

Guidance For Respiratory Pathogens 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:

- Aug 22, 2024 – Minor updates. Combined Routine and Additional Public Health Recommendations Tables.
- 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) worked closely with Nova Scotia Health (NSH), Department of Health and Wellness (DHW), Department of Community Services (DCS), and Department of Environment and Climate Change (ECC) 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 was crucial to supporting populations who are at increased risk due to intersecting social and health risk factors.

Nova Scotia's Public Health COVID-19 pandemic response came to an end in May 2023 following the lifting of the Health Protection Act Order; however, respiratory pathogens, 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 pathogens.

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 pathogens 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 Pathogens 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)**

Department of Seniors and Long Term Care (DSLTC) licensed long-term care facilities, as well as DCS adult residential centres and regional rehabilitation centres should follow the guidance contained within [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 pathogens. 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 are commonly used to prevent transmission of respiratory pathogens 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 pathogens 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 pathogen, such as COVID-19.

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

Terminology

Term	Definition
Congregate living settings	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)).
Resident	A person who resides in a CLS (on a temporary or permanent basis).
Staff	All paid staff and contractors who regularly work in a CLS.

Visitor	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 volunteers, family members, case workers or other external service providers.
High risk populations	<p>Research around who is at risk for severe disease continues to evolve and differ based on the respiratory pathogen. In general, high-risk populations include older adults (65 years+), those living with chronic health conditions (e.g. lung disease, heart disease, cancer, diabetes, etc.), those who are immunocompromised or taking medications that lower immune system, and infants and young children (under 5 years).</p> <p>A list of individuals who are considered at higher risk of severe disease from COVID-19 infection can be found at https://www.nshealth.ca/coronavirustesting</p> <p>A list of individuals who are considered at higher risk of complications from influenza infection are listed on the Nova Scotia Government Influenza Website</p>

Routine Public Health Recommendations

CLS, by nature of being shared living spaces, are at higher risk for transmission (i.e. spread) of respiratory pathogens, and some populations who live in these settings may also be at higher risk of severe disease. Routine Public Health recommendations are effective everyday practices that can followed to prevent the introduction and spread of respiratory pathogens. **It is recommended that CLS follow routine Public Health recommendations regardless of whether there are any staff or residents with respiratory symptoms or confirmed cases of respiratory pathogens.**

Routine Public Health Recommendations	Description
Hand Hygiene	<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>Educate and remind staff, residents, and visitors to practice proper hand hygiene:</p> <ul style="list-style-type: none"> • Wash hands often with soap and water for 20 seconds. Then dry hands completely. Disposable towels are preferred for hand drying. If cloth towels are used, they should not be shared between individuals. • 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.

	<ul style="list-style-type: none"> Follow hand hygiene practices as described here: Protect yourself and others - Government of Nova Scotia, Canada <p>CLS operators are encouraged to post hand hygiene signage in visible locations. For links to posters see Additional Resources.</p> <p>Monitor hand hygiene supplies of soap, paper towel and hand sanitizer.</p>
Respiratory Etiquette	<p>Respiratory etiquette helps to prevent the spread of germs to others. Educate and remind staff, residents, and visitors to:</p> <ul style="list-style-type: none"> Cover coughs or sneezes into a tissue. Immediately throw used tissue in a lined, non-touch waste basket, and perform hand hygiene afterwards. If tissues are not available, cough or sneeze into your upper sleeve or elbow. Follow cough and sneeze etiquette practices as described here: Protect yourself and others - Government of Nova Scotia, Canada <p>Post respiratory etiquette signage in visible locations. For links to posters see Additional Resources.</p>
Get Immunized	<p>Staff, residents and visitors should be encouraged to stay up to date on recommended immunizations to protect themselves and others around them. Learn more about what vaccines are provided for free in Nova Scotia here: Immunizations.</p>
Environmental Cleaning and Disinfection	<p>High touch surfaces and objects are more likely to be contaminated with respiratory pathogens. The pathogen can then be spread to people after touching the contaminated surface or object and then touching their mouth, nose or eyes with unwashed hands.</p> <p>Frequently touched surfaces like doorknobs/handles, light switches, handrails, toilets, and tabletops should be cleaned and disinfected every day. This is especially important when visibly dirty or when someone is sick. Follow these practices:</p> <ul style="list-style-type: none"> Surfaces and objects should be first cleaned with soap or detergent before disinfecting. Cleaning physically removes dirt and pathogens on a surface through mechanical action (e.g., rubbing a cloth over a surface). After cleaning, surfaces and objects should be disinfected to kill remaining pathogens on surfaces. This is most effective after surfaces are cleaned.

	<ul style="list-style-type: none"> ○ Household disinfectants are available at most stores. Check the label for a drug identification number (DIN) confirming that Health Canada has approved the product, and also ensure that the product is not expired. ○ It is important to read and follow the manufacturer's directions for safe and effective use (most recommend a time that the surface must stay wet to kill pathogens). Consult product's Safety Data Sheets and use personal protective equipment (PPE) if required. <p>CLS operators should also follow any organizational occupational and regulatory health policies in addition to the environmental cleaning and disinfecting practices as outlined here: Protect yourself and others - Government of Nova Scotia, Canada.</p>
Laundry	<p>In addition to regular cleaning and disinfecting, CLS operators are encouraged to incorporate best practices for washing contaminated and soiled laundry (e.g. reusable towels, blankets, sheets) into their organizational policies and operational plans. This includes:</p> <ul style="list-style-type: none"> • Soiled laundry should be put directly into the washing machine or placed in a dedicated laundry bin/hamper. • Wash your hands as soon as you finish handling contaminated laundry. <ul style="list-style-type: none"> ○ Disposable gloves may be worn when handling dirty laundry and discarded after each use. Wash hands before and after glove use. • Avoid shaking to minimize contamination of the environment, surfaces, and people. Do not place on the floor or furniture. • Where possible, launder items using the hottest appropriate water setting with laundry soap or detergent. Dry items completely. • When laundry is heavily soiled (e.g., with body fluids or blood), use plastic or leakproof bags to transport to washing facilities. • Linen from residents who have respiratory symptoms or have tested positive for respiratory pathogen, including COVID-19 do not need to be separate from other linen. • Clean and disinfect clothes hampers regularly and when visibly soiled. Follow cleaning and disinfecting instructions (see above).

<p>Gathering Safely</p>	<p>Residents, staff and visitors are encouraged to make informed choices about who and how to interact with others, especially when someone is feeling unwell in their facility. Staff, residents and visitors in the CLS should:</p> <ul style="list-style-type: none"> • Monitor themselves for signs of illness listed below in Self-Monitoring and at the following link: Slowing the spread of respiratory illness. • Follow practices for protecting yourself and others as described here: Protect yourself and others - Government of Nova Scotia, Canada <p>When feasible, CLS are recommended to:</p> <ul style="list-style-type: none"> • Limit overcrowding in small spaces. • Open windows to help bring in fresh air if even for a few minutes a day during colder months. • Ensure regular maintenance of ventilation systems per manufacturers recommendations. <p>For additional guidance on gathering safety see below: When someone has respiratory symptoms or test positive for a respiratory pathogen.</p>
<p>Personal Protective Equipment (PPE)</p>	<p>PPE is equipment that is worn to protect against infection. When developing an operational plan, it is recommended that CLS operators incorporate best practices for using PPE including:</p> <ul style="list-style-type: none"> • Wear a well-fitted medical mask and, where possible, eye protection when closely interacting with a resident who has respiratory symptoms and/or a respiratory pathogen (e.g. within 6 feet). <ul style="list-style-type: none"> ○ Wearing a mask helps to prevent the spread of respiratory droplets when someone coughs, sneezing, or laughs. ○ It is recommended to wear a mask if feeling unwell and unable to stay home or self-isolate. ○ CLS are encouraged to have a supply of masks available on hand for all other staff, residents and visitors who may choose to wear a mask in the CLS based on an individual or organizational risk assessment.

- For more information on appropriate masking: [Protect yourself and others – Government of Nova Scotia, Canada](#)

- Disposable gloves should be worn as per routine practices according to the CLS operational plan or other regulatory 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.
- Perform hand hygiene before and after each interaction with a resident who has respiratory symptoms and/or a respiratory pathogen.
 - When using PPE, this should occur before and after both putting on and taking off any PPE.
- Gloves, medical mask, eye protection, and gown is recommended to be worn when cleaning a resident's space who has respiratory symptoms and/or a respiratory pathogen.

For further guidance on choosing appropriate PPE based on the type of interaction, see [Appendix A for Which Personal Protective Equipment Should I Wear?](#)

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

Immunization

Immunization can help prevent severe disease from respiratory pathogens such as COVID-19, influenza, and pneumococcal disease. **Those who live, work, or access CLS are encouraged to stay up to date with all vaccines recommended for their age and risk factors to promote safety in CLS.**

Information on all recommended vaccines provided free of charge in Nova Scotia is available at the following links:

- [Nova Scotia's Routine Immunizations for Children, Youth and Adults](#)
- [Nova Scotia's Influenza \(Seasonal flu\)](#)
- [Nova Scotia Health COVID-19 Vaccine](#)

Some individuals are eligible for additional vaccines or doses. For more information refer to [Nova Scotia's high-risk immunization policy](#) and speak with a health care provider or local Public Health office.

As of 2024, the public can access their own immunization records through Nova Scotia Government website and application, [YourHealthNS](#).

Self-Monitoring

The goal of self-monitoring for respiratory symptoms in CLS is early detection of respiratory pathogens. 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

Information on COVID-19 and Influenza PCR testing, including appointment booking and testing locations is available on Nova Scotia Health's [COVID-19 and Flu Testing](#) webpage.

- If a staff or resident are unable to complete the online booking for testing, they can call 1-833-797-7772.
- Transportation support is available in the Northern Zone. To learn more see [Transportation Support \(Northern Zone\)](#).
- Asymptomatic testing is not recommended.

Facilities that have rapid tests on site may use those tests for symptomatic testing. CLS operators are encouraged to review expiry dates as there are no extended expiry dates for existing products.

- 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, residents, and visitors 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 test.

It is recommended that individuals complete the [Report and Support](#) form online or by phone at 1-833-797-7772 when booking a COVID-19 PCR test or if they have tested positive for COVID-19 on a rapid test. 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.

If someone has respiratory symptoms or tests positive for a respiratory pathogen

CLS by nature of being shared living spaces are at higher risk for spread of respiratory pathogens 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 the guidance contained within this document with the goal of limiting further spread and decreasing risk of severe illness within a CLS.

Staff who develop respiratory symptoms or test positive for a respiratory pathogen

To prevent the spread of respiratory pathogens, it is recommended that staff with respiratory symptoms or who test positive for respiratory pathogens 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 masking.

Residents who develop respiratory symptoms or test positive for a respiratory pathogen

It is recommended that residents with respiratory symptoms or who test positive for respiratory pathogens 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 recommendations for mitigating risk of spread where needed. Mitigation strategies could include, but are not limited to:

- Resident encouraged to follow respiratory etiquette, hand hygiene practices and other prevention measures such as isolation or masking around all others in CLS to the extent they are able.
- Resident avoids contact and/or 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.

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 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.

Visitors who develop respiratory symptoms or test positive for a respiratory pathogen

To prevent the spread of respiratory pathogens, it is recommended that visitors with respiratory symptoms or who test positive for respiratory pathogens 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 pathogen, 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 wearing a mask while receiving and providing services/ programs.
- Staff providing services/programs also follow public health recommendations such as wearing a mask.

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 Websites

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

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

[Communicable Disease Prevention and Control Immunization – Government of Nova Scotia](#)

[Posters, factsheets and resources - Government of Nova Scotia, Canada](#)

[Slowing the spread of respiratory illness](#)

Nova Scotia Health Websites

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

[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 should complete an assessment before each resident interaction to determine the risk of exposure to a respiratory pathogen to help choose appropriate PPE. This is determined by asking the following questions:

1. Is the resident exhibiting respiratory symptoms or tested positive for a respiratory pathogen 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 (e.g. inside of the nose or mouth)?

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

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>