

Appendix 7: Self-Isolation for COVID-19 Cases or Other Individuals in the Household

The local Public Health Unit must provide the advice outlined in Public Health Ontario's [How to Self-Isolate](#) and [Self-isolation: Guide for caregivers, household members and close contacts – COVID-19](#) documents. This guidance can also be applied to individuals undergoing testing (with symptoms or known contact to a confirmed or probable case), anyone being asked to self-isolate, and others in the household. PHUs should reference the most recent [COVID-19 Provincial Testing Guidance](#) for recommendations on testing household contacts.

At this time there is no specific treatment for COVID-19 and there is no vaccine available. Most people with COVID-19 will recover on their own. Cases should be advised to:

- Drink plenty of fluids
- Eat nutritious food
- Get rest and sleep as much as possible
- Try a humidifier or a hot shower to help with a sore throat or cough
- Monitor their temperature daily, or more frequently if they have a fever (e.g. sweating, chills). Temperatures should be recorded and reported to the local PHU. If the case is taking acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil), their temperature should be taken and recorded at least 4 hours after the last dose of these fever-reducing medicines.
- Maintain a suitable environment for recovery. Surroundings should be well ventilated and free of tobacco or other smoke. Airflow can be improved by opening windows and doors, as weather permits.

- Stay connected. Staying home and not being able to do normal everyday activities outside of the home can be socially isolating. If you are isolating at home, consider connecting with friends and family by phone or by computer.

Over the counter medications can be used to reduce fever and aches. Vitamins and complementary and alternative medicines are not recommended unless they are being used in consultation with a licensed healthcare provider.

Cases in a Household Setting

The case should [self-isolate](#) while ill and not go to work, school, or other public areas. If the case must leave the home, the case should travel in a private vehicle if possible. If this is not possible, the case should: take a taxi or ride share service, noting the taxi/ride share company name and operator number in case there is a need for contact tracing; and wear a mask/face covering, sit in the backseat, and if possible and weather permitting, open the window to increase air exchange in the vehicle.

Reducing Opportunities for Disease Transmission in the Environment

Cases should be separated from others in the household environment to the greatest extent possible (e.g., remain/sleep in a separate room and have a dedicated bathroom). If these steps are not possible, then:

- A distance of two metres between the case and others should be maintained.
- If cases cannot be separated 2 metres from others, they should wear a mask or face covering.
- Shared rooms or areas should be well ventilated (e.g., windows should be open if possible and weather permitting).

Respiratory Etiquette and Hand Hygiene

Cases should be instructed about respiratory etiquette:

- The individual should have tissues beside or with them to be able to cover coughs, sneezes, and to wipe or blow their nose. If a tissue is not immediately available when coughing or sneezing, they should cover their mouth and nose with the sleeve of their clothing (in the bend of the arm), to reduce droplet spread into the air.
- They should cover their mouth and nose with tissues or wear a mask while receiving care (e.g., receiving medications, dressings, bathing, toileting, repositioning in bed).
- They should discard tissues/disposable materials including masks in a plastic-lined, covered garbage can.
- They should perform [hand hygiene](#) frequently.

Household Caregivers and Others

Household caregivers should refer to PHO's fact sheet on [Self-Isolation: Guide for caregivers, family members and close contacts](#). The only people in the household should be those who are essential for providing care. People who are not taking care of the individual should make arrangements to live somewhere else until they no longer need to self-isolate. If this is not possible, they should stay in another room or be separated from the person as much as possible.

Anyone who is at [higher risk](#) of developing complications from COVID-19 should avoid caring for or coming in close contact with the case. This includes anyone who is:

- An older adult
- At-risk due to underlying medical conditions (e.g., heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)

- At-risk due to a compromised immune system from a medical condition or treatment (e.g., chemotherapy)

Reducing Opportunities for Disease Transmission in the Environment

- Caregivers should avoid possible exposure to the individual or contaminated items. For example, they should avoid sharing toothbrushes, cigarettes, eating utensils, drinks, phones, computers, other electronic devices, towels, washcloths or bed linen. Dishes and eating utensils should be cleaned with dish soap and water after use. Use of a dishwasher with a drying cycle also provides a sufficient level of cleaning.
- High-touch areas such as toilets, sink tap handles, doorknobs and bedside tables should be cleaned daily using regular household cleaners and more often if visibly soiled. If they can withstand the use of liquids for disinfection, high-touch electronics such as phones, computers and other devices may be disinfected with 70% alcohol or alcohol wipes. The contact's clothes and bedclothes can be cleaned using regular laundry soap and water and do not require separation from other household laundry.
- All waste generated can be bagged in a regular plastic bag and disposed of in regular household waste.

Infection Prevention and Control and Personal Protective Equipment (PPE)

- Caregivers who have been living in the same household since the individual became symptomatic (and who have already had an exposure risk) **may decide** to use gloves, a mask, and eye protection (goggles or a face shield) to reduce their risk of acquiring the virus while providing care and when in the same room as the case.
- A new caregiver coming into the household who hasn't had previous contact with the individual while they were symptomatic (and therefore has not had a previous exposure) **should** wear gloves, a mask, and eye protection while providing care to the case and when in the same room as the case.
- When they have left the individual's room, caregivers must remove [PPE in the appropriate sequence](#) to reduce the risk of contamination of hands or face through inadvertent contact with contaminated PPE:

Congregate settings

In the event the case lives in a congregate setting with communal facilities such as dining areas and bathrooms, the local Public Health Unit will assess the living situation and provide options to minimize interactions with others. PHU's can refer to PHO's resources on [Congregate Settings](#)

Breastfeeding Mothers

If the case is a breastfeeding mother, the benefits of breastfeeding should be considered as well as the insignificant role of breast milk in the transmission of other respiratory viruses. Breast feeding can continue, however, the case should:

- Wear a medical mask, or if not available, a non-medical mask or facial covering (e.g., homemade cloth mask, dust mask, bandana) or loosely cover the baby with a blanket or towel, and
- Adhere to respiratory etiquette and perform hand hygiene before and after close contact with the baby.

Contact with Animals

Cases can follow the advice in PHOs factsheet on [How to Care for Pets and Other Animals](#). While there have been limited reports of pets and other animals becoming infected with COVID-19 (human-to-animal transmission), it has not been shown that pets or other animals play a significant role in the spread of COVID-19. There are still many unknowns regarding how this virus affects animals.

Cases should limit their contact with household pets and have another member of the household care for pets, if possible. The case should observe the same respiratory etiquette and hand hygiene with the pet as for another person.

Caregivers may take the same precautions (e.g. limit close contact, hand hygiene) around pets that have already had close contact with a symptomatic case, as well as cleaning and disinfecting surfaces frequently that have high animal contact. These measures may decrease any possibility of virus transmission, including human-to-animal.

Pets in households with a COVID-19 case, or with someone self-isolating, should be restricted from access to other animals or people outside the household until the household is out of isolation. Cats should be kept indoors and dogs should be on a leash or within a private fenced yard for bathroom breaks only. If an exposed pet needs to be rehomed temporarily for care (e.g. owner is unable to provide care due to illness), the above precautions may be recommended for 14 days after last exposure to the infected household. Individuals at higher risk for severe COVID-19 illness (people over 70 years or with underlying health conditions) should avoid being temporary caregivers to exposed animals, if possible.

Although unlikely, some individual pets may develop mild clinical signs from COVID-19, so pets that have been living in the same household since the case became symptomatic (and who have already had an exposure risk) should be monitored for any signs of illness. If signs of fever or infection develop, the animal's caretaker should contact their local veterinarian to determine if the pet needs to be seen at the clinic or can be managed at home.

Individuals who have travelled to outside of Canada should not visit a farm or handle livestock for at least 14 days after returning to Canada, regardless of their personal health status.