

Ministry of Health

# COVID-19 Guidance: Community-Based Mental Health and Addiction Service Providers in Residential Settings

Version 1 – April 17, 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.

Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, case definition, FAQs, 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, "organizations" refers to community-based Mental Health and Addiction (MHA) service providers in residential settings for children, youth and adults. Examples include supportive or high-support housing, safe bed programs, residential withdrawal management and residential treatment programs.

## 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 residents.
- Only residents, staff and essential visitors<sup>1</sup> should be permitted to enter the residence, if they are feeling well and do not have symptoms associated with COVID-19.
- It is recognized that much of the support and care that is provided in these residential settings cannot be deferred. Organizations are encouraged to customize and prioritize as necessary.

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<sup>1</sup> Essential visitors include parents/guardians and those individuals providing essential services to residents.

## 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:

- Adapt care and treatment approaches to safely continue providing essential services within the organization, considering physical distancing recommendations.
- Educate staff about how to actively screen everyone entering the organization according to the updated [COVID-19 Provincial Testing Guidance](#).
- Review infection prevention and control/occupational health and safety policies and procedures with staff and essential visitors. This includes:
  - Hand hygiene - using alcohol-based hand sanitizer (ABHS) that contains at least 70% alcohol, or washing hands with soap and water;
  - Respiratory etiquette - appropriately covering coughs and sneezes (i.e., coughing into their sleeves and not their hands or using a tissue followed by washing their hands or using hand sanitizer) and;
  - Avoid touching face with unwashed hands.
- 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.
- Educate staff about what to do if a resident, staff member or essential visitor becomes unwell on the premises.
- Develop a plan for where residents could be isolated.
- Establish processes to obtain required supplies such as those required for hand hygiene, cleaning products and personal protective equipment (PPE) if required.
- Train staff on the safe use, care and limitations of PPE.
- Consider designating health care workers and other staff who are appropriately trained in PPE, Infection Prevention and Control and resuscitation to respond to emergency situations as required.

## Prevention

Below are some recommendations to support the organizations' pandemic response:

- Residents should be monitored for symptoms of COVID-19 daily, including temperature.
- Offer education to residents regarding COVID-19 symptoms; as well as, physical distancing, hand hygiene, respiratory etiquette and other ways to protect against COVID-19.
- Ask residents to not share items with others that touch the mouth or nose (e.g., drug use equipment, straws, eating utensils, cigarettes).
- Communicate with residents about the risk of COVID-19 and about the steps being taken in the residence and community to address the risks. Messaging and resources should be simple and easy to understand.
- Develop policies and procedures that address what to do with non-complaint residents.
- Active screening for COVID-19 should be done for everyone entering the residence. A daily log of staff and essential visitors entering the residence should be kept.
- Contact information for residents, staff and essential visitors should be current.

### Cleaning

- 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 (including refrigerator handles), kitchen surfaces and small appliances (e.g., kettles, coffee makers), light switches, elevator buttons, mobile devices, computers and tablets.
- Common areas including bathrooms, should be thoroughly cleaned and disinfected at least twice per day and when visibly dirty.
- No-touch lined garbage bins should be placed in visible locations and emptied regularly.
- Cleaning should also be extended to the exterior of the residential setting if there is a concern that residents may pick up cigarette butts and other debris from the areas outside of the residential setting.

- For more information and guidance on environmental cleaning, please refer to Public Health Ontario's document on [Cleaning and Disinfection for Public Settings](#).

## Physical Distancing

- Implement actions to increase [physical distancing](#) within the residential setting.
- In shared bedrooms, increase space between beds to at least 2 metres. If this is not possible, place beds in shared rooms head to foot or foot to foot.
- Limit access to common areas and how many residents are allowed at any given time. Move furniture and create visual cues such as tape on the floor to delineate 2-metre distance from the person being screened.
- Stagger the scheduling of various activities (e.g., mealtimes, access to common areas, toilet and bathroom facilities) to maintain physical distancing between residents.
- Facilitate interactions between residents and their family and friends through technology (telephone and video).
- Plan enhanced in-house recreation and structured activities that maintain physical distancing to encourage residents to stay in the residential setting.

## Screening

- [Signage](#) should be posted on the entry door and throughout the residence to prompt anyone to self-identify if they feel unwell or screen positive for symptoms of COVID-19.
- Active screening should be conducted on all persons before entry into the building. This includes staff, returning residents and essential visitors (see updated [COVID-19 Provincial Testing Guidance](#)). All those who fail screening are not permitted to enter.
  - All individuals who have symptoms of COVID-19 at screening should be advised and supported to [self-isolate](#) and call their primary care provider or Telehealth Ontario (1-866-797-0000) for an assessment.
  - Anyone who has symptoms that align with COVID-19 should complete Ontario's [self-assessment tool](#). If required they should go to an assessment Centre for testing.

- For new admissions or re-admissions, screening should be done over the phone prior to an offer for admission and again when the person arrives at the building entrance.
  - Those who screen positive should postpone their admission until it is safe to do so, and they should be advised to contact their primary health care provider or Telehealth Ontario (1-866-797-0000) and [self-isolate](#).
- Staff conducting screening at entrances should ideally be behind a barrier to protect from droplet and contact spread.
  - A plexiglass barrier can protect staff from sneezing and coughing individuals. If a plexiglass barrier is not available, staff should maintain a 2-metre distance from the person being screened.
- Staff who are unable to maintain a 2 metre distance should wear a surgical/procedure mask and gloves. ABHS should also be available for staff use.
- Residents should be monitored daily for COVID-19 symptoms and temperature. Staff should be particularly vigilant if residents may not recognize or understand the importance of reporting symptoms.

## 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).
- Symptomatic staff and residents are included in priority groups for COVID-19 testing in Ontario. They should advise the health care workers at the Assessment Centre that the person being tested lives or works in a group residential treatment setting.

### Resident Becomes Unwell

- Place the resident in a room with the door closed or in an isolated area (try to keep them away from other residents), where possible, to avoid contact with other residents in common areas (having meals in their room, not sharing bathrooms). See Public Health Ontario's guidance on [How to Self-Isolate](#).

- If secluded space in the residence is limited and if more than one resident is unwell, consideration should be given to grouping (cohorting) them together in the same space.
- Staff should try to maintain physical distance between themselves and the resident (i.e., 2 metres or more) while monitoring and providing assistance to them. If direct care (e.g., bathing, washing, turning the resident, changing clothing, continence care or toileting) is being provided to the unwell resident, staff should wear appropriate PPE.
- Residents should be encouraged to complete Ontario's [self-assessment tool](#).
- Where appropriate, staff should assist the resident to get to an Assessment Centre for testing or accompany them as required.
  - The resident should wear a surgical/procedure mask and sit in the back of a vehicle with the windows open (weather permitting).
  - Public transportation should not be used.
- If a resident has severe symptoms, staff should call 911 to transport the resident to the hospital. Inform the 911 operator that the resident being transferred is suspected of having COVID-19 so that the paramedics and hospital staff can be notified and take the necessary precautions.
- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.

### **Resident has Been to an Assessment Centre and is Awaiting Test Results**

- Any resident that has been tested at an Assessment Centre will need to be isolated or grouped (cohorted) with others who have been tested and are awaiting test results.
- Place the resident in a separate room or in an isolated area to avoid contact with other residents in common areas (having meals in their room, not sharing bathrooms). See Public Health Ontario's guidance on [How to Self-Isolate](#).
- If secluded space in the residence is limited and if more than one resident is awaiting test results, consideration should be given to grouping (cohorting) them together in the same space.
- Staff should try to maintain physical distance between themselves and the resident (i.e., 2 metres or more) while monitoring and providing assistance to them.

If direct care (e.g., bathing, washing, turning the resident, changing clothing, continence care or toileting) is being provided to the resident, staff should wear appropriate PPE.

- If a resident has severe symptoms, staff should call 911 to transport the resident to the hospital. Inform the 911 operator that the resident being transferred is suspected of having COVID-19 so that the paramedics and hospital staff can be notified and take the necessary precautions.
- In addition to routine cleaning, surfaces that have frequent contact with hands should be [cleaned and disinfected](#) twice per day and when visibly dirty.

### **Resident is Positive for COVID-19 and Does Not Require Hospital Care**

- Any resident that has tested positive for COVID-19 needs to be isolated in a separate room or an isolated area. If needed, they can share a room with others who have also tested positive (cohorting). These residents may have mild to moderate symptoms.
- Residents should remain in their room, receive meals in their room and not share a bathroom with others. They should be monitored frequently to ensure that their symptoms do not worsen.
- If a COVID-19 positive case's symptoms get worse, they should be transported via EMS to hospital versus alternative transportation services. Inform EMS of the resident's symptoms when calling for assistance.
- In addition to routine cleaning, surfaces that have frequent contact with hands should be [cleaned and disinfected](#) twice per day and when visibly dirty.

## **Reporting Positive Screening**

- All organizations are encouraged to contact their [local public health unit](#) to report a resident or staff member suspected to have COVID-19. Some providers have a duty to report as per the [Health Protection and Promotion Act](#).
- Staff may need to connect with the receiving facility (e.g., Assessment Centre or hospital) and provide information as to where the resident will be going should they not be returning to the organization.

- All referrals to hospital should be made through emergency department triage. If a resident is referred to a hospital, staff should call ahead to the emergency department triage and paramedic services and inform them that the resident has symptoms of COVID-19 and whether they have been tested. This ensures safe arrangements for travel can be made that maintain the resident in appropriate isolation.

## Modifying Operations

- Whenever possible, conduct the initial consultation to determine eligibility for admission by phone.
- To support physical distancing, service providers are encouraged to implement a system for virtual and/or telephone MHA consultations and appointments when and where possible.
- If in-person care is required, at least 2 metres must be kept between individuals.
- Child and youth mental health providers should:
  - Notify the child and youth mental health Program Supervisor.
  - Submit a Serious Occurrence 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 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 residents as appropriate.
- If a resident is on Opioid Agonist Treatment (OAT), work with their pharmacist, using the [Health Canada Subsection 56\(1\) Class Exemption for Patients, Practitioners, and Pharmacists Prescribing and Providing Controlled Substances in Canada during the Coronavirus Pandemic](#), to determine how to best support residents requiring their medication. Ensure naloxone is available onsite and that staff are training in naloxone administration.

- Physical distancing and social isolation may have a greater impact on those living with MHA concerns.
  - The [Centre for Addiction and Mental Health \(CAMH\)](#) provides information and suggestions about how to cope during the COVID-19 pandemic.
- Organizations are also encouraged to reach out to other MHA organizations and supports, some of which are listed on Ontario's [COVID-19 website](#).
- Only essential outings beyond the property of the residential setting should be permitted, such as necessary medical visits that cannot be done on-site or virtually.
- Home visits to family are permitted if the resident stays with the family for the duration for the COVID-19 pandemic and until they are instructed that they may return to the residential setting. Home visits to family for a short time are not permitted.

## Occupational Health & Safety

- If COVID-19 is suspected or diagnosed, staff 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 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](#).
- 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 must not come to work. They should notify their supervisor.