



# MHSU & Public Health COVID 19 – Outreach Protocol



<b>Purpose:</b>	To provide direction about Mental Health and Substance Use (MHSU) and Public Health (PH) Outreach services during COVID-19. This document is subject to change based on evolving Provincial guidance. The latest version will always be on the main Island Health COVID page.
<b>Scope:</b>	Community MHSU and PH Outreach Services  Indications for use: Use until direction from the BCCDC / Island Health that there is no longer the need.
<b>Outcomes:</b>	To continue to provide services to clients while maintaining and creating a safe and healthy work environment for staff and clients.

## In this document:

- 1.0 Protocol
- 2.0 What activities are deemed essential
- 3.0 General Requirements and precautions
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## 1.0 Protocol

As health care providers, your day-to-day outreach services are critical to the continuity of care.

MHSU and PH outreach services will be provided by phone, text, video technology, or face to face when necessary. Situations requiring face to face service provision may include medication administration, crisis response, or for people who are clinically determined as needing face to face contact as part of our essential activities (specific clinical support or support securing food, finances, housing)

For any face to face contact the standard Infection Prevention and Control (IPAC) measures are to be followed and Personal Protective Equipment (PPE) to be used as outlined below.

## 2.0 What activities are deemed essential

- Medication administration

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- Clinical care deemed essential within your program area as directed by program leadership
- Any actions required under Mental Health Act
- Provision of assessment for individuals who are referred due to potential risk to themselves or others
- Any life saving intervention (eg. overdose response)
- Home visits as clinically necessary – wellness checks or dropping off food or other essentials
- Any intervention, if discontinued, would place the individual at risk of loss of limb or life.
- Any intervention related to care for people at high risk of suicide or self neglect.

### 3.0 General Requirements and precautions

- When possible do a pre appointment phone call to do screening
- Maintain physical distancing as best as possible; minimum of 2 metres.
- Screen all clients with the following questions:
  - Are you experiencing a fever, new cough that started within the last 14 days, sore throat, or any other new signs of respiratory illness?
  - In the last 14 days before illness onset, have you travelled anywhere outside of Canada?
  - In the last 14 days, have you had close contact with a confirmed or probable case of COVID-19?
  - Have you had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada within the 14 days before their illness?
  - Have you had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 virus?
- If NO to all questions, proceed with appointment without PPE. Ensure proper handwashing and clean any equipment as per current protocols.
- If YES (or unable or unwilling to answer) to any of the questions and care is required (medication administration) ensure appropriate PPE and refer the person to 811. Ask client to mask if symptomatic.
- When attending client homes, maintain physical distance space of 2 metres. When possible remain outside the residence (ie speak to the person on the front porch or through a window when appropriate);
- When visiting an agency providing housing resources including local shelters, residential buildings, or SROs, follow guidance of the agency including visitor restriction notices. Meet outside of client rooms and units maintaining a physical distance when possible of a minimum 2 metres.

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- Support families, caregivers and clients to find creative means for connecting with others that promote public health safety measures (virtual, telephone, email, text etc). If the visit is to ensure the client has adequate supplies (medications, food etc) consider dropping off the supplies rather than supporting the client with transport.
- Limit contact with only those who are essential to immediate service provision (e.g., family member parent, guardian, or primary caregiver);

#### 4.0 Personal Protective Equipment (PPE)

- Healthcare workers and staff who have direct physical contact with patients who are suspected of having (awaiting lab results), or have been diagnosed with COVID-19, must follow droplet and contact precautions, which includes wearing a surgical or procedural mask, clean eye protection, NEW gloves and gown.
- N95 respirators must only be used for Aerosol Generating Medical Procedures on patients confirmed or suspected of having COVID-19.
- Health care workers limit their use of PPE as follows:
  - a. Use one mask or respirator per shift. **Must be worn for all patient contact**, unless the mask is too damp, soiled, or damaged for effective droplet protection, or when you leave the unit, ward or facility (see Health Canada’s: Optimizing the use of masks and respirators during the COVID-19 outbreak).
  - b. Use one form of eye protection (visor/face shield/goggles) per shift and reuse eye protection between shifts or after leaving a unit, ward, or facility using appropriate cleaning protocols;
- It is not recommended that full PPE be used just to enter into an environment (e.g. shelter) where there may be symptomatic individuals, simply maintain the 2 metre physical distance – please thoroughly review above section;
- If risk assessment questions in previous section is completed and all responses are clear “No’s”, and the client is asymptomatic, staff do not need PPE.

#### CLEANING PROTOCOLS

- If visor/face shield has elastic/Velcro strapping, it should be designated to the individual staff member and hand-washed daily.
- With a clean pair of gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth with soap and water.
- Carefully wipe the outside of the face shield or goggles using a hospital grade disinfectant wipe.
- Wipe the outside of face shield or goggles with clean water to remove residue.

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- Fully dry (air dry or use clean absorbent towels) and store in a designated clean storage area.
- Remove gloves and perform hand hygiene.

## ADDITIONAL GUIDANCE

- Follow additional infection prevention control precautions as appropriate for the clinical scenario. Follow additional infection prevention control precautions as appropriate for the clinical scenario and review guidelines for personal protective equipment on the BCCDC
  - <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- Island Health employees can access more information here:
  - [Personal Protective Equipment \(PPE\) in Direct Care Areas](#)
  - [COVID-19 page](#)
- Remember the key step to protecting patients and yourself is good hand hygiene at all times. If you have questions, please direct them to your site or unit leader.

## SPECIFIC TASKS FOR WITH PATIENTS WHO ARE SUSPECTED OF HAVING (AWAITING LAB RESULTS), OR HAVE BEEN DIAGNOSED WITH COVID-19:

Task	Need for PPE
Wound Care	Yes, always
Infection Assessment	Yes, always
When people cannot comply to requests (intoxicated or psychotic)	Yes always
Overdose Response	<p>Yes, always.</p> <p><b>When responding to an overdose at an OPS:</b></p> <ul style="list-style-type: none"> <li>• If giving rescue breaths, use face shield mask found in the Take Home Naloxone kits (or similar one)</li> <li>• We do not recommend use of Bag-Valve-Mask (BVM) ventilation as this puts the person responding to an overdose at risk of exposure to COVID-19.</li> <li>• If you must use BVM, personal protective equipment must be worn including gown, gloves, fit tested N95 respirator and eye protection. If possible, relocate non-responders to another area or have them don personal protective equipment as well. For more information on airway management, (e.g. rescue breaths, BVM). Additionally, specific site cleaning measures must be undertaken after the use of BVM.</li> </ul>

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Chronic Health Management	Yes, when providing nursing support (e.g. diabetes)
Medication Management	Yes, when providing nursing support (e.g. insulin)
Withdrawal Assessment	No, as long as physical distancing can be achieved
Mental Health Assessments	No, as long as physical distancing can be achieved
Food services	No, as long as physical distancing can be achieved
Harm Reduction Supplies	No, as long as physical distancing can be achieved

## 5.0 Transporting clients

- All alternative transportation options should be considered (taxi voucher, BC transit, walking)
- In all cases, limit transporting clients unless determined to be an essential activity and approved by direct supervisor
- If required to transport, consider use of fleet vehicle before use of personal vehicle.
- Ask client to perform hand hygiene prior to transport.
- Confirm that your destination is open and providing service prior to meeting and transporting client;
- Vehicle to be wiped down and disinfected before every community outing. This includes all door handles, inside & outside, and surfaces.
- Use [use disinfecting wipes](#) on all high-touch surfaces in vehicles including door handles, seat belts, and hand/arm rests – wipe down all high-touch surfaces after each client visit.

## 6.0 Visiting multiple sites

- Wherever possible outreach work is to be cohorted to avoid multiple visits to multiple sites.
- Wherever possible have one single service/ staff provide care where there may have previously been multiple teams involved.
- Change gloves between sites.
- Continue to wear mask and face shield.
- For travel between or from known contaminated sites, change gown between sites, or take off and reapply before visiting next shelter.

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## 7.0 Standard Infection and Prevention Control (IPAC) measures

### 1. Handwashing

Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment.

### 2. Respiratory Etiquette Measures

If you have to cough or sneeze, try to do it in the elbow or in a tissue. Wash your hands directly afterwards and dispose of tissues in waste bins (including in fleet vehicles).

### 3. Physical Distancing

Maintain a distance of 2 meters. Reduce the utilization of multiple work stations, limit the number of computers and phones used and regularly clean cell phones.

### 4. Source Control

A number of controls are implemented by staff to protect from exposure to infectious agents and to decrease transmission between patients as follows:

- Ensure adequate supplies of hand hygiene product, tissues and masks are located at entrances of buildings and in vehicles;
- Post signs, in languages appropriate to the population served, with instructions to clients and accompanying family members or friends to perform hand hygiene, be mindful of respiratory and cough etiquette, and to wear a 120 mmHg fluid resistant surgical mask without visor, if they are coughing or sneezing;
- Twice daily clean high touch surfaces in service delivery spaces, chill out spaces, and washrooms including door knobs, taps, flushers, switches, tables, counters.
- Use EPA-registered disinfectants, bleach and water mix (1:9), disinfecting wipes
- Wear gloves when cleaning

## 8.0 COVID-19 Information, Signage and FAQ's

- [Signage](#) and [information to provide the public](#)
- Island Health staff can learn more on the Island Health internal [COVID-19 WEB PAGE](#)
- The [Medical Staff website](#) has specific information for medical staff.
- BCCDC: [COVID-19: Harm Reduction and Overdose Response](#)
- [BCCDC: Common Questions about COVID-19](#)
- [BCCDC: COVID-19](#)

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# MHSU & Public Health COVID 19 – Outreach Protocol



- BCCDC: [Physical distancing in progress](#)
- BCCDC: [Personal Protective Equipment](#)
- [Public Health Agency of Canada guidance on homelessness populations](#)
- Toward the Heart: [Overdose in the Context of COVID-19 Outbreak: Droplet Precautions](#)
- BCCSU: [COVID-19: Information for Opioid Agonist Treatment Prescribers and Pharmacists.](#)
- [BC Provincial Health Officer letter to all social sector stakeholders](#)
- BC Housing: [COVID-19 Update.](#)

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