

Ministry of Health

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

Version 2 – September 24, 2020

Highlights of changes

- General updates throughout the document, including moving Modifying Operations section to earlier in the document
- Prevention section updated to include routine masking recommendations
- Positive Screening section re-named to Providing Services

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment or 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, other guidance documents, the latest COVID-19 symptoms 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

- While MHA service providers continue to consider the number of in-person visits for the safety of providers and clients, an increased number of in-person supports can be expected over time with organizations using clinical judgement and guidance from respective regulatory colleges as required.
- Pre-screen clients prior to in-person appointments, whether appointments are planned to take place on the organization's premises, in the client's home or other location. Discuss the physical distancing/masking capacity of the client with the client at this time.
- Organizations should be aware of local masking/face covering requirements and any implications these may have on the mental health and addictions services they provide. Refer to local municipal or public health unit webpages for more information.
- In order to reduce the risk of COVID-19 transmission, only workers, clients and visitors who have no symptoms of COVID-19 and pass screening, should be permitted to enter the organization.
 - Policies should be developed regarding how to:
 - Deal with emergency situations (e.g. security incidents or assisting clients that require immediate support)
 - Manage visitors (e.g., client support, family, co-tenants, contract workers, contractors, suppliers, vendors, volunteers, etc.) in order to reduce risk of transmission of COVID-19.
- If making home visits, workers should be aware of others who may be present at the visit (e.g., family members or co-tenants).
 - During pre-screening or upon arrival, request that the number of people in the room where the visit is to take place be kept to a minimum, and that all maintain 2 metres distance, or wear a mask if distancing is not possible.
 - Organizations may consider implementing policies that limit one support person per client for both in-home and in-office visits.
- [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 and other considerations to support organizations' pandemic response planning:

- All organizations in community settings are encouraged to continue offering 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.
- For in-person visits to a client's home, organizations should establish policies and procedures with respect to required supplies (e.g., alcohol-based hand rub, PPE) respiratory etiquette, hand hygiene and physical distancing requirements.
- Develop communication policies about what to do in the event that workers are ill or in self-isolation.
- Establish policies and procedures to secure additional workers to cover absenteeism.
- Organizations can redeploy workers within different locations or between programs, and employ extra part-time workers, temporary workers or contractors in order to ensure clients continue receiving services, in accordance with applicable deployment measures introduced by the government.
- As employers, organizations are responsible for:
 - Ensuring the availability of supplies (i.e., obtaining additional supplies and equipment as needed).
 - Providing training to all workers on the safe use, limitations, conservation, as well as proper maintenance and storage of supplies and equipment, including but not limited to:
 - Alcohol-based hand rub (ABHR);
 - Donning and doffing of personal protective equipment (PPE); and
 - Cleaning supplies to support enhanced cleaning.

- In recognition of the additional stress and uncertainty caused by the COVID-19 pandemic, organizations should remind workers about resources available to 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.).
 - Appropriate signage should be posted at entrances and throughout facility reminding workers, clients and visitors of these practices.
- Educate workers about how to actively screen everyone entering the organization (please refer to the MOH's [COVID-19 Patient Screening Guidance Document](#) for more information).
- Educate workers about what to do if workers, clients or visitors become unwell during an appointment.
- Contact information for workers, clients and visitors should be current. A daily log of workers, clients and visitors per appointment should be kept to facilitate contact tracing if required

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 clients with whom MHA service providers come in contact with, and the number of settings in which they provide services.
- For in-person appointments (at the organization or at the client's home), actions should be implemented to increase physical distancing. At least 2 metres must be kept between workers, clients and visitors.
 - Limit access to common areas and how many workers, clients and visitors are allowed at any given time.
 - Move furniture and create visual cues (such as tape on the floor) to delineate 2 metre distances.
- 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 – provide liquid soap in a dispenser, or foam alcohol-based hand rub (ABHR) with 60-90% alcohol. ABHR should only be used when hands are not visibly soiled, and if 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.
- Workers should be particularly vigilant if clients do not recognize or understand the importance of reporting symptoms.
- Ask clients to not share personal items with others, particularly those 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 who are not following preventive measures.

Routine Masking to Protect Others (for Source Control)

- Non-medical masks and face coverings are recommended as an additional measure for source control to help protect other individuals from exposure to the respiratory droplets of the person wearing the mask.
 - Face coverings keep the wearer's droplets contained to protect others around them.
 - Science around the use of face coverings is evolving. Organizations should refer to the Government of Canada's [guidance](#) and municipal bylaws and other local public health measures when formulating universal masking policies.
- Organizations should establish policies regarding the use of non-medical masks and face coverings by, clients and any visitors during appointments, especially where they may not be able to consistently maintain physical distancing (i.e., 2 metres from others). Policies should also take into consideration local masking requirements.

- It is recommended that all workers and volunteers working in a MHA facility wear non-medical masks or face coverings for the duration of their shifts.
 - Workers and volunteers may remove their mask during breaks but should remain at least two metres away from others to prevent any potential transmission of COVID-19.
- Consideration should be given to:
 - The safety of clients. The Government of Canada's [guidance](#) has more information about populations that are not recommended to use non-medical masks.
 - Masks are not recommended for children less than 2 years of age.
 - Masks should not be placed on anyone unable to remove them without assistance or anyone who has trouble breathing.
 - Masks may not be tolerated by everyone based on underlying health and/or behavioural issues
 - Mitigating any possible physical and psychological injuries that may inadvertently be caused by wearing a face covering (e.g., interfering with the ability to see or speak clearly, or becoming accidentally lodged in equipment the wearer is operating).
 - The safety of workers. Ensure that workers have alternative measures available to prevent possible exposure to the droplets of clients and others, when the client or others are unable to mask for source control. (e.g., holding the visit virtually, utilizing an alternate meeting space in which 2 metre distance can be maintained, workers and volunteers wearing a surgical/procedure mask and eye protection (e.g., face shield or goggles) or utilizing a plexiglass barrier to prevent spread of COVID-19).
- Masks should be changed if visibly soiled, damp, or damaged.
- Education must be provided about the safe use, limitations and proper care (e.g., cleaning) of non-medical masks. See Ontario's [COVID-19 website](#) and Public Health Ontario's (PHO) [website](#) for additional information.
- Non-medical masks and face coverings are not considered PPE. While acceptable to satisfy requirements for universal masking policies, non-medical masks and face coverings cannot be relied upon to satisfy PPE requirements.

- Workers providing direct care to clients (e.g., care provided within 2 metres) should assess the need for PPE based on the nature of the planned interaction with a client and what is known about the client's COVID-19 status.

Modifying Operations

- 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 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 in-person visits, organizations should 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 workers and clients; and
 - extending prescriptions, where applicable, if safe to do so.
- When an in-person visit occurs, a support person or family member, or co-tenant may be physically present.
- In the event that services need to be modified due to a suspected COVID-19 exposure, 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).
 - Follow other notifications that 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, workers 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. Timely access to health care should be facilitated when needed.
- 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, all high-touch surfaces should be cleaned and disinfected twice a day and when visibly dirty. High-touch surfaces include but are not limited to 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 workers 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](#).

Screening

Organizations should instruct all workers and volunteers to [self-monitor](#) for COVID-19 symptoms at home and not come to work if feeling ill. Those who are experiencing symptoms should report this to the organization as soon as possible.

All persons visiting a MHA facility should be made aware of signs and symptoms of COVID-19 infection, as listed in the [COVID-19 Reference Document for Symptoms](#). All workers, volunteers, clients, and essential visitors should be screened upon entry to the facility using MOH's [COVID-19 Patient Screening Guidance Document](#).

Workers who conduct screening at the MHA facility should ideally be behind a physical barrier (e.g., plexiglass) to protect from droplet/contact spread. At minimum a surgical/procedure mask and eye protection (e.g., face shield or goggles) are recommended where screening cannot occur behind a barrier and must involve contact within a 2-meter distance. ABHR, tissue, and a lined no-touch waste basket or bin should also be available at all screening points.

Pre-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.
 - Workers should also ask about any other person who will be present during the appointment (e.g., family member or co-tenant, support person) and where appropriate, screen this person too.
 - Clients who do not pass the screening should be offered a virtual and/or telephone appointment or postpone/defer their appointment until it is safe to do so.
 - If urgent care is required for medical issues, in-person care should be facilitated in the appropriate setting (e.g., emergency department).

Active Screening Immediately Prior to In-Person Appointment

- Screening for COVID-19 should be done prior to all in-person interactions (at the organization or at the client's home) with all individuals who will be present during the appointment. This includes workers, clients and visitors before entering the premises.
- Screening should 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).
- All those who do not pass the screening should not be permitted to enter.

- Clients who do not pass the screening should be offered a virtual and/or telephone appointment or postpone/defer their appointment until it is safe to do so.
- If urgent care is required for medical issues, in-person care should be facilitated in the appropriate setting (e.g., emergency department).

Screening Outcomes

- If a client and other individuals pass the screening, they should be told they can enter the organization. For visits in the client's home, workers can enter the home and should wear appropriate PPE. If in the client's home, workers should not use the client's washroom.
- Staff, volunteers and essential visitors who do not pass screening should not be allowed into the facility.
- Emergency first responders should be permitted entry without screening
- If an individual has symptoms of COVID-19 at screening or has not passed the screening, they should be told to [self-isolate](#) immediately, and be encouraged to get tested. Information about assessment centres can be found [here](#). If they have questions related to COVID-19, they should contact their primary care provider or Telehealth Ontario (1-866-797-0000) or visit Ontario's [COVID-19 website](#).

Providing Services

Worker Becomes Unwell

- Workers who become unwell at work, should tell their supervisor immediately and separate themselves from others. They should be sent home (avoiding public transit) immediately and encouraged to get tested. Information about assessment centres can be found [here](#). If they have questions related to COVID-19, they should contact their primary care provider or Telehealth Ontario (1-866-797-0000) or visit Ontario's [COVID-19 website](#).
- Workers who have been advised to self-isolate and get tested should discuss this with their supervisor.

Client Becomes Unwell During their Appointment

- If a client becomes unwell during their appointment, the client should be placed in a room with the door closed or in an isolated area (try to keep them away from other clients, workers, volunteers and support person). See Public Health Ontario's guidance on [How to Self-Isolate](#).
- Workers and any visitor accompanying the client (family member or co-tenant, as appropriate) should maintain physical distance between themselves and the client (i.e., 2 metres or more) while monitoring and providing assistance to them.
 - If this is not feasible and the client may come into contact with others, they should be given a surgical/procedure mask to wear if it is safe for the client.
- 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. The client should be encouraged to get tested. Information about assessment centres can be found [here](#).
- If a client develops severe symptoms, worker 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](#).

Client is COVID-19 Positive or is Awaiting Test Results

- If a client with a suspected or confirmed case of 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 worker should visit them in their home, using the appropriate PPE.
- Workers should maintain physical distance between themselves and the client (i.e., 2 metres or more) at all times.

Reporting

- COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).

Occupational Health & Safety

- Employers have obligations under the [Occupational Health and Safety Act \(OHSA\)](#) to protect the health and safety of their workers, including from the transmission of infectious disease in the workplace.
- In addition to active screening on site, workers 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 workers are unwell or know that they have been in close contact with someone with COVID-19, they should notify their manager/supervisor, and should not come to work. They should also be encouraged to get tested¹.
- If COVID-19 is suspected or diagnosed in a worker return to work should be determined by the individual in consultation with their health care provider, the [local public health unit](#), and the [Quick Reference Public Health Guidance on Testing and Clearance document](#) (where applicable).
 - Detailed occupational health and safety guidelines for COVID-19 are available on the Ministry of Labour, Training and Skills Development (MLTSD) [website](#).
- Where a case involves a worker considered likely to have been infected as a result of a workplace exposure, employers are reminded of their duty to notify the MLTSD, Joint Health and Safety Committee and labour union, as appropriate.

Personal Protective Equipment (PPE)

- Employers should ensure that workers are trained on the safe use, care and limitations of PPE, including the donning (putting on) and doffing (taking off) of PPE as well as proper use, care, disposal and limitations.
- The selection of PPE should be based on the nature of the interaction with the client and/or the likely mode(s) of transmission of infectious agents. Selection of appropriate PPE should be based on a risk assessment (e.g., type of interaction, status of client) that dictates what is worn to help break the chain of transmission. More guidance about the selection of PPE can be found in PHO's document on [Risk Algorithm to Guide PPE Use](#).

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

- Consider designating health care workers and other workers who are appropriately trained in the use of PPE, infection prevention and control and resuscitation to respond to emergency situations as required.