



## COVID-19: Infection Prevention and Control (IPC) Considerations for Mental Health and Substance Use Settings

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## Introduction

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This document provides practical guidance for mental health and substance use (MHSU) inpatient settings for the prevention of COVID-19 and further transmission. Depending on the setting, it is intended to be used in addition to the infection prevention and control (IPC) guidelines for [acute care](#) and [long-term care and seniors' assisted living settings](#).

MHSU inpatient programs operate in a variety of health-care settings, including acute and tertiary care facilities and inpatient programs located within the community. Unique care environments and therapeutic goals in MHSU programs may pose challenges in implementing IPC measures and require practical solutions in their implementation.

These recommendations are intended to support program planning at a local level. Statements are based on the latest available best practices and evidence, and are subject to change as new information and evidence becomes available. MHSU programs are encouraged to engage with local IPC teams and other clinical and support programs to operationalize COVID-19 infection prevention and control and public health measures.

Where the term *patient* is used in this document, it also refers to *clients* and *residents*. The term *health-care worker* refers to clinical and non-clinical staff, physicians and volunteers working in the care setting.

## 1. Environmental Practice Considerations

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### Environmental and Equipment Cleaning

A clean and uncluttered environment is important for safety and IPC.

- All practice standards for patient environment and equipment cleaning and disinfection apply to MHSU settings, as detailed in [acute care](#), and [long-term care](#) IPC COVID-19 guidelines.
- Minimize clutter with routine environmental assessments to facilitate effective environmental cleaning and disinfection. Measures to reduce clutter are more effective when they are:
  - Supported by site and program leaders.
  - Scheduled regularly and follow a routine audit checklist (e.g., [BC Best Practices for Environmental Cleaning](#) appendix A).
  - Attended to by clinical (nursing, allied health, IPC) and non-clinical programs where applicable (e.g., workplace health, facility maintenance, environmental services) to address issues collaboratively.
- Where patients participate in cleaning and disinfecting activities:



- Provide necessary supplies and personal protective equipment (PPE) ([COVID-19 Information Sheet for Environmental Service Providers](#)).
- Staff are responsible for providing education, instruction and supervision appropriate to the patients and the setting.
- [Cleaning and disinfection products](#) must be ready to use and approved by the organization.

### Waste Management

- Follow routine practices and operating procedures for waste management at your facility.

### Laundry

- For patients and staff participating in personal laundry, ensure the following:
  - Washers and dryers are of an industrial standard and are routinely inspected and maintained. Follow routine unit laundry protocols.
  - Room has appropriate ventilation, meeting standards for outdoor air, total air exchanges, temperature and humidity (Canadian Standards Association (CSA) Z317.2:19).
  - Laundry space is separated from other areas, such as clean and soiled supply rooms or food storage.
  - There is a one-way workflow set-up from soiled to clean laundry handling.
  - Health-care multi-patient items (e.g., bed sheets, towels) and environmental cleaning supplies (e.g., cloths, mop heads) should not be laundered with personal laundry in the unit. If central laundry facilities are not available, multi-patient and environmental cleaning items should be washed separately from clients' personal laundry.
  - Laundry procedures are posted and PPE, supervision and training are provided to prevent exposure to hazards (e.g., sharps, body fluids).
  - Hand hygiene facilities are available in the laundry area (e.g., dedicated sink with soap and paper towels, alcohol-based hand rub (ABHR), alcohol-based hand hygiene wipes).
  - Hand hygiene is performed after handling soiled items and before handling clean items.
  - Processes are in place that promote giving people personal space and prevent over-crowding in the laundry area (e.g., Appendix A: Sample laundry facility schedule).
  - [Environmental cleaning](#) of the laundry room is scheduled (at minimum daily cleaning and when visibly soiled). Frequently touched surfaces (e.g., laundry machines, counter tops) should be cleaned and disinfected between users and wash loads.



## 2. Patient Management Practice Considerations

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### Admission and Screening

- Screen all patients for COVID-19 symptoms and risk factors at admission, when returning from day passes or absences (e.g., against medical advice) and, at least, daily:
  - [COVID-19 Entrance Screening Tool](#) for everyone entering health-care facilities.
  - [COVID-19 Patient Screening Tool](#) for patient assessment.
  - [Point-of-Care Risk Assessment](#) prior to every patient interaction.
- If patients decline testing for COVID-19, consult with the primary physician and Medical Health Officer or IPC for ethical decision-making when this occurs. Refer to BCCDC's [ethics analysis: intervening when patients or residents pose a risk of COVID-19 transmission to others & clarification of consent requirements for testing](#).
- Document assessments according to professional standards and program protocols.

### Visitors

- Follow provincial policies for [Acute Care](#) and [Long-Term Care](#) facilities when screening visitors and staff or contractors to [Acute Care](#) and [Long-Term Care](#) facilities.

### Food Handling, Meal Preparation, Snacks

- Provide the means for patients to clean their hands before eating and before participating in meal preparation (e.g., hand washing sink, ABHR or hand hygiene wipes). Refer to the [Handwashing is a MUST](#) handout for food preparation safety.
- Provide individually wrapped snacks to minimize handling and contamination.
- Where access to snacks must be restricted, staff may dispense snacks from a central area or the nursing station on request.
- Utensils, dishes and beverage containers should not be shared between patients.
- Disposable dishes and cutlery are not required for IPC purposes. Routine food service procedures provide sufficient cleaning and disinfection to prevent transmission risk.
- Ensure all surfaces of the tables and chairs are cleaned and disinfected after each meal.
- Those assigned to housekeeping duties should not be involved in food preparation or food service if possible. If both need to be done by one person, food preparation and/or food handling duties should be completed prior to housekeeping.



## Patient Activity

- Provide signage, gentle redirection and frequent reminders about measures to prevent COVID-19 transmission:
  - [Personal Space](#)
  - [Hand Hygiene](#)
  - [Medical Mask Required in Patient Areas](#) (where masks are required to be worn by patients)
  - [How to Wear a Face Mask](#)
- Plan group activities and crafts to minimize crowding and allow individuals to respect personal space (e.g., smaller groups, set each participants' supplies at their spaces in advance).
- Ensure participants clean their hands prior to group activities. Assist those who are not able to perform hand hygiene and respiratory etiquette independently.
- Store personal grooming supplies in baskets or bags that are dedicated to each patient.
- Eliminate background noise to improve communication through physical barriers or medical masks.
- Clean and disinfect frequently touched surfaces, objects and equipment between patients and uses.

## Patient Movement

- Where patients leave the unit (e.g., community outings or fresh air), whether on additional precautions or not, establish a route for patients that minimizes COVID-19 exposure risk to other individuals.
  - Ensure patient understands the current public health orders and community protocols before leaving the unit. Please refer to the BC Mental Health Act and the Guide to the Mental Health Act<sup>1</sup> for provisions around therapeutic leave or pass requirements for involuntary clients.
  - Encourage, educate and remind patients not to share personal items, including cigarettes or other substances
  - Nicotine replacement therapy is offered as an alternative to smoking. Refer to BCCDC's [vaping, smoking and COVID-19](#) page for more information.
- Follow facility/unit protocols for patient mask requirements and the BC Ministry of Health policy for [Mask Use in Health Care Facilities During the COVID-19 Pandemic](#).
  - Patients are encouraged to wear a medical mask and practice respiratory etiquette when out of their rooms and when leaving the unit.
  - Encourage and support patients who may have trouble remembering to wear their mask. In some cases, patients may be asked to refrain from participating in activities if they are not able to comply.

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<sup>1</sup> BC Ministry of Health. Guide to the Mental Health Act. [Guide to the Mental Health Act \(gov.bc.ca\)](#)



## Patient Care Interactions

Use multiple levels of assessment to identify appropriate interventions to mitigate the risk of transmission.<sup>2</sup> In some cases or circumstances, patients may not be able to wear a medical mask.

- **Elimination measures:** [Screen](#) for symptoms and risk factors for COVID-19 transmission. If screening indicates a COVID-19 risk, use virtual visits instead of in-person encounters or delay planned admission if appropriate.
- **Engineering measures:** [Improve indoor ventilation](#) with open windows and properly maintained and functioning ventilation systems.
- **Administrative measures:**
  - Use all available space in waiting areas/rooms to allow personal space between patients, where possible (decrease density).
  - Promote vaccination.
  - Provide reminders for respiratory etiquette and hand hygiene practices for both staff and patients.
  - Maintain existing physical barriers if they do not impede normal operations.
  - Meet outdoors when appropriate.

**PPE:** HCWs must wear medical masks as per the provincial [mask use policy](#). Other PPE should be worn where appropriate based on the HCWs point-of-care risk assessment or where a patient is on additional precautions (e.g., eye protection, gowns, gloves). A medical mask - ASTM level 2 - with visible window may be considered where the mouth needs to be visible. Consult local IPC and workplace health and safety teams when alternative PPE is desired.

### Management of patients with suspected or confirmed COVID-19:

- Initiate droplet and contact precautions for patients with suspected or confirmed COVID-19. Post signage outside the patient room. See [COVID-19 symptoms](#).
- [Test](#) for COVID-19 where indicated.
- Maintain droplet and contact precautions until non-infectious alternative diagnoses have been established (e.g., cough attributed to smoking or sleeping outdoors; chills and nausea associated with substance withdrawal).
  - Document symptoms and re-assess frequently for changes.
- Refer to IPC and public health guidance on duration of droplet and contact precautions appropriate to the settings. For acute care, refer to BCCDC's interim guidance: [discontinuing additional precautions related to COVID-19 for admitted patients in acute care and in high-risk outpatient areas](#). For long-term

<sup>2</sup> BC Centre for Disease Control. Hierarchy of Controls. [http://www.bccdc.ca/Health-Professionals-site/Documents/COVID19\\_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf](http://www.bccdc.ca/Health-Professionals-site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf)



care, refer to the BCCDC's [infection prevention and control requirements for COVID-19 in long-term care and seniors' assisted living, public health management of cases and contacts associated with novel coronavirus \(COVID-19\) in the community](#) and [COVID-19 outbreak management protocol for long-term care and seniors' assisted living settings](#).

- Delay admissions or transfers, if possible, of patients who have active COVID-19 infection to reduce transmission to others until the period of infectiousness has passed (as assessed by the patient's physician). Necessary and timely medical care will need to be considered e.g., scheduled medication evaluation. Alternatively, coordinate admission to a unit with appropriate space to maintain droplet and contact precautions that has the support for the care required.

#### Additional Precautions

- Where it is safe to do so, designate spaces for inpatients suspected or confirmed to have COVID-19:
  - Droplet and contact precautions implemented.
  - A single room with dedicated bathroom facilities, if possible, or a minimum of two-metres of physical distance from other patients with the privacy curtains drawn between patients if a single room is not available.
- Equipment management:
  - Dedicate equipment to individual patients with suspected or confirmed COVID-19 infections, when possible.
  - Clean and disinfect reusable equipment between each patient.
  - Do not share or reuse single-patient equipment with other patients.
  - Do not reuse single-use equipment.
  - Only bring necessary supplies and equipment into the patient environment.
- Use a commode chair and urinal if a single-patient bathroom is unavailable.
- Include MHSU units in COVID-19 facility and regional patient volume surge plans.
- Consult with IPC when cohorting confirmed COVID-19 positive patients together in shared rooms or specific units to ensure appropriate placement for patients with active infections and comorbid psychiatric conditions.
- Collaborate with other teams in care planning (e.g., addictions for withdrawal management and nicotine replacement therapy).
- Support patients who are on droplet and contact precautions to:
  - Stay in their rooms and more than two metres from others as much as possible where it does not affect therapeutic needs and goals. Encourage alternatives for in-person programs (e.g., worksheets, virtual health services).
  - Avoid group dining (as masks are off for eating and transmission can be high). Provide food service to their room.
  - Practice [respiratory etiquette](#).





- Clean hands often, especially before eating, drinking, taking medications and after respiratory etiquette, smoking and toileting.
- Not share cigarettes, drinks or utensils that could transmit COVID-19 to others.
- Wear a medical mask when away from the bed space. Symptomatic patients must do so in all settings.
- Only use the dedicated bathroom assigned to them.
- Where secure rooms, seclusion and restraint are required, and the patient requires additional precautions, follow IPAC & WHS guidance and facility protocols for PPE, additional precautions, equipment and environmental cleaning and disinfection.

Provincial standards and recommendations are found in these documents:

- BCCDC [COVID-19 ethics analysis: intervening when people pose a risk of COVID-19 transmission to others and clarification of consent requirements for COVID-19 testing](#)
- BC Ministry of Health [Provincial Standards and Guidelines for Secure Rooms in Designated Mental Health Facilities](#)

#### Outbreak Measures

In an outbreak, additional measures are required to stop transmission in a unit or site. Please refer to [outbreak management guidelines](#).

### 3. Staff Safety Considerations

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#### Behavioural Emergencies

Refer to [COVID-19: IPC Guidance on Code White Response](#).

#### Hand Hygiene and Respiratory Etiquette

- Ensure that options for hand cleaning are available when hand hygiene sinks are not available and when use of alcohol-based hand rub (ABHR) wall dispensers are not appropriate or available.
- ABHR for HCWs use should contain at least 70% alcohol content.
- Where access must be limited due to patient safety, alternative ABHR products include:
  - Pocket-sized 50mL ABHR bottles for staff to carry and use at the point of care.
  - Hand hygiene wipes.
  - Single use ABHR pods or packets.
- Support hand hygiene in the clinical space:
  - Hand hygiene sinks are accessible, appropriately located to prevent misuse, and are not used for other tasks, such as cleaning equipment or draining fluids.
  - Foam formulation of ABHR rather than liquid.





- Securely-installed ABHR dispensers with time-out function.
- Promote [respiratory etiquette](#).

#### PPE Supplies: Donning and Doffing

Refer to the BCCDC [PPE](#) web page for current provincial PPE information.

- Supply PPE and hand hygiene supplies as close to the point of care as possible.
- Ensure staff are trained and follow best practices on correct use of PPE, including donning and doffing, extended use and safe use of exam gloves. Routine use of [PPE audit](#) tools with continuing competence training is recommended.
- Designate donning and doffing zones for PPE in a consistent, secure location on the unit.
- Dispose masks and other PPE in waste containers that are in secure locations to prevent patient misuse and harm.
- Consult workplace health and IPC team if alternate PPE is needed due to safety concerns (e.g., ligature risk, self-harm with mask nose-piece wires).

## 4. Acknowledgement

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APPENDIX A: Sample Laundry Facility Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-10am Room#:	6am-10am Room#:	6am-10am Room#:	6am-10am Room#:	6am-10am Room#:	6am-10am Room#:	6am-10am Room#:
10am-2pm Room#:	10am-2pm Room#:	10am-2pm Room#:	10am-2pm Room#:	10am-2pm Room#:	10am-2pm Room#:	10am-2pm Room#:
2pm-6pm Room#:	2pm-6pm Room#:	2pm-6pm Room#:	2pm-6pm Room#:	2pm-6pm Room#:	2pm-6pm Room#:	2pm-6pm Room#:
6pm-10pm Room#:	6pm-10pm Room#:	6pm-10pm Room#:	6pm-10pm Room#:	6pm-10pm Room#:	6pm-10pm Room#:	6pm-10pm Room#:

**Credit:** PHSA BC Mental Health and Substance Use Services, [Laundry schedule and unit procedure CCR-2001.PROC.RFHC:SHOP#C-03-12-51008](#)

