

Plan for Resuming Normal Homecare Services

The goal of this plan is to help institutions prepare for a return to normal homecare services (HCS). Updates to the plan and the various phases are the responsibility of each institution, taking the regional and local situation into account. The four phases of the plan can be implemented gradually. There is no specific sequence for the measures in each phase, and several phases can be introduced at the same time if local and regional circumstances allow. Institutions that currently have few COVID-19 cases must remain vigilant and be ready to act if the virus takes a stronger hold in their area. If there is a resurgence of the virus, some institutions may have to start the phases over again.

* Note: The document *COVID-19 – Directives au réseau de la santé et des services sociaux – Soutien à domicile* (in French) still applies to institutions that are not able to start the process of resuming normal HCS.

Conditions for implementing the plan

- Regional coordination of the resumption of services, including HCS, and close collaboration between the directors and department heads of the various sectors to ensure a gradual and consistent return to normal HCS, including the resumption of hospital activities
- Consideration of the availability of human resources in all of the institution's offices and departments (e.g., availability of HCS teams and routine services in order to provide care at the various residential facilities)
- Resumption of normal HCS consistent with the local epidemiological situation. Areas less affected by COVID-19 (low endemicity) will be the first to implement the plan
- Consideration of how the patient's clinical condition, which may have changed during the lockdown, is developing before resuming temporarily suspended or reduced services
- Strict compliance by workers in the health and social services system (and by system partners) with basic social health measures (physical distancing, hand hygiene, respiratory etiquette), hygiene and cleanliness measures, and infection prevention and control (IPC) measures (including appropriate personal protective equipment) as circumstances warrant. Because these measures may change, institutions must follow the latest recommendations from Institut national de santé publique du Québec (INSPQ) (all in French):
 - o <https://www.inspq.qc.ca/publications/2968-port-masque-procedure-milieux-soins-transmission-communautaire-soutenue-covid-19>
 - o <https://www.inspq.qc.ca/publications/2917-mesures-soins-domicile-covid19>
 - o <https://www.inspq.qc.ca/publications/2960-interventions-aerosols-covid19>
 - o <https://www.inspq.qc.ca/covid-19/outils>
 - o <https://www.inspq.qc.ca/covid-19/formations>

Guidelines as each phase is implemented

- Communicate with the patient to determine whether there are circumstances (such as close contact with a confirmed COVID-19 case) that call for special arrangements before in-home visits resume.
- Maintain support for external partners in the delivery of services and implementation of IPC measures, by making sure that:
 - They have access to the required protective equipment
 - Workers have up-to-date information on how to wear and remove protective equipment. An instruction video is available here: <https://vimeo.com/399025696>
 - All workers caring for probable or confirmed COVID-19 cases fully understand and apply these techniques
- When possible, continue to provide services that meet the patient's needs by telephone or other means rather than visiting them at home.
- Monitor patients who refuse the HCS they need for their physical and mental health. Reassure patients that they will continue to receive the services they require and let them know that no caregivers with a fever or acute respiratory symptoms or who have been infected with COVID-19 will visit their home.
- For confirmed or suspected COVID-19 cases, provide HCS through the health and social services system unless the institution believes it is safer to have services delivered by an external provider (proper training, strict implementation of IPC measures, access to the required protective equipment, staff availability, dedicated teams, etc.).
- Have dedicated HCS teams for confirmed or suspected COVID-19 cases.
- Continue to minimize the number of different providers caring for each patient.
- Have dedicated HCS workers for each group living environment (PSRs and IR-FTRs), arranged by geographic area for medical procedures at home.
- Encourage the use of essential respite care services outside the home and offered outside the institution or the resumption of services that had been voluntarily suspended by community organizations. Ensure that recommendations to prevent infection transmission during respite care are being followed.

Phase 1: Resumption, by the usual providers, of certain services that had been temporarily suspended or reassigned to HCS teams

- Coordinate the resumption, by the usual departments and testing clinics, of essential services for vulnerable ambulatory patients (ages 70 and over, immunocompromised, chronically ill), that had been temporarily taken over by HCS.
 - The risk of potential exposure to COVID-19 on the way to the facility where services are provided must be taken into account. Institutions cannot force a patient with a health condition that puts them at risk of COVID-19 and who has

to use public transportation in a high-endemicity area to resume services if doing so will cause them to worry more about their health.

- Work with external providers to coordinate how they will resume temporarily suspended non-essential services (including housekeeping) for patients who are not at risk (e.g., active, not-at-risk households served by social economy enterprises and who only have access to specific support under the Financial Assistance Program for Domestic Help Services).
 - Make sure that INSPQ guidelines are followed, including social distancing of two metres and hand hygiene. Refer partners to the INSPQ guidelines for homecare workers, found at the address below, and make sure they have the equipment they need:
<https://www.inspq.qc.ca/sites/default/files/covid/2944-visite-domicile-hors-sante-covid19.pdf> (in French)

Phase 2: Resumption of all services usually provided by external partners, including in-home respite care

- Coordinate the resumption of temporarily suspended non-essential services for vulnerable patients.
- Coordinate the resumption of:
 - Regular frequency for essential services, when frequency had been reduced
 - Services usually delivered by external partners but that had been taken over by the health and social services system, apart from certain confirmed or suspected COVID-19 cases, as determined by the institution

Phase 3: Resumption of normal services provided by the health and social services system, including in-home respite care

- Resume temporarily suspended services, if they are still required for the patient's condition.
- Resume normal frequency, when services were offered less often, if the frequency is still appropriate for the patient's condition. Adapt frequency as needed, based on how the patient's clinical condition changed during the lockdown.
- Allow new non-urgent services to be added for existing HCS patients.
- Accept new patients with non-urgent conditions.

Phase 4: Resumption of all HCS activities

- Gradually resume and review non-urgent self-sufficiency assessments (multi-client assessment tool).
- Resume all suspended administrative tasks.

References

As a reminder, attached are the references (website, letters, and guidelines) that were sent out regarding HCS.

For workers who provide homecare services under the direct allowance/service employment paycheque arrangement:

- <https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/service-employment-paycheque-an-arrangement-for-the-delivery-of-home-care-support-services/>

- Guidelines for temporarily expanding the direct allowance/service employment paycheque arrangement to include parents of a severely handicapped adult child: Letter 20-MS-03117.

For palliative care:

- *COVID-19: Guidelines for palliative and end-of-life care, with clarifications concerning transfers to other healthcare facilities.*

For respite services:

- *COVID-19 – Home respite services provided to families and informal caregivers of individuals with a disability or autism spectrum disorder.*
- Public health guidelines for providers of in-home respite care for families of children with a physical or mental disability or an autism spectrum disorder, including specific guidance for these patients: <https://www.inspq.qc.ca/publications/2974-repit-domicile-enfants-covid19> (in French).