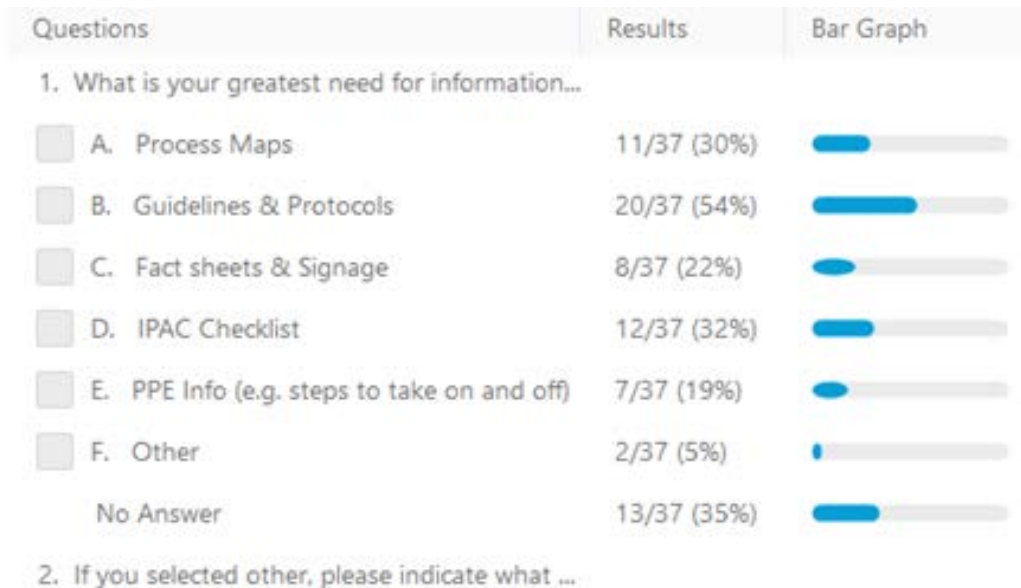


**Toronto Region COVID-19 Mental Health and Addictions Working Group
Webinar- IPAC session with Dr. Logan
May 21, 2020**

Webinar attendees were asked the following question:



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- Some PSWs have limited PPES (1-2 mask per day). They will need to travel between homes (sometimes via TTC). What is the best IPAC practises for these PSWs? Should they wear their mask on the TTC? should they doff their mask when not seeing patients or keep it on all day?***

The federal government has stated that the use of non-medical masks in public is optional and may help protect others from the wearer's droplets, this would be a personal decision for the PSWs (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>). If they choose to doff their medical mask when not seeing patients, they may consider storing it in a container that is washed daily or a paper bag. Ideally a new paper bag would be used each time the mask is doffed to minimize the contamination risk.

2. *I'm worried to go home after work that I'm taking the virus home. What can I do to protect myself?*

The best defense against this virus is [handwashing](#) and keeping your hands away from your face. Clean your hands when you leave work and as soon as you get home. Clean your hands before bringing them to your face (e.g., before eating or drinking). Clean high-touch surfaces in your home daily. As always, do not wear scrubs home. Everyone in our community has been asked to practice social distancing. That includes us. Limit your close contacts. Make trips to stores only for essentials (i.e. once per week).

3. *Is it a current recommendation for PSW providing care in homes to wear eye protection? Should this be suggested or a requirement?*

We are currently recommending universal masking and eye protection for all patient encounters.

4. *We would be laundering gowns in machines where we also wash client's clothes. Would this be safe?*

Washing and drying these items at high temperatures is advised. Wiping the machines out and the high touch surfaces (e.g., control panels) between uses is an additional step that can be taken to prevent transmission (especially to the person operating the machines).

5. *Are cloth masks effective and should they have a wire nosepiece to be more fitted?*

Fabric masks are designed mainly to prevent our own respiratory droplets from reaching other people or shared surfaces. A wire does allow for more fit around the nose – but it is not required to offer protection of your droplets from reaching others.

6. *Should I wear a facemask?*

The main reason to wear a mask is to protect everyone else from your germs. If you have a facemask on and you're getting sick, you put fewer infectious droplets out into the environment and as a result you're less likely to make your co-workers or clients sick.

The facemask should be worn as soon as you get to work and should be worn throughout the day. It should be worn so that it covers both your mouth and nose. Ideally, you should never be without a facemask when you are within 6 feet of someone else (staff or client).

You can wear the same medical mask all day. You only need to change if it becomes visibly soiled or too damp for some reason.

Cloth masks can be useful outside of work. Follow the same process for putting a cloth mask on and taking it off. Cloth masks should be washed after use and put directly in the washing machine or a plastic bag until they can be cleaned.

7. *How do I take my mask on and off?*

Have a tissue or paper towel nearby. Sanitize/wash your hands. Don't touch the front/outside part. Remove the mask from behind using the ear loops. Place the inside part of the mask facing down on the tissue/paper towel.

Sanitize/wash your hands before you eat or do anything else, just in case you accidentally touch the front.

When it's time to put your mask back on, pick it up again from the ear loops. You'll have to touch the front part to adjust it a bit (to get it over your nose and down to your chin) so make sure you wash/clean your hands after putting your mask back on.

8. *Should I be wearing gloves?*

COVID-19 doesn't penetrate the skin so you don't need to wear gloves all of the time. Good hand hygiene is actually safer. Sometimes when people wear gloves they wear them for multiple tasks and forget that they have become contaminated. Germs actually stick to gloves better than they do to skin. You really only need gloves if you are handling food, cleaning with chemicals or providing care to someone who is or may be sick.

9. *How do I put on and take off full PPE?*

How you put on your gown and other PPE is less important than how you take it off because it is clean when you put it on. Taking it off is important because you could have virus on your gloves, gown etc.

Taking PPE off: start with your gloves – grab them from the outside and turn them inside out, putting one inside the other to make a ball with the inside part of the gloves on the outside. Sanitize your hands and then take off your gown. To take off your gown, reach around and rip the tie at the neck (it should tear easily). Roll the gown forward, rolling it into a ball as you go. Sanitize your hands and then take off your face shield/goggles. Sanitize your hands again once you take off your mask.

The video at this link shows how to remove full PPE:

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

10. Do I need to wear an N95 mask?

You only need an N95 mask when you are doing something that creates aerosols. Aerosols are tiny and are able to float in the air for prolonged periods of time. Luckily people can't make aerosols of COVID-19 on their own. You have to do something like intubation or an autopsy in order to create aerosols. Nothing you do day-to-day in a shelter or respite would aerosolize the virus.

If you are performing chest compressions on someone, you don't need to be wearing an N95. Use of a bag-valve mask (BVM) can produce aerosols so if a client is being resuscitated make sure you are well away. Nasal naloxone doesn't produce aerosols. Put a set of gloves if you can before administering naloxone and/or sanitize your hands well afterwards.

11. Should I wear a face shield or goggles?

The purpose of both a face shield and goggles is to protect your eyes. A face shield also acts as a barrier that helps remind you to not touch your face. Face shields are also easier to remove safely. Goggles are tight and can snap back on your face which could mean you contaminate yourself with any terms that might be on the outside. If possible, give each staff their own face shield or goggles.

It is safest to wear a face shield whenever you are providing care to clients. That way you won't ever be in a situation where you wished you had worn it!

Reusable face shields and goggles can be cleaned with whatever disinfectant wipe you are using – Lysol, hydrogen peroxide and bleach all work. Soap and water followed by an alcohol wipe will also work.

How to clean your goggles: scroll to 2 min and 20 sec. to see how to clean your goggles - <https://www.youtube.com/watch?v=CChf0-enyp0>

12. Do I need to wear a gown?

Gowns are in short supply and not really necessary unless you are dealing directly with people who are COVID positive or in the setting of an outbreak. You might want to consider using scrubs or just changing out of your clothing as soon as you get home and putting those clothes directly in the laundry. Any water temperature will kill the virus on your clothes – the most important part is the laundry soap (any kind will do). COVID-19 droplets are heavy and as a result can end up on your shoes so leave those outside if you can or take them off and leave them near the front door.

13. Should we be taking everyone's temperature every day?

With COVID-19 not everyone (less than 50%) gets a fever so relying on temperature readings alone might mean you miss people. It's very important to ask people how they are feeling and to ask about specific symptoms.

14. How can I tell the difference between COVID-19 symptoms and allergies?

If someone ask symptoms like a runny nose or congestion that could also be an allergic reaction, you should ask them if these symptoms are typical for them at this time of year and if it gets better with antihistamine. If they yes to either one, it's probably allergies. It's very uncommon with COVID to get just one symptom. People usually experience a few symptoms with COVID.

15. If I have symptoms but test negative, is it okay for me to come back to work?

Check your workplace policy. Generally, you should not come back to work until your symptoms have resolved as sometimes the test can be falsely negative. If you test negative but still have symptoms you should consider getting another test. Each organization will decide when it is appropriate to return after having a positive swabs – some use time guidance of 14 days others requires 2 negative swabs 24 hours apart.

16. Is it okay for clients to come and go from our shelter/respice?

It's not realistic to ask people to never leave. Try taking a harm reduction approach which involves educating clients and supporting them to practice physical distancing when they are elsewhere. Screen people every time they come back inside.

17. In the community, people do not have access to PPE that has been formally certified as meeting Canadian Standards. For example, access to sufficient level 2 masks is very challenging in the community. Is it acceptable to use level 1 surgical mask in the absence of level 2 surgical mask? Should community providers be advocating for more access to level 2 mask in the community mental health settings?

Yes, level 1 masks are sufficient. Many hospitals in the region have moved to level 1 as they thought to be effective for contact and droplet transmission. The level 2 and 3 masks are intended for procedures where there could be splashing i.e. during a surgery.

In community settings with vulnerable population, the preference is a level 1 surgical mask. Addictions Mental Health Ontario is advocating for level 1 surgical masks to be used in congregate sites

LOFT is supporting residents to use cloth masks with proper cleaning; and LOFT gave staff one cloth mask to use themselves outside in the community

18. According to Ministry of Health’s guidelines, staff can use cloth masks for community settings. Is it acceptable for staff in the community mental health and addiction settings to use cloth masks?

Yes, it is acceptable to wear fabric masks in the community. The most important part is that the mask covers the nose and mouth. Do not pull the mask down below the chin as it can drag contaminants down the front of the face. Also, wire piece is not necessary for the cloth mask; it will not prevent any further outpouring of virus. For client care however surgical masks should be worn in “community” work settings as part of universal masking.

19. What is the most effective approach to check for fever?

For people with COVID, only half of them will present with a fever. Therefore, it is important to not rely on temperature measure alone but to look at all of the symptoms to diagnosis COVID-19. Hospitals do not take temperature as part of the front door screening process, because most people will not have fever until they are well into the illness. It can also be difficult to get a hold of thermometers, and often they require touch to use which we are trying to minimize.

Self-monitoring protocols do recommend temperature measurement twice daily. This would be in the context of known contact or outbreak.

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-self-monitor.pdf?la=en>

20. Are protocols being established for clients who require physical restraint due to aggression?

Yes, CAMH has developed a policy to address restraint use in light of COVID. The CAMH’s restraint policy can be shared with community partners. These were developed for acute care setting and may not be appropriate for your setting. I would encourage you to work with psychiatry on this piece.

21. What if Toronto Public Health is not available for contact tracing and I have to determine risk of exposure if I have a staff diagnosed as COVID positive?

LOFT developed its own risk assessment tool around contact tracing. This tool can be shared with the group.

22. With loosening of group gatherings, more and more people in the congregate settings are going into community. What practices can help with these comings and goings?

People will need to be reminded and educated around COVID prevention strategies. Ensure that everyone is still aware that COVID is around us and the risk is very much present. It is important to continue with hand hygiene before people leave, during their time away and upon return. It is important to note that public washrooms are currently closed. Therefore, they need to have solutions to keep hands clean while spending time

in the community. Also, encourage and educate people on maintaining physical distancing, wearing masks if you can and do not congregate in groups.

23. Are there resources that demonstrate how risk goes down with increase handwashing (with visuals)? I did mention this during the Q&A I have not been able to track down my reference. There are not visuals that could demonstrate this.

24. How would you define a COVID outbreak? How many cases are considered an outbreak? In acute care settings it is defined as two people (staff or client) developing COVID within 14 days of each other. In LTC it is defined as one patient or staff developing COVID. Congregate care may require one or two depending of physical layout and other factors to be determined by Toronto Public Health.

25. Many of our residents are would like to return to work. Do you have any tips on how to safely have people return to work while minimizing their risk of exposing other residents to Covid-19? Or, do you think it is not appropriate for residential providers to have people working?

I have not seen any guidance on this but would think harm reduction approach would be recommended. In some settings the residents may be considered as household contacts so physical distancing, hand hygiene and potentially masking may be considered to reduce risk. I would recommend reviewing with Toronto Public Health but I would imagine that if the setting is on outbreak – residents will not be able to attend work as they would be required to self-monitor as well as self-isolate.