COVID-19: Resources for Residential Addiction Treatment

If you have any questions or comments, contact ipcsurvstdadmin@ahs.ca.

This document applies to AHS and AHS contracted Residential Addiction Treatment facilities where the rescinded CMOH COVID-19 orders were in use. These recommendations should be used to reduce the risk of transmission of infection in clients and staff.

1. Environmental and equipment cleaning

1.1 Consider removing all non-essential or non-cleanable items from common areas. Whenever possible, remaining items are to meet IPC furniture replacement requirements.

1.2 Cleaning is a joint responsibility between facility cleaning services and the facility staff. Implement twice a day cleaning for all high-touch and shared surfaces identified in the facility setting with AHS approved low-level disinfectants. This may include but is not limited to:

- door knobs;
- light switches;
- handrails;
- workstations
- supplies and space used for group activities
- exercise/recreational equipment

1.3 Hand hygiene is performed before and after use of shared client equipment. Ensure all shared client care items are cleaned after client use, including those used for client entertainment or recreation (game, electronics, etc.). Always clean and disinfect non-critical equipment between clients with low level disinfectants or ready-to-use disinfectant wipes as directed by the manufacturer instructions for use (MIFU). Where applicable, items should be restricted by sign out requirements to ensure appropriate cleaning.

1.4 Non-public/resident rooms require routine cleaning as per facility cleaning schedule.

2. Physical environment

Respiratory infections tend to spread rapidly in enclosed, small spaces with a large number of people; increasing space between people reduces the risk of transmission. Display appropriate signage at entrance to encourage immediate hand hygiene and mask use.

Common area/group activities/communal dining

2.1 Develop site-specific processes to maximize physical distancing as best as possible. Where physical distancing cannot be maintained clients must be masked.

2.2 Dining rooms: continue to distance and stagger mealtimes or at a minimum cohort clients.

2.3 Hand hygiene is performed before and after using shared client items (i.e. coffee machines, vending machines, microwaves, toasters, and beverage containers). Include these items in routine daily cleaning.

2.4 Limit client contact with cutlery and condiments. Dispensing by staff is preferred.

2.5 Fitness center use should be limited to 1 client unless space permits adequate physical distancing for additional clients. When fitness center is in use by more than one client, clients should be masked.

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Client care space

2.6 Restrict access to non-client care areas including:

- clean supply;
- food preparation; and
- facility staff only areas.

2.7 Clean bathrooms daily or when soiled as per facility cleaning schedule.

2.8 Maintain differentiation between clean and dirty areas for supplies and equipment.

3. Hand hygiene

3.1 Ensure sufficient hand hygiene stations and supplies are available and accessible to staff and clients. Follow ABHR Product Ingestion Risk Screening and Dispenser Placement Guidelines to address safety concerns related to ingestion.

3.2 Performing hand hygiene with ABHR is the preferred method for hand hygiene; however, there are times when handwashing with soap and water is required or availability of ABHR is limited. Ensure friction and wet time for a minimum of 20 seconds when using soap and water

3.3 Assist clients who are unable to perform hand hygiene independently.

4. Staff preparation

4.1 Review the General Guidance for COVID-19 and Other Respiratory Infections.

4.2 Complete a site based risk health and safety assessment to guide infection, prevention and control practices at your site(s).

4.3 Continue to follow and encourage public health best practice for:

- hand washing;
- enhanced cleaning; and
- respiratory etiquette.

4.4 Consider completing annual IPC training COVID-19 Personal Protective Equipment (PPE) Module donning and doffing as required.

4.5 Develop site-specific processes to maximize physical distancing as best as possible in staff rooms, locker rooms and eating areas. Masks should be removed for the minimum amount of time required and should be worn even in break rooms when not eating or drinking. Remind staff that shared personal products, food or drink are not permitted in staff areas.

5. Daily operations

Screening

Regardless of client, staff, or visitor COVID-19 vaccination status, all initial and ongoing symptom and risk factor assessments should continue.

Staff

- All staff will be required to comply with the Daily Fit for Work Screening Protocol, including a COVID-19 symptom and exposure questionnaire for every shift (If YES: staff must not report to work and follow directions “when screening indicates unfit for work” as per protocol).

Clients

5.1 Symptom and risk exposure assessment

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- Assess all clients for COVID-19 symptoms and risk exposures.
- Initial assessment upon admission to the facility: algorithm (see Appendix)
- Daily symptom assessment: once daily use AHS Patient Symptom Monitoring Tool

5.2 All clients are to have a Point of Care Risk Assessment (PCRA) completed as they may require additional precautions for non-COVID symptoms as per the IPC Resource Manual.

5.3 Symptomatic clients should be isolated. If patients on contact and droplet precautions require treatment outside of their bed space, utilize transmission risk mitigation measures including hand hygiene, continuous masking and physical distancing.

Visitors

- Visitor restrictions and exceptions related to essential visitors (including parent/guardians accompanying children) are outlined in the COVID-19 Visitor Guidance.

6. Continuous masking and eye protection

Staff

6.1 AHS staff are required to follow AHS continuous masking recommendations. Educate and post signage to encourage appropriate mask and eye protection use by staff

6.2 Continuous eye protection is not required. Use eye protection as part of contact and droplet precautions and when doing intake.

6.3 Masks and disposable eye protection should be immediately changed and safely disposed of when either becomes visibly contaminated, when the mask becomes damp, following an AGMP or when going on breaks. Reusable eye protection can be disinfected.

Clients

6.4 All clients outside their bed space should be continuously masked and directed to perform hand hygiene.

6.5 Clients participating in group activities, communal dining or using common areas should maximize physical distancing as best as possible.

6.6 Clients on Contact Droplet Precautions should leave the room or bed space for essential purposes only, exceptions require IPC consultation.

7. Routine practices

7.1 Routine Practices should be used for all client encounters.

7.2 Point of Care Risk Assessment (PCRA) affirms the use of appropriate personal protective equipment based on the blood or body fluid exposure risk (in addition to transmission based precautions).

7.3 Encourage proper Personal Protective Equipment (PPE) use.

- Hand hygiene must be performed immediately before accessing PPE supplies.
- Ensure that PPE is personal (fits you well) and protective (is worn properly).
- Utilize visual aids to encourage appropriate isolation/additional precaution compliance, donning and doffing in designated clinic locations.
- Follow PPE preservation recommendations, if applicable.
- Promote the use of PPE champions through the Provincial PPE Safety Coach Program

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7.4 Aerosol-Generating Medical Procedures (AGMP)

- In addition to Contact and Droplet precautions and PPE, a N95 respirator is required during active AGMP procedures occurring on clients who meet screening COVID-19 criteria or are known influenza or COVID-19 positive.
- There is no settle time required after an AGMP is completed.

8. COVID-19 vaccination

- Continue to encourage vaccination as a primary means of COVID-19 control;
- Facilitate COVID-19 vaccination for clients and staff as appropriate;
- Refer to Interim IPC Recommendations during COVID-19 for client post vaccination symptoms

9. Outbreak

- Outbreak definitions and criteria currently under review.
- In the meantime, use the toll-free COVID 19 Coordinated Response Line for Congregate program settings 1-844-343-0971 for information and guidance in managing staff or residents experiencing COVID symptoms. Continue to use 811 for general COVID-related questions.
- In addition, sites may also contact their local IPC team.

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