

International Students,

Thank you for choosing Fleming College! In order to ensure that your transition to Canada is safe and successful during the COVID-19 pandemic, we ask you to read the following document carefully and ensure that you comply with the mandatory tasks necessary for your arrival.

1. Before Your Departure

- Confirm that you have received a Study Permit or an approval letter for a Study Permit on or before March 18, 2020.

- Download the iCent COVID Safe Canada app. The app provides you with arrival support, including quarantine options, food and medication delivery, and a live chat support line.

Open the [App Store](#) or [Google Play](#) on your smartphone.
Search for 'iCent' and install the app.

Open the app, select Canada and Fleming College, then enter your email. You will receive an email with a secured PIN to login.

- Pre-arrange your travel and 14-day self-isolation plans. As per government of Canada requirements, you must have a quarantine plan even if you do not have any symptoms. If you don't have a plan, you will not be allowed to enter Canada. All costs associated with your self-isolation plans are your responsibility as a student.

If you would like to arrange a shuttle from the airport to your place of quarantine through Fleming College, please complete the following [booking form](#). You will need to wear a mask in the shuttle and abide by physical distancing requirements.

- Fleming College has quarantine options at hotels near the airport and in Peterborough and Lindsay. Please see the Hotel Booking Information document included in this package for more information.

- You must complete the Self-Isolation Plan under the Mandatory Forms section of the iCent COVID Safe Canada app before you leave your country.

- Check for the latest updates about [travel restrictions](#) from IRCC.

- Bring with you all of the necessary travel documents as indicated in the Self-Isolation Checklist included in this package.

- Ensure that you have downloaded the ArriveCAN app. You can download the app [here](#).

2. When you Travel

- If you're travelling by air, you must pass a health assessment conducted by your airline before you will be permitted to board your flight. If you show symptoms of COVID-19 you will not be allowed to board. When you arrive in Canada, you will be assessed before you are permitted to leave the port of entry.
- Airlines and airports may have their own measures to control the spread of COVID-19. Please follow their instructions.
- Ensure you wear a mask at all times and maintain physical distancing.

3. From Airport to Your Self-Isolation Location

- Make sure you have received your Study Permit and, if applicable, your Co-Op Work Permit, when you reach the Canadian Immigration gate at the airport.
- If you have booked transportation through Fleming College, follow the instructions that we have provided to you to find your airport shuttle.
- Be sure to follow the instructions of your shuttle driver. Wear your mask at all times in the shuttle. You will be taken directly to your place of isolation with no stops.

4. 14-Day Self-Isolation

- The Canadian government requires that you have a self-isolation plan for 14 days.
- If you opt for your own self-isolation plan, be sure to follow the requirements explained in the Self-Isolation Checklist document.
- If you have opted for the Fleming College arranged self-isolation plan, you will stay at a pre-arranged hotel property with options for food delivery. Please see more information in the Hotel Booking Information document.
- You are responsible for all costs associated with your 14-day isolation, including food and accommodations.
- You will receive a notification from the iCent COVID Safe Canada app each day of your quarantine requiring you to check in with Fleming College. Please be sure to follow the instructions on the app to check in daily.
- You are also encouraged to check in with the ArriveCan app within 48 hours of your arrival and to report any symptoms through the app for the duration of your quarantine.

Failure to comply with the 14-day isolation is a violation of the Quarantine Act and could result in penalties of up to \$750,000 or six months' imprisonment.

Important Contacts

Fleming College

<https://flemingcollege.ca>

705-749-5530

International Department

international@flemingcollege.ca

Counselling

Toll Free: 866-353-6464 x1527

or contact Counselling Reception: jennifer.beauchamp@flemingcollege.ca

IT Customer Services

itsupport@flemingcollege.ca

Peterborough Health Unit

<https://www.peterboroughpublichealth.ca>

705-743-1000

Haliburton, Kawartha, Pine Ridge District Health Unit

<https://www.hkpr.on.ca>

1-866-888-4577

Morcare Health Insurance

<https://morcare.ca/home/53-fleming-college-international-students>

Immigration Refugees and Citizenship Canada

<https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada.html>

Free Wellness Resources

Living Well at Fleming <https://department.flemingcollege.ca/living-well>

Real Campus <https://realcampus.ca/fleming>

Good 2 Talk Post-Secondary Student Helpline

1-866-925-5454

www.good2talk.ca

How to Self-Isolate

Coronavirus Disease 2019 (COVID-19)

You must isolate yourself from others if you have COVID-19 symptoms or may have been exposed to COVID-19. If you start to feel worse, contact your health care provider or Telehealth (1-866-797-0000).



Stay Home

- Do not use public transportation, taxis or rideshares.
- Do not go to work, school or other public places.



Avoid contact with others

- No visitors unless essential (e.g. care providers)
- Stay away from seniors and people with chronic medical conditions (e.g. diabetes, lung problems, immune deficiency).
- As much as possible, stay in a separate room away from other people in your home and use a separate bathroom if you have one.
- Make sure that shared rooms have good airflow (e.g. open windows).
- If these steps are not possible, keep a distance of at least two metres from others at all times.



Keep your distance

- If you are in a room with other people, keep a distance of at least two metres and wear a mask or face covering that covers your nose and mouth.
- If you cannot wear a mask, people should wear a mask when they are in the same room as you.



Wash your hands

- Wash your hands often with soap and water.
- Dry your hands with a paper towel or with cloth towel that no one else will share.
- Use an alcohol-based hand sanitizer if soap and water are not available.



How to Quarantine (Self-Isolate) at Home When You May Have Been Exposed and Have No Symptoms

People with COVID-19 do not always recognize their early symptoms. Even if you do not have symptoms now, it is possible to transmit COVID-19 before you start showing symptoms or without ever developing symptoms.

You need to quarantine (self-isolate) for 14 days if, you:

- are returning from travel **outside of Canada** (mandatory quarantine)*
- had close contact with someone who has or is suspected to have COVID-19
- have been told by public health that you may have been exposed and need to quarantine (self-isolate)

Quarantine (self-isolate) means that, **for 14 days** you need to:

- **stay at home** and monitor yourself for symptoms, even just one mild symptom
- **avoid contact with other people** to help prevent transmission of the virus prior to developing symptoms or at the earliest stage of illness
- **do your part to prevent the spread of disease** by practicing **physical distancing** in your home

If you start to develop symptoms within 14 days of your quarantine, you must:

- **isolate** yourself from others as soon as you notice your first symptom
- immediately call a health care professional or **public health authority** to discuss your symptoms and travel history, and follow their instructions carefully

You can also use the **online self-assessment tool** (if available in your province or territory) to determine if you need further assessment or testing for COVID-19.



To quarantine (self-isolate), take the following measures:

LIMIT CONTACT WITH OTHERS

- Stay at home or the place you are staying in Canada (do not leave your property)
- Only leave your home for medically necessary appointments (use private transportation for this purpose)
- Do not go to school, work, other public areas or use public transportation (e.g., buses, taxis)
- Do not have visitors
- Avoid contact with older adults, or those with medical conditions, who are at a higher risk of developing serious illness
- Avoid contact with others, especially those who have not travelled or been exposed to the virus

If contact cannot be avoided, take the following precautions:

- keep at least 2 metres between yourself and the other person
- keep interactions brief
- stay in a separate room and use a separate bathroom, if possible
- Some people may transmit COVID-19 even though they do not show any symptoms. Wearing a **non-medical mask or face covering** (i.e., **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) if close contact with others cannot be avoided, can help protect those around you
- Avoid contact with animals, as there have been several reports of people transmitting COVID-19 to their pets

Social Stigma Associated with COVID-19¹

A guide to preventing and addressing social stigma

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

What is Social Stigma?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

Why is COVID-19 Causing So Much Stigma?

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that's new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with 'others'.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

What is the Impact?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours

¹ This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

How to Address Social Stigma

Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively. Here are some tips on how to address and avoid compounding, social stigma:

1. Words matter: dos and don'ts when talking about the new coronavirus (COVID-19)
2. Do your part: simple ideas to drive stigma away
3. Communication tips and messages.

Words Matter

When talking about coronavirus disease, certain words (i.e suspect case, isolation...) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanise those who have the disease.

This can drive people away from getting screened, tested and quarantined. We recommend a 'people first' language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated.

There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to in control epidemics and pandemics from the HIV, TB and H1N1 Flu.²

2 [UNAIDS terminology guidelines](#): from 'AIDS victim' to 'people living with HIV'; from 'fight against AIDS' to 'response to AIDS'.

Dos and Don'ts

Below are some dos and don'ts on language when talking about the new coronavirus disease (COVID-19):

DO Talk about the new coronavirus disease (COVID-19)

Don't Attach locations or ethnicity to the disease, this is not a "Wuhan Virus", "Chinese Virus" or "Asian Virus".

The official name for the disease was deliberately chosen to avoid stigmatisation - the "co" stands for Corona, "vi" for virus and "d" for disease, 19 is because the disease emerged in 2019.

DO Talk about "people who have COVID-19", "people who are being treated for COVID-19", "people who are recovering from COVID-19" or "people who died after contracting COVID19".

Don't Refer to people with the disease as "COVID-19 cases" or "victims".

DO Talk about "people who may have COVID-19" or "people who are presumptive for COVID-19".

Don't Talk about "COVID-19 suspects" or "suspected cases".

DO Talk about people "acquiring" or "contracting" COVID-19.

Don't Talk about people "transmitting COVID-19" "infecting others" or "spreading the virus" as it implies intentional transmission and assigns blame.

Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.

DO Speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

Don't Repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like "plague", "apocalypse" etc.

DO Talk positively and emphasise the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

Don't Emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

DO Emphasise the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

Do Your Part

Governments, citizens, media, key influencers and communities have an important role to play in preventing and stopping stigma surrounding people from China and Asia in general. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around the new coronavirus disease (COVID-19).

Here are some examples and tips on possible actions to counter stigmatizing attitudes:

- Spreading the facts: Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In response, prioritise the collection, consolidation and dissemination of accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID19, treatment options and where to access health care and information. Use simple language and avoid clinical terms. Social media is useful for reaching a large number of people with health information at relatively low cost.³
- Engaging social influencers⁴ such as religious leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma. The information should be well targeted and the celebrities who are asked to communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with the leader of the Chinese community.
- Amplify the voices, stories and images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery to emphasise that most people do recover from COVID-19. Also, implementing a “hero” campaign honouring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.
- Make sure you portray different ethnic groups. All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that typeface, symbols and formats are neutral and don’t suggest any particular group.

3 Nigeria successfully contained the 2014 Ebola outbreak that affected three other countries in West Africa partly through employing targeted social media campaigns to disseminate accurate information and correct hoax messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organisations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share information and opinions on the health communication shared. Fayoyin, A. 2016. Engaging social media for health communication in Africa: Approaches, results and lessons. *Journal of Mass Communication and Journalism*, 6 (315).

4 The term “Angelina Jolie effect” was coined by public health communication researchers to account for increased Internet searches about breast cancer genetics and testing for several years after 2013 actress Angelina Jolie underwent a much-reported preventative double mastectomy. The “effect” suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for COVID-19.

- Ethical journalism: Journalistic reporting which overly focuses on individual behaviour and patients' responsibility for having and "spreading COVID-19" can increase stigma of people who may have the disease. Some media outlets have, for example, focused on speculating on the source of COVID-19, trying to identify "patient zero" in each country. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now. Instead, promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care.
- Link up: There are a number of initiatives to address stigma and stereotyping. It is key to link up to these activities to create a movement and a positive environment that shows care and empathy for all.

Communication Tips and Messages

An "infodemic" of misinformation and rumours is spreading more quickly than the current outbreak of the new coronavirus (COVID-19). This contributes to negative effects including stigmatization and discrimination of people from areas affected by the outbreak. We need collective solidarity and clear, actionable information to support communities and people affected by this new outbreak.

Misconceptions, rumours and misinformation are contributing to stigma and discrimination which hamper response efforts.

- Correct misconceptions, at the same time as acknowledging that people's feelings and subsequent behaviour are very real, even if the underlying assumption is false.
- Promote the importance of prevention, lifesaving actions, early screening and treatment.

Collective solidarity and global cooperation are needed to prevent further transmission and alleviate the concerns of communities.

- Share sympathetic narratives, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19)
- Communicate support and encouragement for those who are on the frontlines of response to this outbreak (health care workers, volunteers, community leaders etc).

Facts, not fear will stop the spread of novel coronavirus (COVID-19) – Share facts and accurate information about the disease.

- Challenge myths and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others (see dos and don'ts above).