

**Toronto Region COVID-19 Mental Health and Addictions Working Group
Webinar- IPAC session with Dr. Logan
May 25, 2020
Questions and Answers**

Poll Results:



1. According to Ministry of Health’s guidelines, staff can use cloth masks in community mental health and addictions settings. Is it acceptable for staff to use cloth masks in these work settings?

Level 1 surgical masks are appropriate for “universal masking” to work in any community/congregate setting. The ministry guideline recommends that non-medical masks should be worn by all staff and visitors at all times. It further states that the science around non-medical mask use is evolving. Universal masking refers to all providers wearing a mask to prevent spread inadvertently from themselves to others if they are asymptomatic or pre-symptomatic carrier of COVID. Surgical level 1 or 2 masks should be used as full PPE when providing direct care, within 2 meters, of clients with COVID+; in addition to eye protection, gloves, and gowns.

2. What is the best tool to measure fever?

- 1) **Screening at the front door-** AT CAMH, we do not use temperature measures at the front door because most people early on in the illness will not present with a fever. Fever is not an accurate enough as screening tool to measure the illness. Instead, we ask a series of questions to assess risk. Temperature taking is not part of this screening process.
- 2) **Self- monitoring residents during outbreak or from exposure-** if someone at home has been diagnosed with COVID or Public Health has deemed an outbreak in a particular setting, everyone will be under self monitoring protocol. This does involve

taking temperature twice daily. The worker taking the temperature must be in full PPE and the thermometers need to be sanitized between uses.

3. *False negative tests- how long should staff who test negative and symptomatic be quarantined? Or should they be quarantined?*

False negative are high, about 30 % will be negative. These tests are accurate only on the day the test was administered. It does not tell you if you're incubating illness after an exposure and you still may become COVID+ in the following days. If you test negative and your symptoms persist for several days, you may want to consider returning to the assessment centre for another test. If a staff tests COVID+, they may need to go for "Test of Cure". Test of Cure in health care provider's means that following 14 days of self-isolation, after a staff has been diagnosed with COVID, two negative tests, a minimum of 24 h apart, may be required to return to work. Each organization should develop a return to work policy.

4. *In a supportive housing setting, for the most part, we are able to keep physical distance. However, our staff provide medications, meals and take temperature which requires close contact with our residents. What PPE should be used for these activities without a COVID+ ?*

If you have to get close to a client to provide a meal/medication or take a medication, you are required to wear a mask (universal masking). Many places are now moving to universal eye protection- it protects staff with droplet precautions i.e. sneezing and/coughs

5. *Clients living in chaotic environments including streets, tents, people with substance use are going in/out of shelters, there can be a perceived increased risk for this group. Any thoughts on this?*

Any chaotic environment where people cannot maintain distance and may share items, there is an inherent increased risk. We have yet to see high numbers in this setting; we have tremendous concern about the risk for this population moving forward or into second wave of this pandemic. Hand hygiene is challenging in this environment, and public washrooms are closed and without running water – this is a very high-risk group to worry about.

6. *Healthcare worker was tested positive but has no symptoms. The Supervisor has asked the worker to return to work after 14 days even though re-test result was still positive. Why is that?*

This is a great question! This is being discussed among the larger medical community. We are trying to determine when is the right time to return to work- is it after 14 days or negative swab? Each organization determines the amount of time and process for a return to work, but the literature indicates that 14 days is sufficient to stay away from work. Workers may test positive for up to 6 weeks after testing positive, but they may not transmit the disease. It is believed that people transmit the disease between 6 – 9 days, so 14 days quarantine should be adequate.

7. *Is level 1 mask adequate for supporting housing?*

Yes, level 1 is appropriate for use in both supportive housing and hospital.

8. *Does COVID stay on books or paper?*

It's a great question! At the moment, we are still searching for an answer. WHO has published that suggests COVID may live on paper for a couple of days.

9. *In residential settings, we are running small socially distanced groups - ie 2m between clients and 2m between staff and clients with staff wearing surgical mask for forty-five minutes and sanitizing in between each group. How would you feel about doing this in a relatively closed setting with residential clients if there are no suspected or active cases of COVID in the setting?*

Life and treatment needs to go on, so I applaud you for this great effort. It should be fine as long as there is physical distancing, hand hygiene is being performed and limited the number of group attendees are present. CAMH for example is running cooking group with 5 or less participants including the staff.