This document applies to AHS and AHS contracted Residential Addiction Treatment facilities. These recommendations should be used to reduce the risk of communicable disease exposures and transmission, including COVID-19, 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 Infection Prevention and Control (IPC) furniture replacement requirements.
   1.2 Cleaning is a joint responsibility between facility cleaning services and the facility staff. Implement daily cleaning (twice daily preferable) 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 – in addition to after each client use
      - exercise/recreational equipment – in addition to after each client use
   1.3 Hand hygiene is performed before and after use of shared client equipment.
      - Ensure all shared client care items are cleaned after each client use, including those used for client entertainment or recreation (game, electronics, fitness centre equipment, 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 Common areas and group activities: Maximize physical distancing as best as possible.
      - Where physical distancing cannot be maintained clients should be masked.
      - Symptomatic clients must be masked.
      - For outdoor group activities: Clients do not need to mask but physical distancing should be maintained as best as possible.
2.2 Dining rooms:
- Asymptomatic: Clients may eat at the same table. Maximize physical distancing as best as possible.
- Symptomatic: Clients should dine in room or at a table by themselves.

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 centre: Clients should be masked when fitness centre has multiple users at the same time. Physical distancing should be maintained as best as possible.

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.

3.2 Performing hand hygiene with hand sanitizer (i.e. alcohol-based hand rub [ABHR]) is the preferred method for hand hygiene.
- However, there are times when handwashing with soap and water is required (e.g. hands are visibly soiled) or availability of hand sanitizer 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.

3.4 Follow ABHR Product Ingestion Risk Screening and Dispenser Placement Guidelines to address safety concerns related to ingestion.

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 IPC practices at your site(s).

4.3 Continue to follow and encourage public health best practice for:
- hand washing;
- 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 Masks should be removed for the minimum amount of time required and should be worn even in break rooms when not eating or drinking.

4.6 Remind staff that shared personal products, food or drink are not permitted in staff areas.

5. Daily operations

Screening
Initial and ongoing symptom and risk factor assessments should continue for all client, staff, and visitors.

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
- Assess all clients for COVID-19 symptoms and risk exposures.
- Initial assessment upon admission to the facility use AHS COVID-19 Expanded Testing Algorithm: Residential Treatment Centres
- 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 clients on Modified Respiratory Precautions require treatment outside of their bed space, utilize transmission risk mitigation measures including hand hygiene, continuous masking and physical distancing.

Visitors
- Essential visitors only.
- Visitor restrictions, exceptions, and screening (including parent/guardians accompanying children) are outlined in the COVID-19 Visitor Guidance.

6. Continuous masking and eye protection

Clients
6.1 All clients outside their bed space should continuously mask and be directed to perform hand hygiene. Continuous masking is especially important when physical distancing cannot be maintained.

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

6.3 Clients on Modified Respiratory Precautions should leave the room or bed space for essential purposes only.
Staff

6.4 AHS staff are required to use continuous masking.

6.5 Eye protection should be worn if there is any risk of a blood or body fluid splash (including respiratory droplets) to the face or eyes whether client has symptoms or not. Refer to Point-of-Care Risk Assessment (PCRA).

6.6 Use continuous masking and continuous eye protection when doing intake since there may be unanticipated exposures to COVID-19 in settings that are initial points of contacts for patients and/or the public (e.g. screening and intake areas).

6.7 Masks/respirators and disposable eye protection should be immediately changed and safely disposed of as a unit when one or both becomes visibly contaminated or moist/wet, following an AGMP or when going on breaks or shift change. Reusable eye protection can be disinfected.

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).
  - N95 respirators must be fit tested, and fit testing must be current (i.e. within the last 2 years).
  - KN95 masks must be seal-checked.
- Utilize visual aids to encourage appropriate isolation/additional precaution compliance, donning and doffing in designated clinic locations.
- Promote the use of PPE champions through the Provincial PPE Safety Coach Program

7.4 Aerosol-Generating Medical Procedures (AGMP)

- In addition to Modified Respiratory Precautions, a fit tested N95 respirator or seal-checked KN95 mask is required during any active AGMP occurring on clients who have COVID-19 symptoms and/or exposure risk factors, or are confirmed seasonal respiratory virus or COVID-19 positive.
- There is no settle time required after an AGMP is completed.

8. Vaccination

- Continue to encourage routine vaccination, including COVID-19 vaccine, as a primary means of communicable disease control.
- Facilitate vaccination for clients and staff as appropriate.
- Refer to Interim IPC Recommendations during COVID-19 for how to manage post-vaccination symptoms in clients.
9. Outbreak management

- Sites should continue to contact their local IPC team for advice regarding the management of symptomatic individuals.
- Contracted sites should work with Zone Operations to access IPC support as needed.
- Zone Medical Officer of Health (MOH)/Communicable Disease Control (CDC)/Environmental Public Health (EPH) will consult IPC about outbreak management-related concerns as needed.
- Continue to call 811 for general (non-outbreak-related) COVID-19 questions.