

MEMORANDUM

Date: 8 April 2020
To: Residential Care Facility Operators and Managers
From: Dr. Mark Lysyshyn, Deputy Chief Medical Health Officer, Vancouver Coastal Health
Re: Recommendations to reduce the risk of COVID-19 in licensed residential care facilities (other than Long-Term Care Facilities for seniors)

Dear Residential Care Facility Operators and Managers

We are writing to provide you with guidance for reducing the risk of COVID-19 to residents, staff and visitors in the following types of licensed residential care facilities in the Vancouver Coastal Health region:

- **Acquired injury**
- **Child and youth**
- **Community living**
- **Mental health**
- **Substance use**

These recommendations do not pertain to licensed Long-Term Care Facilities for seniors to which recent provincial and health authority orders related to COVID-19 have been issued (i-ii).

Residential care facility residents are reliant on staff to meet their personal care and health needs, and may also be at higher risk of severe disease from COVID-19 infection because of their age and/or underlying health issues. It is thus important that measures are implemented in order to reduce the risk to residents, staff and visitors.

1. Staffing measures

We know that many of your staff work in multiple care facilities. As much as possible, we encourage facility managers to support your staff in reducing the number of facilities in which they work in order to reduce the risk of infection transmission across facilities.

As always, we encourage you to:

- Emphasize that staff with a fever, new or worse cough or other new onset of respiratory symptoms must not be at work. Symptomatic staff should stay off work for 10 days after onset of their symptoms, and then may return to work if feeling better. Cough may persist for several weeks, so a dry cough alone does not mean they need to continue to self-isolate beyond 10 days. Advise staff to seek medical care if symptoms worsen or do not resolve.

- We recommend that all care facilities plan for business continuity should staff members require isolation, develop illness and are unable to work.

2. Visitors

Visitors should only visit when they are well, should be reminded to practice hand hygiene and only visit their own family members. Group visitation should be restricted.

3. Group activities

Cancel or postpone group social activities in which social distancing cannot be observed or where self-service and sharing of food is involved. Resident outings for medical, social or physical activity can be maintained.

4. Cleaning

Carry out enhanced cleaning of facilities, including high touch surfaces (examples include door knobs, faucets, toilet flushers, handrails etc) and dining areas, at least two times per day. Your usual bleach based disinfectant or standard hospital-grade disinfectants are sufficient.

5. Laundry

Store contaminated laundry in a plastic lined basket separate from other items that require washing. Wash with regular laundry detergent and hot water. Carry out hand washing after each step.

6. Implement isolation protocol for ill residents

If possible, isolate residents who develop fever or new or worsening respiratory symptoms. Cohort staff to affected areas/individuals where appropriate. Where possible, ill residents should eat separately from other residents and be provided with single-use disposable dishware and utensils. Designate a washroom for residents, if possible.

Mild illness can be managed in the home. Testing is not recommended for asymptomatic individuals or those with mild illness. If a resident experiences shortness of breath or worsening health status, they may need a medical assessment. Please call ahead to make appropriate arrangements.

If a resident (or staff) is diagnosed with COVID-19, public health will follow up with your facility to provide advice regarding management of the ill individual and their contacts.

7. Infection control

Review infection control procedures, including hand washing, respiratory hygiene with all staff and residents. For additional infection control information and education, please refer to the contact number below.

8. Resources:

- i. Orders and Notices, Ministry of Health. <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>
- ii. Class Order #1 <http://www.vch.ca/Documents/COVID-19-Class-Order-1-Long-Term-Care.pdf> and Class Order #2 <http://www.vch.ca/Documents/COVID-19-Order-2-Licensed-Long-Term-Care-Staff.pdf>
- iii. BC Centre for Disease Control: [www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus- \(covid-19\)](http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19))
- iv. Public Health Agency of Canada: www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

- 9. For further information, please contact a VCH licensing officer at 604-675-3866, 7 days a week from 8:30am to 4:30pm.**