

# Guidance For Respiratory Viruses in Congregate Living Settings

This document is a joint communication from Public Health at Department of Health and Wellness, Nova Scotia Health and Department of Environment and Climate Change and replaces all previous guidance documents re: COVID-19 and congregate living settings.

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## **Significant Changes to Document:**

July 17, 2023 – Alignment with lifting of Public Health Order on May 23, 2023

November 8, 2022 – Integration of guidance for other respiratory viruses

July 20, 2022 – Clarification provided for definition of a congregate living setting

July 6, 2022 – Alignment with public health measures in community

March 7, 2022 – Phase 2 alignment

February 8, 2022 – Exposure and Outbreak Plans Section

## Introduction and Purpose

Congregate Living Settings (CLS) have worked closely with Nova Scotia Health (NSH), Department of Health and Wellness (DHW), and Department of Community Services (DCS) for the duration of the COVID-19 pandemic to mitigate the increased risks to people who face homelessness, physical or intellectual disabilities, addictions and mental health concerns, or who are involved with the criminal justice system. This partnership has been crucial to supporting populations who are at increased risk due to intersecting social and health risk factors.

In May 2023, two milestone events occurred: (1) the World Health Organization downgraded the COVID-19 pandemic, advising that COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC) and (2) the Nova Scotia government lifted the Health Protection Act Order with remaining mandatory measures for COVID-19.

Nova Scotia's Public Health COVID-19 pandemic response has come to an end; however, respiratory viruses, such as COVID-19, influenza, and respiratory syncytial virus (RSV) will continue to circulate and be easily transmitted between people in closed spaces, crowded places and by close contact. As such, Public Health encourages CLS to continue to have plans, policies, and contingencies in place to protect their populations at risk of severe disease from respiratory viruses.

**The purpose of this document is to provide CLS organizations and/or operators with guidance and information on prevention strategies to continue to reduce introduction and transmission of respiratory viruses into CLS in Nova Scotia. Organizations providing congregate living are encouraged to update and modify operational plans, outbreak policies and procedures based on this guidance.**

This approach aligns with the goal of Nova Scotia's [Respiratory Response Plan](#) to minimize severe illness and death from all respiratory pathogens with a focus on protecting those at higher risk and vulnerable populations, and communication with the public regarding risk.

## Audience

This updated ***Guidance For Respiratory Viruses in Congregate Living Settings*** is intended for Nova Scotian CLS, which includes, but is not limited to:

- **Shelters**
- **Transition houses**
- **Correctional facilities and halfway houses**
- **Private senior living facilities**
- **Most licensed DCS disability support program (DSP) facilities including small option homes, group homes, developmental residences, and residential care facilities (RCF)**

For the purposes of managing cases of respiratory disease or outbreaks, Department of Seniors and Long Term Care (DSLTC) licensed long-term care facilities (LTCF), as well as DCS adult residential centres (ARC) and regional rehabilitation centres (RRC) should follow the guidance contained with [A Guide to Respiratory Virus Infection and Outbreak Management in Long-Term Care Facilities](#).

## Notifying Public Health

CLS are expected to self-manage and follow their operational plans when there are resident(s) who are symptomatic and/or test positive for COVID-19 or other respiratory viruses. These settings may consult their local [NSH Public Health Office](#) if/when additional outbreak support or advice is needed.

Clinical medical assessment is beyond the scope of Public Health. If a CLS is concerned about a resident, staff, or visitor's health, the individual should be advised to seek medical attention, call 811 or, if needed, 911 for emergency care.

## Operational Planning

The Public Health recommendations in this document are effective strategies that have commonly been used to prevent transmission of respiratory viruses and minimize risk of severe outcomes among high-risk populations. These strategies will be particularly important during the winter months when people spend more time indoors and there are more respiratory viruses circulating in communities. This is often referred to as respiratory season.

**Public Health recommends CLS develop organizational policies to support the operationalization of these recommendations as appropriate to their setting.** CLS operational plans should outline procedures for residents, staff and visitors who develop respiratory symptoms and/or test positive for a respiratory virus, including COVID-19.

The goal of organizational policies and operational plans is to effectively protect residents and staff, but also minimize social disruption in the CLS.

## Terminology

Term	Definition
<b>Congregate living settings</b>	Includes, but is not limited to shelters, transition houses, correctional facilities, halfway houses, private senior living facilities, as well as most licensed Department of Community Services (DCS) disability support program (DSP) facilities (including small option homes, group homes, developmental residences, and residential care facilities (RCF)).  For the purposes of managing cases of respiratory disease or outbreaks, DSLTC licensed LTCF, DCS adult residential centres (ARC) and regional rehabilitation centres (RRC) should follow the guidance contained with <a href="#">A Guide to Respiratory Virus Infection and Outbreak Management in Long-Term Care Facilities</a>
<b>Resident</b>	A person who resides in a CLS (on a temporary or permanent basis).

<b>Staff</b>	All paid staff, contractors, and volunteers who regularly work in a CLS.
<b>Visitor</b>	Anyone who is accessing common spaces to visit with residents or staff. May include a person who accesses services through a CLS but does not reside onsite. May also include family members, case workers or other external service providers.
<b>High risk populations</b>	A list of individuals who are considered at higher risk of severe disease from COVID-19 infection can be found at <a href="https://www.nshealth.ca/coronavirustesting">https://www.nshealth.ca/coronavirustesting</a> under the “Who is considered high risk” tab.

## Routine Public Health Recommendations

CLS, by nature of being shared living spaces, are at higher risk for transmission of respiratory viruses, and some populations who live in these settings may also be at higher risk of severe outcomes from these viruses. Routine Public Health recommendations are good everyday practices to prevent the introduction and spread of respiratory viruses. **CLS should be following routine Public Health recommendations regardless of whether there are any staff or residents with respiratory symptoms or confirmed cases of respiratory viruses.**

Routine Public Health Recommendations	Description
<b>Hand Hygiene</b>	<p>Hand hygiene is everyone’s responsibility; staff, residents, and visitors, and is the most effective way to prevent the spread of germs.</p> <p>Wash hands with soap and water often. When soap and water are not available, and hands are not visibly dirty, an alcohol-based hand sanitizer with at least 60% alcohol can be used.</p> <p>Follow hand hygiene practices as described here: <a href="#">Protect yourself and others - Government of Nova Scotia, Canada</a></p>
<b>Respiratory Etiquette</b>	<p>Respiratory etiquette helps to prevent the spread of germs to others. Cover coughs and sneezes using a tissue or elbow rather than hands.</p> <p>Follow cough and sneeze etiquette practices as described here: <a href="#">Protect yourself and others - Government of Nova Scotia, Canada</a></p>

<p><b>Environmental Cleaning and Disinfection</b></p>	<p>Environmental cleaning and disinfection are two separate, but equally important steps to help reduce the transmission of respiratory viruses and other germs.</p> <p>Cleaning with soap removes the dirt and germs on a surface through mechanical action (e.g., rubbing a cloth over a surface). Although, cleaning does not kill all germs it is an essential step as removing dirt allows disinfectants to make contact with surfaces.</p> <p>Disinfecting means using chemicals to kill germs on surfaces and is most effective after surfaces are cleaned. Household disinfectants are available at most stores, and it is important to read on the label that it kills bacteria and viruses. It is important to follow the directions as most recommend a time that the surface must stay wet to kill germs and to be aware of the products' expiry date. Disinfectant wipes can also be used for cleaning, then disinfecting; use one wipe to clean and use another wipe to disinfect.</p> <p>Do not mix cleaning agents and disinfectants together or use multiple disinfectants together. Consult product's Safety Data Sheets and use personal protective equipment (PPE) if required.</p> <p>You should clean and disinfect the frequently touched surfaces like doorknobs, light switches, toilets, and tabletops every day. Use a new cloth for each surface and either launder or if disposable discard. This is the responsibility of all staff and residents.</p> <p>In addition to the environmental cleaning and disinfecting practices as outlined here: <a href="#">Protect yourself and others - Government of Nova Scotia, Canada</a>, congregate living operators should follow all organizational occupational and regulatory health policies.</p>
<p><b>Get Immunized</b></p>	<p>Stay up to date on recommended routine and seasonal immunizations to protect yourself and others around you. Learn more about what vaccines are provided for free in Nova Scotia here: <a href="#">Communicable Disease Prevention and Control - Immunization</a> and <a href="#">Nova Scotia Health COVID-19 Vaccine</a></p>

## Immunization

Immunization can help prevent severe outcomes from respiratory infections including COVID-19 and influenza. **Populations who access, live in, or work at CLS are encouraged to stay up to date with all vaccines recommended for their age and risk factors to promote safety in CLS.**

Public information on recommended vaccines, including how to access influenza and COVID-19 vaccination, is available at the following links:

- [Nova Scotia's Protect yourself and others from influenza \(the seasonal flu\) webpage](#)
- [Nova Scotia Health COVID-19 Vaccine webpage](#)
- [Nova Scotia's routine publicly funded immunization schedule](#)
- [Nova Scotia's high-risk immunization policy](#)

A health card is required to book an influenza or COVID-19 vaccine via Nova Scotia's online public booking system. If an individual does not have a health card, they can call or visit the closest offering pharmacy to book their vaccine. If they wish to renew their health card, the [Health Card Renewal Form](#) can be used.

## Self-Monitoring and Testing

The goal of self-monitoring for respiratory symptoms in CLS is early detection of respiratory viruses. Early detection allows for implementation of operational plans and can limit opportunities for further spread. Respiratory symptoms include new, worsening, or unexplained:

- Cough
- Fever, chills, or sweats
- Shortness of breath or difficulty breathing
- Loss of sense of smell or taste
- Extreme fatigue or tiredness
- Sore throat or hoarse voice
- Runny nose, nasal congestion, or excessive sneezing
- Headache or muscle aches
- Nausea, diarrhea, or vomiting

A poster for self-monitoring respiratory symptoms is available at the following link: [Slowing the spread of respiratory illness](#)

## Self-Monitoring by Staff and Visitors

CLS are recommended to develop guidance in their operational plans for staff to self-monitor for respiratory symptoms as well as identify contingencies for when staff are unable to report to work due to symptoms. Signage may be placed at the front door reminding staff and visitors to self-screen for respiratory symptoms prior to entering.

## Self-Monitoring by Residents

CLS are also recommended to include guidance for residents to self-monitor for respiratory symptoms in their operational plans. Residents should be encouraged to tell staff if they have any new or worsening respiratory symptoms. CLS may choose to post signage reminding residents what respiratory symptoms to self-monitor for.

## Testing

Both PCR and rapid testing for COVID-19 continue to be available for staff and residents of CLS who develop respiratory symptoms. Testing for other respiratory viruses such as influenza and RSV is not routinely available in community settings. Asymptomatic testing is not recommended.

Staff and residents can book a PCR test appointment online: <https://www.nshealth.ca/visit-covid-19-testing-centre-or-public-health-mobile-unit>. If a staff or resident are unable to complete the online booking for testing, they can call 811.

If someone needs assistance with transportation to a COVID-19 testing appointment, they may call 1-844-996-0694 to book an appointment and to arrange help with transportation.

Public Health Mobile Unit (PHMU) clinics also offer PCR testing and rapid test pick up by drop-in or booked appointments. Learn more about the PHMU clinics in your community here: <https://www.nshealth.ca/PHMU>

Facilities that have rapid tests on site may use those tests for symptomatic testing and continue to follow current pathways for accessing rapid test supply as needed.

- If a rapid test is used and results are negative, it is recommended to complete a second test 48 hours later to confirm results. Staff and residents should follow organizational policies for what to do while experiencing respiratory symptoms when awaiting confirmation.
- CLS with confirmatory molecular testing systems (e.g. Abbott ID Now) may complete a confirmation test following a positive rapid antigen test.

**Please note:** It is recommended that individuals who test positive for COVID-19 and who may be eligible for COVID-19 therapeutics complete the [Report and Support](#) screening form online or by phone at 1-833-797-7772. The Report and Support form is time sensitive and collects information to quickly help identify people who may benefit from COVID-19 medications to reduce the risk of severe disease and hospitalization and those who may be at risk of severe illness for follow up.

## Managing those who develop respiratory symptoms or test positive for respiratory viruses including COVID-19

CLS by nature of being shared living spaces are at higher risk for spread of respiratory viruses such as COVID-19, influenza, and RSV, and some populations who live in these settings may be at higher risk of severe outcomes. For this reason, CLS are recommended to develop operational plans that incorporate [Routine Public Health Recommendations](#) and [Additional Public Health Recommendations](#) for when a respiratory virus may be introduced into a setting. The goal of operational planning is to limit further spread and decrease risk of severe illness within a CLS.

### Staff who develop respiratory symptoms or test positive for respiratory viruses including COVID-19

To prevent the spread of respiratory viruses, it is recommended that staff with respiratory symptoms or who test positive for respiratory viruses including COVID-19 stay home while sick.



Staff should follow the organization's operational plan or occupational health policy for guidance on what to do while symptomatic. In developing their operational plan, CLS organizations are encouraged to consider strategies to mitigate risk of spread.

- Criteria for when staff should stay home while ill and when they may return to work that considers level of risk for severe disease in their CLS population.
- If staff are allowed to continue working with mild respiratory symptoms, ways to mitigate risk of spread to other staff and residents such as respiratory etiquette, hand hygiene practice, and other prevention measures such as distancing and masking.

### **Visitors who develop respiratory symptoms or test positive for respiratory viruses including COVID-19**

To prevent the spread of respiratory viruses, it is recommended that visitors with respiratory symptoms or who test positive for respiratory viruses including COVID-19 stay home while sick. Visitors should follow the organization's operational plan for guidance on what to do while symptomatic.

It is recommended that non-essential visits be rescheduled, however, for situations where a visitor may require support services or programs through a CLS while having respiratory symptoms or when positive for respiratory viruses including COVID-19, CLS organizations are encouraged to consider strategies to mitigate risk of spread to others.

- Efforts may be made to provide the necessary support through virtual or telephone means or meeting outdoors if necessary.
- Visitors follow respiratory etiquette, hand hygiene practices, and other preventative measures such as distancing and wearing a mask while receiving and providing services/programs.
- Staff providing services/programs also follow public health recommendations and other preventative measures such as distancing and wearing a mask.

### **Residents who develop respiratory symptoms or test positive for respiratory viruses including COVID-19**

It is recommended that residents with respiratory symptoms or who test positive for respiratory viruses including COVID-19 follow the organization's operational plan for guidance.

CLS are encouraged to consider level of risk for severe disease in their CLS population when developing their operational plan and additional ways to mitigate risk of spread where needed. Mitigation strategies could include, but are not limited to:

- Resident follows respiratory etiquette, hand hygiene practices and other prevention measures such as distancing and masking around all others in CLS.
- Resident who is unable to maintain distance from others can wear a mask until their symptoms have improved.

- Resident avoids contact and practices prevention measures with others who are at higher risk of severe disease, including those with underlying chronic or immunocompromising conditions.
- Resident limits interaction with others to outdoor settings or very brief periods.
- Resident is encouraged not to share personal items with others.

### How to care for a resident who has a respiratory virus in a CLS as safely as possible

It is recommended that organization’s operational plans include contingencies for what to do when a symptomatic resident requires additional care. This additional care may come from staff or other caregivers (e.g. family members, outside health care agencies) and the additional Public Health recommendations used to reduce transmission to others in the CLS may vary.

**If a resident requires care beyond that of the scope of the CLS, the individual should be advised to seek medical attention, call 811 for medical assessment, or call 911 if emergency care is needed.**

Additional Public Health Recommendations	Description
<p><b>Hand Hygiene and Respiratory Etiquette</b></p>	<p><b>Practice proper hand hygiene and respiratory etiquette:</b></p> <ul style="list-style-type: none"> <li>• Educate staff, residents and volunteers on proper hand hygiene and respiratory etiquette.</li> <li>• Wash hands with soap and water frequently.</li> <li>• If soap and water is not available, use an alcohol-based hand sanitizer, provided hands are not visibly soiled. Alcohol-based hand sanitizer should have 70% to 90% alcohol concentration.</li> <li>• Disposable paper towels are preferred for hand drying. If cloth towels are used they should not be shared between individuals.</li> <li>• Provide additional alcohol-based hand sanitizers stations (e.g. wall mounted hand sanitizer dispensers), and monitor and refill as needed.</li> <li>• Cover your cough or sneeze into a tissue.</li> <li>• Immediately throw the tissue in a lined, non-touch waste basket, and wash your hands afterwards. If you don’t have a tissue, sneeze or cough into your sleeve.</li> <li>• Avoid touching your face, nose and mouth with unwashed hands.</li> <li>• Monitor hand hygiene supplies of soap, paper towel and hand sanitizer, tissues and waste receptacles lined with plastic bags.</li> </ul>

<p><b>Hand Hygiene and Respiratory Etiquette</b></p>	<ul style="list-style-type: none"> <li>• Post hand hygiene and respiratory etiquette signage in visible locations. For links to posters see <a href="#">Additional Resources</a>.</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<p>PPE is equipment that is worn to protect against infection. When developing an operational plan on caring for a resident with a respiratory viral illness, CLS should incorporate best practices for using PPE including:</p> <ul style="list-style-type: none"> <li>• When interacting greater than 6 feet, both the resident and staff/caregiver wear a well-fitted medical mask (e.g. dropping off a meal).</li> <li>• When interacting less than 6 feet, staff/caregiver may consider wearing eye protection in addition to a well-fitted medical mask.</li> <li>• Disposable gloves should be worn as per routine practices according to the CLS operational plan or other occupational health policies (i.e. during direct contact with body fluids, such as oral or respiratory secretions, blood, urine, or feces). Gloves are not a replacement for hand hygiene.</li> <li>• Staff/caregivers should perform hand hygiene before and after each interaction with a resident. When using PPE, this should occur before and after both putting on and taking off any PPE.</li> <li>• Gloves, medical mask, and gown may be worn when cleaning a resident’s space.</li> </ul> <p>For further guidance on choosing appropriate PPE based on the type of interaction, see <a href="#">Appendix A for Which Personal Protective Equipment Should I Wear?</a></p> <p><b>Note:</b> <i>Ensure there is sufficient supply of PPE including masks, gloves, gowns, eye protection, hand sanitizer 60% alcohol or above, tissues, soaps, disinfectants, etc., per CLS operational plan.</i></p>
<p><b>Masking</b></p>	<p>The decision to mask can be based on an individual or organizational risk assessment. Wearing a mask helps to prevent the spread of respiratory viruses when someone coughs, sneezing, or laughs. As such, CLS are encouraged to have a supply of masks available on hand for all other staff, residents and visitors who choose to wear a mask in the CLS.</p> <p>For more information on appropriate masking: <a href="#">Protect yourself and others – Government of Nova Scotia, Canada</a></p>

<p><b>Laundry</b></p>	<p>When developing an operational plan, CLS are encouraged to incorporate best practices for laundry, including:</p> <ul style="list-style-type: none"> <li>• Soiled laundry should be placed in a dedicated laundry bin/hamper.</li> <li>• Clean laundry should be stored away from soiled laundry.</li> <li>• Wear disposable gloves when handling dirty laundry and discard after each use. Wash hands before and after glove use.</li> <li>• Avoid shaking to minimize contamination of the environment, surfaces, and people. Do not place on the floor or furniture.</li> <li>• When laundry is heavily soiled (e.g., with body fluids or blood), use plastic or leakproof bags.</li> <li>• Linen from residents who have respiratory symptoms or have tested positive for respiratory viruses including COVID-19 do not need to be separate from other linen.</li> <li>• Where possible, launder items using the hottest appropriate water setting and dry items completely.</li> <li>• Clean and disinfect clothes hampers regularly and when visibly soiled. Follow cleaning and disinfecting instructions in <a href="#">Routine Public Health Practices</a> (see above).</li> </ul>
<p><b>Gathering Safely</b></p>	<p>Residents, staff and visitors should make informed choices about who and how to interact with others when someone is feeling unwell in their facility. Staff, residents and visitors in the CLS should monitor themselves for signs of illness listed above and at the following link: <a href="#">Slowing the spread of respiratory illness.</a></p> <p>Follow gathering safely practices as described here: <a href="#">Protect yourself and others - Government of Nova Scotia, Canada</a></p>
<p><b>Other</b></p>	<p>Place additional emphasis on <a href="#">Routine Public Health Recommendations</a> (see above) such as respiratory etiquette and hand hygiene among all CLS staff, residents, and visitors.</p>

## **Additional Resources**

The below resources may be used as supplements to or in the development of a congregate living setting's operational plan.

### **Nova Scotia Government COVID-19 Website**

[Coronavirus \(COVID-19\) - Government of Nova Scotia, Canada](#)

### **Nova Scotia Government Posters, Factsheets and Resources**

[Coronavirus \(COVID-19\): posters, factsheets and resources - Government of Nova Scotia, Canada](#)

[Slowing the spread of respiratory illness](#)

[Protect yourself and others from the flu - Government of Nova Scotia, Canada](#)

### **Nova Scotia Health Novel Coronavirus (COVID-19) Website**

<https://www.nshealth.ca/coronavirus>

### **Nova Scotia Health Posters, Factsheets and Resources**

[Coronavirus \(COVID-19\) Resources](#)

[How to Protect Myself and Others | Nova Scotia Health Authority \(nshealth.ca\)](#)

[How to wash your hands](#)

[How to clean your hands with sanitizer](#)

### **Department of Environment and Climate Change:**

Public Health Officers are available to provide advice on reducing risk of transmission in facilities. If you need this additional support, please contact your funder to arrange a consultation. The Operational Plan will need to be supplied to the officer.

## Appendix A:

### Point of Care Risk Assessment (PCRA) for Congregate Living Settings - Which Personal Protective Equipment Should I Wear?

Personal protective equipment (PPE) should be worn when appropriate to protect residents, staff, and visitors. Staff and volunteers must complete an assessment before each resident interaction to determine the risk of exposure to COVID-19 or anyone with symptoms of a respiratory infection to help choose appropriate PPE. This is determined by asking the following questions:

1. Is the resident exhibiting respiratory symptoms or tested positive for respiratory viruses including COVID-19?
2. What tasks do you have to do with the resident?
3. What is the resident's level of understanding and cooperation?
4. Have you done this task before? Are you comfortable with it?
5. What is the chance that you will be exposed to blood, body fluids, open cuts, and mucous membranes?

Exposure Risk Assessment Questions	PPE Recommendations
Will my <b>hands</b> be exposed to blood, vomit/ diarrhea, mucous, open cuts, or contaminated items in the environment like used dishes, laundry etc.?	If <b>YES</b> - wear <b>GLOVES</b>
Will my <b>face</b> be exposed to cough, sneezes or spray from vomit? Will I be in the same room with a coughing resident or someone who has tested positive for respiratory viruses including COVID-19 or is symptomatic?	If <b>YES</b> - wear a <b>well-fitting MEDICAL MASK</b> and a <b>FACE SHIELD</b>
Will my <b>skin or clothing</b> be exposed to splashes or items contaminated by blood, body fluids (e.g. urine/vomit etc.) or open cuts?	If <b>YES</b> - wear a <b>GOWN</b>
Am I cleaning a sleeping area or other areas vacated by a resident who has tested positive for respiratory viruses including COVID-19 or is symptomatic?	If <b>YES</b> - wear <b>GLOVES</b> , a <b>well-fitting MEDICAL MASK, FACE SHIELD</b> and a <b>GOWN</b> .

**REMEMBER: Perform hand hygiene before and after putting on PPE.**

Here is a video of the correct way to don (put on) and off (take off) PPE safely. It is important to put on and take off PPE including medical masks, face shields, gowns and gloves, and safely to make sure you are not risking exposure to respiratory viruses including COVID-19. This video is based on a hospital setting, however the process for putting on personal protective equipment is the same for congregate living settings. <https://vimeo.com/397525490>