessment Centre if directed by their health care provider or the self-assessment tool.

### COVID-19 Testing

Symptomatic staff in all residential settings described in this guidance should advise health care providers at the Assessment Centre that they work with a vulnerable population in a group home or other group residential setting (see [PHO Coronavirus Disease 2019 \(COVID-19\) Testing](#)).

## Positive Screening: What to do With Residents

If a resident reports or shows symptoms of COVID-19 or they have been exposed to someone who has COVID-19, they should be isolated immediately (see How to Self-Isolate on [PHO Public Resources](#)). Testing should be arranged by calling the [local public health unit](#). If medical advice is required for any resident, call their primary care provider or Telehealth Ontario at 1-866-797-0000 and tell them that the person lives in a group home or other residential setting.

### Placement in Isolation in the Residence

Please refer to Self-isolation: Guide for caregivers, household members and close contacts on [PHO Public Resources](#).

- Choose a room in the residence with a door that can be closed to separate unwell residents who have symptoms or are being tested for COVID-19 from those who are healthy for 14 days.
- If a private room is not possible and will be shared by well and unwell residents, make sure the room has good airflow (open windows as security protocols and

weather permits), and that the resident can be kept 2 metres or 6 feet away from other people who are not unwell and wears a surgical/procedure mask. Provide the residents of the room with hand sanitizer, and instruct them to use it in the room.

- If the room must be shared by more than one person who is unwell with confirmed COVID-19, these residents are not required to wear masks.
- Identify a separate bathroom for the unwell person to use, if possible.
- If a private bathroom is not available, consider developing a schedule for use with the unwell person going last, followed by a thorough cleaning of the bathroom.

### **COVID-19 Testing**

- If the sick resident has symptoms that may be COVID-19 and the residential setting staff have health questions, call the resident's doctor/NP (if permitted) or Telehealth Ontario (1-866-797-0000) and tell them that the person lives in a group home or other residential setting.
- If staff are advised to transport the resident to an Assessment Centre, arrange private transportation (no public transit is allowed) and have the resident wear a surgical/procedure mask, sit alone in the backseat and open the car windows if possible. The driver of the vehicle should wear a mask.
- Residents in all residential settings described in this guidance should advise health care providers at the Assessment Centre that they are a resident in a group home or other group residential setting (see [PHO Coronavirus Disease 2019 \(COVID-19\) Testing](#)).

### **Recovery at Home**

- Residents who have mild to moderate symptoms may recover at home in the residential setting. They must remain in their room, receive meals in their room and should not share a bathroom with others (see above). They should be monitored several times a day to ensure that their symptoms do not worsen.
- If the unwell person gets worse and needs to go to the hospital because of severe symptoms (e.g., severe difficulty breathing, severe chest pain, very hard time waking up, confusion, loss of consciousness), call 911 and inform them that the person is suspected of having COVID-19 so that the hospital can be notified and the paramedics can take the necessary precautions.



## Reporting Positive Screening

Staff should contact their [local public health unit](#) to report a staff member, volunteer or resident suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent further spread in the residential setting.

## Caregiving and Infection Control

Limit the number of staff providing care to the person with suspected or confirmed COVID-19. All caregivers should perform regular hand hygiene and wear appropriate personal protective equipment as required.

If close contact (less than 2 metres or 6 feet) with the person with suspected or confirmed COVID-19 is required for direct care (e.g., bathing, toileting), use Droplet and Contact Precautions (see Droplet and Contact Precautions on [PHO Health Care Resources](#)).

Droplet and Contact Precautions include using **Personal Protective Equipment (PPE)**:

- **surgical/procedure masks** provide a physical barrier that helps prevent the transmission of the virus by blocking respiratory droplets propelled by coughing, sneezing and talking and should be used when in close contact (less than 2 metres) with the ill person;
- **disposable single use gloves** should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids. If disposable gloves are not available, reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a disinfectant;
- **isolation gown** when skin or clothing may become contaminated. Reusable gowns may be used; however, they must be laundered with soap and warm water (60-90°C) after each use;
- **eye protection** such as goggles or a face shield for care or activities likely to generate splashes or sprays of body fluids.

Before using PPE, staff should be familiar with how to safely put it on and take it off. Detailed instructions on how to use PPE are available on Public Health Ontario's website:

## [Recommended Steps: Taking Off Personal Protective Equipment \(PPE\) - COVID-19](#)

Videos: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/health-care-resources>

**Tasks that do not involve close contact and direct care with the person with suspected or confirmed COVID-19 do not require PPE.**

**Tasks that require close contact and direct care with individuals who are otherwise healthy and displaying no symptoms of COVID-19 do not require additional PPE than what is normally used.**

**Cleaning required when caring for an unwell resident** (see Cleaning and Disinfection for public settings on [PHO Public Resources](#)).

Plan to clean and disinfect the rooms occupied by unwell residents frequently, twice per day and when visibly dirty. The lid of the toilet should be down before flushing to prevent contamination of the environment. Disposable contaminated items including used PPE should be placed in a closed bag and placed with other household waste.

### **Laundry from the unwell resident**

Laundry can be done regularly with warm water (60-90°C), and thoroughly dry the laundry. Wear gloves and a mask when handling the dirty laundry from unwell residents and keep it away from the body. If the laundry hamper/container comes in contact with contaminated laundry, disinfect it.

## **Occupational Health & Safety**

If COVID-19 is suspected or diagnosed in staff or volunteers, return to work should be determined in consultation with their health care provider and the local [public health unit](#). The staff/volunteer must notify their supervisor prior to return to work. See Guidance for Occupational Health and Safety for COVID-19 on the Ministry of Health [COVID-19 website](#).

Staff and volunteers should check for signs of illness compatible with COVID-19 before each shift using the [self assessment](#) tool provided by the Ministry of Health. Individuals should follow the directions provided by the self-assessment tool. This

may impact staffing levels but is a precaution to prevent spread of illness in the community.

Individuals who are positive for COVID-19 and are free of symptoms for 14 days after the onset of the symptoms can return to work. Individuals who are critical to operations and are symptom free can return to "work self-isolation". An explanation of the requirements of work self-isolation is available on the Health Care Resources section of [Public Health Ontario's website](#). For up to date information, consult with the local public health unit if there are questions about return to work for staff, including testing and clearance guidelines.