Ontario

Ministry of Health

COVID-19 Guidance: Mental Health and Addictions Service Providers in Community Settings

Version 1 – May 9, 2020

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment. Where the document includes references to legal requirements, it is not to be construed as legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, the latest COVID-19 symptoms reference document, mental health resources, and other information.
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date directives.

For the purpose of this document, the term "organizations" refers to Mental Health and Addictions (MHA) service providers in community settings and includes providers that serve children, youth and adults.

General Advice

- MHA services have been identified as an essential service that can continue to operate during the COVID-19 pandemic. Organizations are encouraged to continue to provide services to the best of their ability to existing and new clients.
- Only staff, clients and essential visitors should be permitted to enter the organization, if they are feeling well and do not have symptoms associated with COVID-19.
    - Essential visitors include individuals who provide essential supports to the client (e.g., Personal Support Worker, interpreter), parent or legal guardian

of a client under the age of 18 or the parent or legal guardian of a client who is deemed incapable.

- If making home visits, staff should be aware of others who may be present at the visit (e.g., family member or co-tenant).
- It is recognized that much of the support and care that is provided by community-based MHA service providers may not be deferred. Organizations are encouraged to customize and prioritize services.
- Signage should be posted on the entry door and throughout the organization to prompt anyone to self-identify if they feel unwell or screen positive for symptoms of COVID-19.

Planning

Organizations should implement their pandemic and/or business continuity plans. They are encouraged to collaborate with other community-based organizations.

Below are some recommended steps to support organizations' pandemic response planning:

- All MHA service providers in community settings are encouraged to implement a system for virtual and/or telephone delivery of services (including individual and group sessions) to replace in-person encounters, when and where possible.
- If virtual and/or telephone delivery of services cannot occur, care and treatment approaches should be adapted so that organizations can continue to provide services while maintaining physical distancing.
- Develop communication policies about what to do in the event that staff are ill.
- Establish policies and procedures to secure additional staff to cover staff absenteeism.
- The government has introduced a new measure to allow MHA organizations to redeploy staff within different locations or between programs, and employ extra part-time staff, temporary staff or contractors in order to ensure clients continue receiving services.
- Establish processes to obtain additional supplies required to support enhanced environmental cleaning and hand hygiene as well as personal protective equipment (PPE) if required.

- In recognition of the additional stress and uncertainty caused by the COVID-19 pandemic, organizations should remind staff about resources available for them, such as employee (and family) assistance programs (EAP/EFAP), and provide additional coping resources (e.g., Centre for Addiction and Mental Health and Canadian Mental Health Association) and supports.
- Implement infection prevention and control practices (e.g., hand hygiene, respiratory etiquette, physical distancing, etc.). Staff, clients and essential visitors should be reminded of these practices.
- Educate staff about how to actively screen everyone entering the organization (see COVID-19 Patient Screening Document).
- Educate staff about what to do if staff, client or essential visitor becomes unwell.
- Contact information for staff, clients and essential visitors should be current. A daily log of staff, clients and essential visitors per appointment should be kept.

Prevention

Below are some recommendations to support the organization's pandemic response:

- In order to minimize COVID-19 transmission, efforts should be made to limit the number of MHA service providers' contacts with clients and in different workplace settings.
- For in-person appointments (at the organization or at the client's home) implement actions to increase physical distancing. At least 2 metres must be kept between staff, clients and essential visitors at all times.
    - Limit access to common areas and how many staff, clients and essential visitors are allowed at any given time.
    - Move furniture and create visual cues (such as tape on the floor) to delineate 2 metre distances.
- Based on current evidence, non-medical masks (face covering such as a cloth mask or a level 1 mask) in addition to hand hygiene, respiratory etiquette and physical distancing are recommended as an additional mechanism for source control (transmission) to protect other individuals.
    - Science around the use of non-medical masks is evolving. Staff should refer to the Public Health Agency of Canada's guidance on the use of non-medical masks.

  - Education should be provided about their safe use and proper care (e.g., cleaning the mask).
  - All staff and essential visitors should wear non-medical masks during in-person appointments for the duration of their shifts.
  - Clients also may choose to wear non-medical masks, especially when they may not be able to consistently maintain physical distancing (i.e., less than 2 metres from others).
- Offer education to clients regarding COVID-19 symptoms; as well as, proper hand hygiene practices, respiratory etiquette, physical distancing and other ways to protect against COVID-19.
  - Hand hygiene – liquid soap in a dispenser, or using foam alcohol-based hand rub (ABHR) with 60-90% alcohol (ABHR should only be used when it does not cause harm to clients);
  - Respiratory etiquette – appropriately covering coughs and sneezes (i.e., coughing into sleeves and not hands) or using a tissue followed by performing hand hygiene and;
  - Avoid touching face with unwashed hands.
- Staff should be particularly vigilant if clients do not recognize or understand the importance of reporting symptoms.
- Ask clients not to share items with others that touch the mouth or nose (e.g., drug use equipment, straws, eating utensils, cigarettes).
- Communicate with clients about the risks of COVID-19 and the steps being taken in the organization and community to address the risks. Messaging and resources should be simple and easy to understand.
- Develop policies and procedures for clients that are not complying with preventive measures.

Screening

- Screening must include asking about COVID-19 symptoms (see COVID-19 Reference Document for Symptoms) as well as exposure risks (e.g., recent travel, contact with a suspected or confirmed case of COVID-19) and COVID-19 status (including awaiting test results).
    - If an individual has symptoms of COVID-19 at screening or has not passed the screening, they should be told to self-isolate, encouraged to complete Ontario's self-assessment tool and to call their primary care provider or Telehealth Ontario (1-866-797-0000) for an assessment.

Screening prior to Scheduling In-Person Appointment

- Before scheduling an in-person appointment (at the organization or at the client's home), all clients should be screened by phone, if possible.
    - Staff should also ask about any other person who will be present during the appointment (e.g., family member or co-tenant, essential visitor) and where appropriate, screen this person too.
    - Those who screen positive should postpone/defer their appointment until it is safe to do so.

Screening Prior to In-Person Appointment

- Screening for COVID-19 should be done before all in-person interactions (in the organization, or at home) with all individuals who will be present during the appointment. This includes staff, client, essential visitor, family member or co-tenant (see COVID-19 Reference Document for Symptoms).

Appointment in an Organization

- All individuals entering the organization should be screened before they are permitted entry.
- Staff who conduct screening at entrances should ideally be behind a physical barrier (e.g., plexiglass) to protect from droplet and contact spread or stand at least 2 metres (6 feet) away from an individual. Where screening can not occur behind a barrier or must involve contact with a client and essential visitor, a medical/surgical mask and eye protection are required when screening residents, staff and essential visitors at the door. ABHR, tissue, and a lined no-touch waste basket or bin should also be available.

- All those who fail screening are not permitted to enter.
- Clients should be offered a virtual and/or telephone appointment or postpone/defer their appointment until it is safe to do so.

Appointment at Client's Home

- If the appointment is scheduled at a client's home, screening must be done by the staff over the phone before they have an in-person interaction with the client.
    - The client and any other person who will be in the home during the appointment (e.g., essential visitor, family member, co-tenant) should be screened prior to the appointment.
- If a client or any other individual in the home does not pass screening, the client should be offered a virtual and/or telephone appointment or postpone/defer their appointment until it is safe to do so.
- If a client and other individuals pass the screening and the appointment proceeds, staff should not use the client's washroom.

Positive Screening: What to Do

- Staff who become unwell at work, should tell their supervisor immediately and separate themselves from others. They should be sent home (avoiding public transit) and advised to contact their primary care provider or Telehealth (1-866-797-0000) to discuss next steps. Staff who have been advised to self-isolate should discuss this with their supervisor.

Client Becomes Unwell during their Appointment

- Place the client in a room with the door closed or in an isolated area (try to keep them away from other clients, staff and essential visitors). See Public Health Ontario's guidance on How to Self-Isolate.
- Staff and essential visitors should maintain physical distance between themselves and the client (i.e., 2 metres or more) while monitoring and providing assistance to them.
- If the appointment is at the organization, the organization should make arrangements so that the client can be sent home (avoiding public transit) and advised to contact their primary care provider or Telehealth (1-866-797-0000) and self-isolate when they arrive home.

- If a client develops severe symptoms, staff should call 911 to transport the client to the hospital.
- If the appointment is at the organization, all surfaces that the client had contact with should be cleaned and disinfected as required.

In-Person Appointment is Required for a Client that is COVID-19 Positive or is Awaiting Test Results

- If a client with suspected or confirmed COVID-19 requires services, it is advised that virtual and/or telephone appointment be offered, so that the client can maintain their self-isolation.
- If an in-person visit is required, the staff should visit them in their home, using the appropriate PPE.
- Staff should be provided with the appropriate PPE as per Public Health Ontario's guidance on PPE.
- Staff should maintain physical distance between themselves and the client (i.e., 2 metres or more). Staff are advised not to use the client's washroom.

Reporting Positive Screening

- COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the *Health Protection and Promotion Act*.
- If an organization, or MHA service provider, is required to report suspected or confirmed cases of COVID-19 under the HPPA, they must contact their local public health unit to report a client who has or may have COVID-19.
- All MHA organizations that are not required to report suspected or confirmed cases of COVID-19 under the HPPA are encouraged to contact their local public health unit.

Modifying Operations

- All MHA service providers in community settings are encouraged to implement a system for virtual and/or telephone delivery of services (including individual and group sessions) to replace in-person encounters.
- Organizations should recognize that the daily living needs of children and youth are different than adults and should be taken into consideration. For example, the

impact of isolation and physical distancing is different and potentially more challenging for children and youth.

- MHA service providers are in the best position to determine what would constitute the need for an essential in-person visit in their practice. Clinical judgement should be used to determine whether an in-person visit should take place. A point of care risk assessment should be considered.
- For all essential in-person visits, organizations must consider implementing measures to increase physical distancing including but not limited to:
    - increasing the distance between seats in the waiting room;
    - assigning seats in the waiting room;
    - asking clients to wait in their car (if possible);
    - keeping a 2-metre distance between staff and clients; and
    - extending prescriptions, if safe to do so.
- When an in-person visit is deemed necessary, only essential visitors (or family member, co-tenant in the event that services are being provided at the client's home) may be permitted to be physically present.
- In the event that services are modified due to COVID-19, child and youth mental health providers should:
    - Notify the child and youth mental health Program Supervisor.
    - Submit a Serious Occurrence Report per the revised Serious Occurrence requirements related to COVID-19 (if appropriate).
    - Update the weekly tracker related to COVID-19 service availability (contact your Program Supervisor for more information).
    - Other notifications are at the discretion of the organization's Board of Directors and collective agreements. Organizations should consult internally with their Board of Directors and legal counsel to determine what, if any, communications are required.
- Adult MHA service providers should consult internally with their Board of Directors and legal counsel to determine what, if any, communications are required, including notification to unions, staff and clients as appropriate.
- If a client is on opioid agonist treatment (OAT) or other prescribed medications, work with their prescriber and the pharmacist to determine how to best support

the client to access their medication. Ensure naloxone is available onsite and that providers are trained in naloxone administration.

- Physical distancing and social isolation may have a greater impact on those living with MHA concerns.
- The Ontario COVID-19 website provides information about financial, mental health and other supports available during the COVID-19 pandemic.

Cleaning and Disinfecting

- In addition to routine cleaning, clean and disinfect all high-touch surfaces twice a day and when visibly dirty. High-touch surfaces include toilets and sinks, door handles light switches, elevator buttons, mobile devices, computers and tablets.
- After each client interaction, the areas used by the client and staff should be cleaned.
- No-touch lined garbage bins should be placed in visible locations and emptied regularly.
- For more information and guidance on environmental cleaning, please refer to Public Health Ontario's document on Cleaning and Disinfection for Public Settings.

Occupational Health & Safety

- In addition to active screening on site, staff should check for signs of illness compatible with COVID-19 before each shift using Ontario's self-assessment tool. Individuals should follow the directions provided by the self-assessment tool.
- If staff are unwell or know that they have been in close contact with someone with COVID-19, they should notify their supervisor, and should not come to work.
- All staff who are required to self-isolate should not come to work. Anyone with symptoms compatible with COVID-19 should not come to work, should get tested[1], and should report their symptoms to their manager/supervisor.
- If COVID-19 is suspected or confirmed in a staff member, return to work should be determined in consultation with their health care provider and the local public health unit. The staff must report to Occupational Health and Safety or notify their

[1] Staff working with MHA clients should be tested for COVID-19 due to the potential risk of virus transmission to vulnerable individuals.

supervisor prior to return to work. Detailed general occupational health and safety guidelines for COVID-19 are available on the ministry's COVID-19 website.

Personal Protective Equipment (PPE)

- If PPE is required, staff must be trained on the safe use, care and limitations.
- Consider designating health care workers and other staff who are appropriately trained in the use of PPE, infection prevention and control and resuscitation to respond to emergency situations as required.