

**Toronto Region COVID-19 Mental Health and Addictions Working Group  
Webinar with Dr. Logan and Ms. Mason  
June 1, 2020  
Questions and Answers**

**1. Poll Results**

Questions	Results	Bar Graph
1. In what areas do you have...		
<input type="checkbox"/> A. IPAC & PPE	12/35 (...)	
<input type="checkbox"/> B. HR Strategies (e.g. ret...	6/35 (1...)	
<input type="checkbox"/> C. Isolation guidelines (...)	6/35 (1...)	
<input type="checkbox"/> D. Caregiver resilience	2/35 (6...)	
<input type="checkbox"/> E. Other	1/35 (3...)	
No Answer	21/35 (...)	

**2. Will you be able to send out these materials to everyone?**

Yes, these materials will be posted on EENET.ca

**3. Is this the same checklist that was sent today by the Toronto Ontario Region along with information re plans to support MH&A congregate houses?**

This checklist is different from Toronto Ontario Region's checklist. On EENET, we have replaced South Riverdale checklist with Toronto Ontario Region's checklist.

**4. We operate a residential treatment program and recently went to universal masking for staff. We have not mandated mask use for youth clients but there is internal debate as to whether or not we should go that route - at least their first couple of weeks after admission. However there are concerns about improper mask use by clients (despite training), improper discarding, less adherence to physical distancing while wearing masks, etc. What are your thoughts?**

These are some excellent points and ones for consideration. Universal masking for all staff is very important; it is intended to be a source control, so it prevents us from spreading the virus in the asymptomatic phases. Anyone over the age of two can wear a mask and be offered a mask. Improper use is a real concern, so education would be very important. The 2m social distancing must be adhered to along with a mask (it is not the case of one or the other). Hence, masks and education go hand in hand.

At CAMH, we provide constant reminders to have the mask over the nose and mouth. It appears as though wearing masks are an important source control for those who are asymptomatic. As best as you can, everyone should be wearing a mask.

You can also refer to EENET for resource on PPE.

**5. *What PPE do you recommend when working outside with a client? When can you maintain physical distance? What about when you cannot maintain physical distance?***

2M physical distance is very important but it is challenging to maintain that distance under certain circumstances. Therefore, it is a good idea to wear mask. When we go outside, we have more opportunity to maintain that 2m separation distance. But, you might not be able to maintain it for the entire time. Masks can also get in the way of having a conversation, so if everyone can maintain a separation of 2m then you can consider not having a mask to support the therapeutic relationship. If a social distance of 2m can be maintained constantly outdoors, then you do not need to wear a mask.

Masks need to be transported in a clean container and wearers should clean hands prior to touching the mask.

**6. *Is there a recommendation for square footage per employee, to determine capacity for meeting rooms?***

It is important to talk about the 2m distance at this time we are unaware of formal calculation to determine. We will look into this and get back to you. AT CAMH, we have measured out the 2m and marked that on the surface.

**7. *Should residential clients/patients wear a mask when in congregate living?***

Asymptomatic clients – they do not need to wear mask in their own room. However, if they leave the room or share a room, they should wear a cloth mask.

Symptomatic clients – do not need to wear if they have their own room. They should remain in their room as part of self-isolation and should don a mask if they need to leave their room.

**8. *For the 4 hour limit for masks; is this 4 hours of use? Our staff spend most of their 8 hour shift in their office with the door closed and only use the mask when interacting with clients***

We are not aware of a 4 hour limit for masks and unsure about the source of this information. CAMH is using one mask per shift, which can be 12 hours. The mask can be removed when alone in a room (e.g., in an office). If a colleague were to come into the

room, then one would need to wear their mask. Unless the mask becomes visibly soiled or wet, you can continue wearing the mask for the duration of the shift. Please remember to perform hand hygiene prior to donning or doffing the mask and place it on a clean Kleenex / surface if taking off for a nutrition break!

**9. *If a PSW is caring for COVID+ client in the community, does it mean this PSW cannot serve clients who are not positive and cannot ride on TTC since he or she had close contact with a positive case?***

When seeing anyone with COVID+ in the community, you need to don entire PPE for protection. You also need to perform hand hygiene and doff PPE appropriately. This type of care does not preclude you from riding the TTC. Additionally, if you are working in a COVID+ outbreak setting, you need to check your organization's guidelines and policies for working in different settings.

**10. *We are looking at restarting ECT in our hospital. Can you advise us as to what may now be required from an IPAC point as we use to do these in our recovery room?***

We will require more context to address this question. We can connect with you offline to provide a response for this question.