

**Complaints documented by the Patient Care Quality Office from
or on behalf of inmates receiving care by Correctional Health
Services, 1/3/20 to 31/1/21**

Accessibility	1
Other	1
Administrative fairness	2
Other	1
Policy or procedure interpreted or applied unfairly	1
Attitude and conduct	1
Verbal abuse	1
Care	142
Delayed or disruptive care or service	25
Inadequate assessment	23
Inadequate pain management	6
Inappropriate or incorrect use of supplies or equipment	11
Inappropriate type or level of care	21
Medication not consistent with preference or not available	7
Medication-related issue	43
Misdiagnosis, failure to diagnose or delayed diagnosis	1
Other	3
Unknown or none identified	2
Challenging patient or family behaviour	1
Assistance sought by staff regarding difficult behaviour	1
Unspecified	16
Total	163

PHSA FOI File #: F21-0931

Record Title: COVID-19 Virtual Health – Client on
Health Care Unit CHS. Version 2.0

Procedure Number & Name	COVID-19 Virtual Health - Client on Health Care Unit CHS Version 2.0		
Document Owner	Vice President, BCMHSUS		
Policy Section	COVID-19	Date Approved	March 28, 2021 (replaces May 22, 2020 version)
Approval Authority	Vice President, BCMHSUS	Effective Start Date	April 12, 2021
Scope	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input type="checkbox"/> Heartwood Centre for Women (HW) <input type="checkbox"/> Centre for Mental Health and Addiction (CMHA)		
Exceptions	No exceptions.		

1. PURPOSE

Access to virtual health services has been identified as a key enabler to support service continuity in the event of worsening conditions related to the COVID-19 pandemic. The purpose of this procedure is to enable Remote Care Providers to deliver services via virtual health (e.g., remote service delivery “anywhere to anywhere”). This is a living document that will be revised and updated as the situation evolves and new information is available.

2. PROCEDURE

2.1. Scheduling Virtual Health Visits

2.1.1. Client requests to see a Remote Care Provider.

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2.1.2. Unit staff (Unit clerk/MOA/Nurse) contact Remote Care Provider to schedule virtual health (VH) visit with client. Unit staff confirm Physicians weekly schedule to ensure no overlaps are occurring.

- Note: When placing virtual health visit, indicate 'virtual health appointment' in PAC.
 - For the appointment, the user would select the 'Visit Modality' and the 'Assigned To (Support)' value.
 - Encounters data entry screens require entry of virtual health visit information; select 'Visit Type' (Group or Individual) and then 'Visit Modality' (Audio, Video, etc.); you can then select via 'Visit Resource' the type of technology (eg. Zoom, Skype, etc.).

2.1.3. Unit clerk/MOA/Nurse ensure space with required VH equipment is available for VH visit.

2.1.4. Prior to VH session (few business days prior when feasible, otherwise on day of or immediately prior to session), Unit clerk/MOA/Nurse provides the client with the [Client Notification form](#) for digital virtual health communications.

2.1.5. Unit clerk/MOA/Nurse schedule Provincial Language Services if interpreter needed.

- ***If virtual interpreter required:*** Unit clerk/MOA/Nurse to log onto [Provincial Language Services Video Remote Interpreting website](#) and provide details of session including the Skype/Zoom web link for joining the session.

2.2. Day Of Virtual Health Visit

2.2.1. Unit clerk/MOA/Nurse to confirm that virtual health hardware is operational and functioning and that room is available.

2.2.2. BC Corrections to escort client to interview room on health care unit. Escort Interpreter as well, if required and if present in person.

2.2.3. Parade Nurse turns on virtual health system and logs onto Skype for Business, Zoom or Cisco desktop (DX80) Telehealth unit.

2.3. Remote Care Provider

- 2.3.1. Remote Care Provider to log into Citrix to access PAC, and Skype for Business, Zoom or MOVI to enable video connection.
- 2.3.2. Remote Care Provider confirms client's informed consent to participate via VH session. Remote Care Provider to ensure the client has received the Client Notification Form for digital communications. (Note: this step is only required during the client's first virtual visit; the client's participation in the session implies consent for all subsequent visits). Remote Care Providers may require other forms of consent based on the professional requirements of their respective Colleges or other governing bodies). Remote Care Provider begins session, and takes notes.
- 2.3.3. Remote Care Provider alerts unit if any issues arise from the session (e.g., concerns about the client's safety or well-being which must be addressed by on-site staff).
- 2.3.4. Remote Care Provider saves encounter documentation in PAC.
- 2.3.5. Remote Care Provider enters medication orders into PAC and faxes medication orders via [TurboScan/SR Fax](#) to Unit Clerk/MOA/Nurse to fax machine located on the unit. Please note – the original copy of the duplicate orders for controlled substances must still be mailed to the site (cannot be faxed via SR Fax).
- 2.3.6. Remote Care Provider to email or call unit to confirm medication order has been received and processed.
- 2.3.7. Remote Care Provider confidentially shreds any paper documentation produced or printed for the session. If Remote Care Provider does not have access to a shredder when working remotely, paper documents can be returned to the clinical site for shredding.
- 2.3.8. Remote Care Provider permanently deletes any electronic documents temporarily saved to the Remote Care Provider's computer.
- 2.3.9. If it is necessary to store a document with personally-identifying information for any period of time, the Remote Care Provider must ensure that the electronic file is kept on an encrypted USB stick or hard drive.
- 2.3.10. Remote Care Providers working remotely are responsible for adhering to PHSA policies and procedures regarding [securing PHSA Electronic Data](#).

2.4. After session

- 2.4.1. Unit clerk/MOA/Nurse to ensure VH equipment and room is secured.
- 2.4.2. BC Corrections escorts client back to living unit.
- 2.4.3. Nurse distributes and prints PAC medication order, then sends signed prescription to PDC Pharmacy.
- 2.4.4. Nurse conducts cleaning and/or contacts Housekeeping to clean room post VH-Visit.
 - (i) After each client use, don gloves and clean visibly soiled areas with a hospital grade disinfectant wipe to remove any debris.
 - (ii) Using a second wipe, clean all surfaces ensuring they remain wet for 3 minutes (Cavi-wipes, Accel Prevention wipes, and Bleach wipes require 3 minutes dwell time to ensure disinfection. For other hospital grade solutions follow the manufacturer's recommendations).
 - (iii) If Tablet/Laptop device was used for VH session, return device(s) to their designated storage area on the unit.

3. DEFINITIONS

VH – Virtual Health

PAC – Primary Assessment and Care (electronic medical record used in CHS)

PDC – Product Distribution Centre

MOA – Medical Office Assistant

Remote Care Provider – Inclusive of any 'provider' (e.g. physician, nurse practitioner, mental health clinician, etc.) who is providing a patient/client health service remotely. This includes clinicians from outside agencies and/or specialists who are providing consultative support or other forms of treatment/assessment remotely.

4. RELATED POLICIES AND PROCEDURES

Infection Prevention and Control

- [BCMHSUS COVID-19 Visitor Assessment Policy and Protocol](#)
- [Infection Control: Routine Practices and Additional Precautions for Preventing the Transmission of Infection](#)
- [COVID-19 Application of Personal Protective Equipment \(PPE\) for Emergency Prioritization Procedure BCMHSUS](#)

Obtaining Consent for Virtual Visits

- [Verbal Consent Guidelines for Virtual Health](#)
- [Client Virtual Visit Notification Form](#)
- [PHSA Digital Communication Policy](#)

Secure Transmission and Storage of Information

- [Securing PHSA Electronic Data](#)
- [IMITS Information Security Policy](#)
- [Mobile Computing & Portable Device Security Policy](#)

Virtual Interpreter Services

- [Accessing Interpreting and Translation Services in PHSA](#)

5. RELATED FORMS

[Virtual Health Client Notification Form 4050 BCMHSUS](#)

6. RESOURCES

[Office of Virtual Health COVID-19 Toolkit](#)

[IMITS Infocentre: Remote Work Options](#)

[Setting Up PHSA Email on an iPhone](#)

[Setting Up PHSA email on an Android Device](#)

[BC Physician Privacy Toolkit](#)

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Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	May 22, 2020	New procedure	BCMHSUS Vice President
2.0	Approved March 28, 2021 Effective April 12, 2021	Revised to align with March 28, 2021 PAC system updates.	Provincial Executive Director CHS & Forensic Regional Clinics, Medical Director CHS, or Delegates

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PHSA FOI File #: F21-0931

Record Title: COVID-19 Testing Procedure/Nurse
Initiated Protocol (for Clients/Patients) BCMHSUS.
Version 8.0

Procedure Number & Name	COVID-19 Testing Procedure / Nurse Initiated Protocol (for Clients/Patients) BCMHSUS Version 8.0		
Document Owner	Vice President, BCMHSUS		
Policy Section	COVID-19	Date Approved	May 27, 2021 (replaces January 7th, 2021 version)
Approval Authority	Vice President, BCMHSUS	Effective Start Date	May 27, 2021
Scope	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HCW) <input checked="" type="checkbox"/> Red Fish Healing Centre for Mental Health and Addiction (RFHC)		
Exceptions			

1. PURPOSE

The purpose of this procedure is to provide direction to staff regarding testing for SARS-CoV-2 virus (the cause of COVID19 disease) during the 2020 COVID-19 pandemic. This is a living document that will be revised and updated as the situation evolves and new information is available. This document takes precedence over any existing or related BCMHSUS ‘testing’ documents during the time period of the current 2020 spread of the Coronavirus COVID-19.

Note: For COVID-19 Point of Care Testing (‘rapid test’), see the COVID-19 Rapid Point of Care (POC) Testing (Abbott ID NOW) (nurse independent activity) procedure (limited program/site applicability).

Note: At BCMHA/FPH gargle tests may be considered only by exception, as directed by a physician (see BCCDC resources for directions on utilizing gargle tests). Gargle tests are not utilized at this time at CHS.

2. TESTING PROCEDURE FOR PATIENTS/CLIENTS

2.1. Determining Who to Test

2.1.1. Provider (Physician/NP) to determine need for the test, and place an order for the test to be completed. As an exception to the above, at CHS only, an RN/RPN may initiate a test as a nurse initiated protocol (NIP) once they have completed the [Understanding Autonomous Practice & Nurse Independent Activities/ Nurse Initiated protocols course](#) and follow the steps outlined in the [Nurse Independent Activities \(NIA\) and Nurse-Initiated Protocols \(NIP\) policy](#).

- (i) RN/RPN initiating a test as a NIP at CHS must document where orders/directions are usually recorded: the date and time, the activity (collection of a nasopharyngeal swab), and signature (must include first initial, last name, and designation or approved equivalent).
- (ii) Clients/patients who had a confirmed positive COVID test more than 14 days ago should be reviewed with IPAC/Public Health on an individual basis.
- (iii) In the case of a declared 'outbreak', consult with IPAC/Public Health for any testing outside of the described criteria identified within this document.

2.1.2. Provider (Physician/NP) to initiate (or CHS RN/RPN to initiate as NIP) testing of all individuals with new respiratory or systemic symptoms compatible with COVID-19. See [BCCDC site](#) for up to date symptoms list. Given the priority placed on our unique settings, vigilance in testing patients/clients should occur even when minor symptoms are present.

Note: One test/swab does not preclude another test/swab from being performed, if required.

Note: More information on testing can be found on the [BC Centre for Disease Control website](#).

2.2. Completing the Test

2.2.1. As per usual practice, RN/RPN to obtain informed consent from the patient/client prior to performing COVID-19 NP test and document on patient/client chart.

2.2.2. RN/RPN/Provider (Physician/NP) will collect a COVID-19 sample only after donning appropriate PPE (see [COVID-19 Staff Personal Protective Equipment Procedure BCMHSUS](#)).

2.2.3. Collect a Nasopharyngeal (NP) swab (viral swab) using the procedure described by the New England Journal of Medicine (Collection of Nasopharyngeal Specimens with the Swab technique:

www.youtube.com/watch?v=DVJNWefmHjE)

- (i) Use the same collection devices that are routinely used for NP swabs for influenza or other respiratory virus testing.
- (ii) Choose the larger nasal passage.
- (iii) Gently insert the swab along the medial nasal septum just above the floor of the nose (straight back; not up the nose) advancing until the tip of the swab is in the posterior nasopharynx and resistance is felt (a distance similar from nostril to temple).
- (iv) If the nasal mucosa is swollen, rotating the swab during insertion may facilitate entry.
- (v) Rotate the swab while held against the posterior nasopharyngeal mucosa for two full turns (10-15 seconds), then gently remove the swab.
- (vi) Place in the tube of transport medium.
- (vii) Break the shaft of the swab at the constriction, and screw on the lid without cross-threading.
- (viii) Label the swab container (using non-smudgeable ink, sticker-label, or both) with
 - Patient/Client Name
 - PHN or DOB
 - “NP Swab”
 - Date and time of collection
- (ix) Remove PPE according to the steps of doffing (taking off) PPE. Ensure attention to hand hygiene as this is where contamination happens the most.

NOTE: If only expired swabs are available, staff or physicians may use the expired swabs if testing is required.

NOTE: To order more swabs complete the Sample Container [Order Form](#) and fax it to 604-707- 2606.

NOTE: If there are multiple clients/patients impacted, an outbreak kit can be ordered from BCCDC for sample collection.

2.3. Placing Lab Requisition

2.3.1. Complete the [Virology Requisition Form](#) (RN/RPN at CHS initiating test as a NIP will complete form using the client’s/patient’s MRP or at CHS may also use the Centre’s MD/Physician’s MSP

number - include the Medical Director's information as a Delegate), OR complete Lab Requisition in Cerner for Cerner Sites (e.g. BCMHA, HCW).

- (i) Complete the Virology Requisition (using non-smudgeable/permanent ink, sticker-label, or both) indicating;
 - a. Patient/Client Name
 - b. PHN or DOB
 - c. "NP Swab for COVID" (and request test for other respiratory virus, as clinically indicated by Provider decision: e.g. call BCCDC microbiology as required to discuss)
 - d. Date and time of collection
 - e. Specimen code(s) (select one from list)
 - i. HOS – Use for FPH/BCMHA/HCW patient/client
 - ii. CGT – Use for CHS clientE.g. "NP Swab for COVID – CGT"
 - f. If there is outbreak declared at site/location (as instructed by Public Health or IPAC), add 'OBK' (e.g. "NP Swab for COVID – CGT-OBK").
 - i. OBK – Use if (for Outbreaks, clusters or case contacts)E.g. "NP Swab for COVID – HOS-OBK"
- (ii) If using an expired swab, write "expired swab" on the tube and on the lab requisition.
- (iii) Ensure that the patient identifiers and ordering Provider (Physician/NP) are correct.
- (iv) Place completed form into specimen bag along with sample.

2.3.2. At CHS:

- (i) For a test completed as a NIP, the RN/RPN needs to send an email to notify the Physician/Centre MD who was indicated as the responsible Physician on the requisition for reviewing results.
- (ii) Nurse to notify Health Services Manager that test was completed; HSM to notify Regional Director CHS (who in turn contacts IPAC and CHS Leadership).

2.3.3. At AMHSU/FPH:

- (i) Nurse to notify Clinical Services Manager and Infection Control Practitioner (onsite or on-call) via email.
 - At FPH notify the Patient Care Supervisor for evenings and weekends.

2.4. Transporting the Samples to Designated Testing Locations

Note: Samples should be transferred for testing as soon as is operationally possible, but samples do remain viable for a minimum of 48-72 hours if not refrigerated and 1 week if refrigerated.

Note: Packaging and transportation must occur in compliance with the “Transportation of Dangerous Goods” (TDG) requirements.

2.4.1. For Heartwood Centre:

- (i) Swab samples to go to Children and Women’s Lab for testing. The lab is open to receiving sample 24 hours and Heartwood staff should walk the sample to the lab.
- (ii) If staffing limitations prevent immediate delivery of sample to the lab;
 - Call the Lab directly for instructions, or place sample in fridge until staffing permits delivery. On weekends, call Admin on call for support, if needed.

2.4.2. For CHS Sites

- (i) Nurse or MOA to determine most efficient and quickest mode of transporting sample to lab.
- (ii) Provide sample to driver for delivery to identified lab (e.g. by Taxi, Staff Transport).
- (iii) Lower Mainland Sites deliver to the following identified labs:
 - SPSC: Monday- Saturday (up to 14:30): LifeLabs; Saturday/Sunday: BCCDC
 - NFPC: Monday- Saturday (up to 14:30): LifeLabs; Saturday/Sunday: BCCDC
 - FRCC: BCCDC
 - FMCC: BCCDC
 - ACCW: Monday-Friday: LifeLabs; Saturday/Sunday: BCCDC
- (iv) Non-Lower Mainland Sites deliver to the following identified labs:
 - VIRCC: Victoria General Hospital
 - KRCC: Royal Inland Hospital
 - OCC: Penticton Regional Hospital
 - PGRCC: LifeLabs
 - NCC: Nanaimo Regional General Hospital

2.4.3. For FPH and BCMHA :

- (i) Send samples as soon as possible to BCCDC Public Health Lab (details below).
- (ii) Send samples by courier, Program Driver (if available) or other designated staff person to transport to address: BCCDC Public Health Lab at **655 west 12th avenue, Vancouver V5Z 4R4.**

- For BCMHA: If no courier/staff member/program driver is available, please contact Admin on call for direction. If AOC determines no available staff to transport sample, BCCDC will accept samples delivered by Taxi Driver as a last resort.
 - Note: If no courier/staff member/program driver is available, BCCDC will accept samples delivered by Taxi Driver.
- (iii) Inform courier to deliver to the back door located at the back of building. There is a special designated window where courier can ring the bell. The staff there will open the door to accept the delivery.

2.5. Test Results

2.5.1. Adhere to all notification and reporting requirements for program sites.

- For CHS, see **Appendix A** for additional detailed notification/reporting requirements.
- For AMHSU and FPH, see **Appendix B** for additional detailed notification/reporting requirements.

2.5.2. If a client/patient tests positive for COVID-19, adhere to 'Contact Tracing' Procedure.

3. APPENDICES

Appendix A: Test Results Algorithm (CHS)

Appendix B: Test Results Algorithm (AMHSU and FPH)

4. RELATED FORMS

BCCDC: Virology Requisition Form: Form DCVI-100-0001f Version 2.2 07/2017:

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf>

BCCDC: Sample Container Order Form: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/PHLOrderForm.pdf>.

March 19, 2020.

5. RELATED POLICIES AND PROCEDURES

[COVID-19 Rapid Point of Care \(POC\) Testing \(Abbott ID NOW\) \(Nurse Independent Activity\) procedure](#)

[CHS](#)

[COVID-19 Management of Symptomatic and Confirmed Clients Procedure CHS](#)

[COVID-19 Intake, Transfer and Release Procedure CHS BCMHSUS](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

[COVID-19 Visitor Assessment Policy and Protocol BCMHSUS \(BCMHA and FPH\)](#)

[COVID-19 Visitor Assessment Policy and Protocol \(Heartwood Centre and Regional Clinics\)](#)

[COVID-19 Staff Symptom Self-Assessment, Testing and Contact Tracing Procedure BCMHSUS](#)

[COVID-19 Staff Personal Protective Equipment Procedure BCMHSUS](#)

[COVID-19 Patient Admissions, Direct Backs, and AWOL Returns Procedure FPH BCMHSUS](#)

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure BCMHA BCMHSUS](#)

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure HW BCMHSUS](#)

[COVID-19 Client Programming During COVID-19 Outbreak Guideline BCMHA](#)

[COVID-19 Client Programming During COVID-19 Outbreak Guideline Heartwood](#)

[COVID-19 Management of Symptomatic and Confirmed Patients AMHSU](#)

[COVID-19 Management of Symptomatic and Confirmed Patients FPH](#)

[Contact Precautions Procedure APR-011.PROC.BCMHSUS](#)

[Droplet Precautions Procedure APR-012.PROC.BCMHSUS](#)

[Additional Precautions Policy APR-004.POL.BCMHSUS](#)

6. RELATED PHSA DOCUMENTS

[COVID-19 Case and Outbreak Management Procedures](#)

[Aerosol Generating Medical Procedures for Patients with Suspected and Confirmed COVID-19](#)

7. RELATED DOCUMENTS

BCCDC: Mouth Rinse and Gargle: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/mouth-rinse-and-gargle>

BCCDC: Mouth Rinse / Gargle Test (Adults): http://www.bccdc.ca/Health-Info-Site/Documents/COVID_GargleSpit_Adults_instructions.pdf

BCCDC: Lab Testing. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>. March 19, 2020.

BCCDC: Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Assisted Living Facilities. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf. March 19, 2020.

BCCDC: PPE: Interim guidance on personal protective equipment for NP and throat swabs and for aerosol-generating medical procedures in health care setting. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>. March 19, 2020.

BCCDC: Respiratory Protection for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients. <http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf>. March 19, 2020.

BCCDC: BC Ministry of Health. Coronavirus COVID-19. http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf

BCCDC: [Understanding COVID-19 tests and interpreting results.](#) (retrieved May 4, 2020).

BCCDC: [Novel Coronavirus \(COVID-19\) - Interim Guidelines.](#) (retrieved May 4, 2020).

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APPENDIX A: COVID-19 Test Results and Reporting (CHS)

Step	Key Activities
<p>1. Sample is processed and resulted by <i>Lab</i> and reported to BCCDC.</p>	<p>All results are shared with BCCDC for the purposes of tracking of data.</p> <p>Results are available through Excelleris/CareConnect and the BCCDC Results Line.</p>
<p>2a. Negative Result</p> <p><i>Note: If BCCDC outbreak kit is used then all results are reported back to the facility</i></p>	<p><i>Lab</i> posts results onto Excelleris.</p> <p><i>Provider or Nurse</i> to inform client of negative result; and discontinue precautions when appropriate.</p>
<p>2b. Positive Result</p> <p><i>Note: If BCCDC outbreak kit is used then all results are reported back to the facility</i></p>	<p>If positive, <i>Lab</i> to Notify:</p> <ul style="list-style-type: none"> • Local Public Health; • Ordering Provider; if unsuccessful, phone Medical Director/delegate or call Facility Director (dependent on the info provided in the lab requisition). <p><i>Lab</i> to post results onto Excelleris.</p>
<p>3. Notifications of positive results within Clinical team</p>	<p><i>Clinical Team can become aware of positive results in three different ways:</i></p> <ol style="list-style-type: none"> 1. <u><i>Lab contacts Ordering Physician or Medical Director.</i></u> <ul style="list-style-type: none"> ➤ <i>Ordering Physician</i> to notify: <ul style="list-style-type: none"> ○ Medical Director if not already aware. ○ Nurse/clinical team including the Healthcare manager ○ Client ➤ <i>Medical Director</i> to notify <ul style="list-style-type: none"> ○ Chief Medical Officer (CMO) ○ Infection control Officer ○ Medical health officer (Local Public Health) ○ BC Corrections Leadership ➤ <i>Health Care Manager</i> to notify CHS Executive Leadership → notify VP/CMO 2. <u><i>Medical Office Assistant prints result from Excelleris and notifies Nurse/Clinical Team and Health Care Manager</i></u> <ul style="list-style-type: none"> ➤ <i>Nurse</i> to notify the MRP or Physician on call & ensure the Clinical Team is aware of the positive results including the Health care manager ➤ <i>MRP or Physician on call</i> to notify the Medical Director who further notifies other stakeholders as noted above under #1

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	<ul style="list-style-type: none"> ➤ <i>Health Care Manager</i> to notify CHS Executive Leadership ----> notify VP/CMO <p>3. <u><i>Local Public Health contacts CHS Executive Leadership</i></u></p> <ul style="list-style-type: none"> ➤ <i>CHS Leadership team</i> ensures the Medical Director, MRP and the clinical team are all aware of the result and that the client is notified as well.
<p>4. <i>Clinical Team</i> to initiate applicable protocols for confirmed positive clients.</p>	<p>Initiate the site procedure for COVID-19 Management of Symptomatic and Confirmed-Positive Patients.</p>

APPENDIX B: COVID-19 Test Results and Reporting (Inpatient)

Step	Key Activities
<p>4. Sample is processed and resulted by <i>Lab</i> and reported to BCCDC.</p>	<p>All results are shared with BCCDC for the purposes of tracking of data.</p> <p>Results are available through Excelleris/CareConnect and the BCCDC Results Line.</p>
<p>2a. Negative Result</p> <p><i>Note: If BCCDC outbreak kit is used then all results are reported back to the facility</i></p>	<p><i>Lab</i> posts results onto Excelleris, results also available on CareConnect.</p> <p><i>Provider or Nurse</i> to inform patient of negative result; and discontinue precautions when appropriate</p>
<p>2b. Positive Result</p> <p><i>Note: If BCCDC outbreak kit is used then all results are reported back to the facility</i></p>	<p>If positive, <i>Lab (Med Micro)</i> to Notify:</p> <ul style="list-style-type: none"> • Local Public Health; • Ordering Provider; if unsuccessful, phone Medical Director/delegate or call Facility Director (dependent on the info provided in the lab requisition). <p><i>Lab</i> to post results onto Excelleris/CareConnect.</p>
<p>3. Notifications of positive results within Clinical team</p>	<p><i>Clinical Team can become aware of positive results in three different ways:</i></p> <ol style="list-style-type: none"> 1. <u><i>Lab contacts Ordering Physician or Medical Director.</i></u> <ul style="list-style-type: none"> ➢ <i>Ordering Physician</i> to notify: <ul style="list-style-type: none"> ○ Medical Director if not already aware. ○ Nurse/clinical team (Patient Care Supervisor/PCC, Clinical Services Manager, AOC) ○ Patient ➢ <i>Medical Director</i> to notify <ul style="list-style-type: none"> ○ Chief Medical Officer (CMO) ○ Infection control (onsite or on call) >>> Medical health officer (Local Public Health). ➢ <i>Clinical Services Manager</i> to notify Senior Ops Director → notify COO/Medical Director/on-site OR on call infection control → VP/CMO 2. <u><i>Nurse or the ordering physician views results in Care Connect</i></u> <ul style="list-style-type: none"> ➢ <i>Nurse and/or the ordering physician</i> to notify the Clinical Team (Patient Care Supervisor/PCC, Clinical Services Manager, AOC) ➢ If the results were viewed by the <i>Nurse</i> then along with the clinical team inform the MRP or Physician on call.

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	<ul style="list-style-type: none"> ➤ <i>Clinical Services Manager</i> to notify Senior Ops Director ----> notify COO/Medical Director/on-site OR on call infection control ----> VP/CMO <p>3. <u><i>Local Public Health contacts Site Leadership</i></u></p> <ul style="list-style-type: none"> ➤ Site Leadership ensures the Medical Director, Infection Control Practitioner, MRP and the clinical team area all aware of the result and that the patient is notified as well.
<p>4. <i>Clinical Team</i> to initiate applicable protocols for confirmed positive clients.</p>	<p>Initiate the site procedure for COVID-19 Management of Symptomatic and Confirmed-Positive Patients, and Inpatient Contact Tracing Processes.</p>

Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	March 19 2020	New procedure	Vice President BCMHSUS
2.0	April 15, 2020	Revision to some programs process on where to send swabs. Revised Symptoms list and criteria for testing. Renamed to Testing Procedure / NIP.	Vice President BCMHSUS
3.0	May 4, 2020	Update to CHS test results work flow. Minor revisions and update of the symptoms list.	Vice President BCMHSUS
4.0	November 2, 2020	Update to Appendices, added reporting and notification process for FPH/AMHSU, referenced contact tracing procedures.	Vice President BCMHSUS
5.0	November 18, 2020	Update and per IPAC Committee regular review.	BCMHSUS IPAC Committee
6.0	December 18, 2020	Added reference to new COVID-19 Rapid Point of Care (POC) Testing (Abbott ID NOW) (nurse independent activity) procedure for CHS.	BCMHSUS IPAC Committee
7.0	January 5, 2021	- Clarified swab labeling requirements <ul style="list-style-type: none"> • Patient name • PHN or Date of Birth (DOB) • Specimen type (e.g., NP swab) • Date & time of collection - minor additional updates throughout document	BCMHSUS IPAC Committee
8.0	May 27, 2021	Clarifying note about gargle tests.	Senior Leadership

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PHSA FOI File #: F21-0931

Record Title: COVID-19 Staff Symptom Self-Assessment, Testing and Contact Tracing. Version 5.0

Procedure Name & Number	COVID-19 Staff Symptom Self-Assessment, Testing and Contact Tracing Version 5.0		
Document Owner	BCMHSUS Vice President		
Document Section	COVID-19	Date Approved	January 6, 2021 (replaces September 22, 2020 version)
Approval Authority	BCMHSUS Vice President	Effective Start Date	January 6, 2021
Program Applicability	<input checked="" type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input checked="" type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HCW)		
Exceptions	None.		
Note	This document previously titled 'COVID-19 Staff Self-Screening Procedure BCMHSUS'. It has been revised to include staff symptoms self-assessment, testing, and contact tracing procedures.		

1. PURPOSE

The purpose of this procedure is to provide direction to staff regarding symptom self-assessment, testing, and contact tracing specific to COVID-19 (Coronavirus). With the COVID 19 pandemic, early symptom assessment, identification and follow up of any positive cases is critical. If there is a positive test result for a staff member, it is important that there is a coordinated and collaborative response between BCMHSUS and the responding health authority's Public health/Communicable Disease Unit.

This is a living document that will be revised and updated as the situation evolves and new information is available. This document takes precedence over any existing or related BCMHSUS documents during the time period of the

current 2020 spread of the Coronavirus COVID-19, and should be read in conjunction with other relevant related supporting documents and PHSA policy.

2. SCOPE

- (i) This document serves to provide clarity for staff in regards to symptom self-assessment, testing and the 'Contact tracing' process; timeframes, stakeholder roles/accountabilities and interfacing between BCMHSUS and Public Health.
- (ii) This procedure applies to all staff and physicians at BCMHSUS sites (including students and contractors who are not considered 'visitors'. For visitors, refer to the COVID-19 Visitors procedures). For the purposes of this document, the use of term "*staff*" is inclusive of all roles identified above.

3. PROCEDURES

3.1. Daily self-assessment of symptoms

- 3.1.1. Prior to beginning of each shift, all *staff* are required to complete a COVID-19 symptoms self-assessment using the 'BCMHSUS COVID-19 Staff Symptoms Self-Assessment Tool' in paper form (**Appendix A**) OR using the PHSA [Online COVID Staff Assessment Tool](#) (see additional details below regarding use of this tool).
- 3.1.2. For Correctional Health Services, please note that at Correctional facilities, BC Corrections also assesses all staff upon arrival on site as per their internal process. (See **Appendix C** for BC Corrections documents examples).
- 3.1.3. Regional Clinic staff who do not sign in at a physical location are required to complete and document the symptoms self-assessment as part of their usual sign in/check in process.
- 3.1.4. Staff must document completion of the symptoms self-assessment and indicate donning of appropriate PPE on the 'COVID-19 Staff Symptoms Self-Assessment Documentation Sheet'.
 - Note: If using a shared pen, ensure pen is wiped down between uses.
- 3.1.5. Area Supervisors/Managers (e.g. Clinical or Health Services Managers, PCCs, NICs) are responsible for maintaining a printed supply of the 'Staff Symptoms Self-Assessment Documentation Sheet' for staff use. The paper version of the self-assessment will be located wherever staff regularly sign in for their shift.
- 3.1.6. Adhere to direction provided in the symptoms self-assessment / [Online COVID Staff Assessment Tool](#), based on symptoms self-assessment results.

3.2. Additional details if using the [Online COVID Staff Assessment Tool](#) for symptoms self-assessment

- (i) The tool asks questions about COVID-19 symptoms, then it offers a green, yellow or red screen with instructions. These screens indicate whether staff/physicians may proceed to work (green), or should call their manager for advice (yellow) or should get tested and stay home (red).
- (ii) Spot checks may occur by supervisors and/or screeners at workplace entrance. If asked by a supervisor or screener, please show your completed green screen on your mobile phone indicating that it is safe for you to be at work.

3.3. Process for COVID-19 testing

3.3.1. If *Staff* become symptomatic while at home or at work.

- i. Self-isolate.
- ii. Inform Manager they are feeling unwell and won't be coming into work (as per usual process).
- iii. Phone PHSA COVID Line at 1-833-875-2155 and inform that they are a Healthcare worker (and that they work in a 'Single Site' designated Location, as applicable), and/or call their GP..
- iv. Visit the appropriate testing site and get sample taken. All results are shared with BCCDC for the purposes of tracking of data. Testing can be completed either at a local community testing site or onsite (if applicable as outlined below).
 - a) Onsite testing should only be initiated if the staff members cannot be accommodated at a community testing centre and/or it is urgent (i.e. a potential outbreak), in order to expedite the process.
 - b) For CHS:
 - Provision may be made to provide testing by CHS staff outside in the parking lot or external to the site.
 - As mutually agreed upon, CHS staff may provide on-site testing to BC Corrections staff (test only: follow up/results are managed by BC Corrections).

3.3.2. Public Health contacts all persons who have been identified as being exposed to COVID-19 and directs the staff member to be tested.

- *Asymptomatic Staff* may also be directed to get tested especially if there is a risk that there was an exposure.

3.4. Process for notification and reporting of test results

3.4.1. *Staff* test results are accessible via My e-health, signing up for BCCDC ‘text message’ of results, or by calling the BCCDC Results Line or their Family Physician.

3.4.1.1. If results are **NEGATIVE**:

- Discontinue self-isolation in consultation with family physician
- Return to work once asymptomatic

3.4.1.2. If results are **POSITIVE**:

- Lab (Med micro) notifies local public health and ordering physician (as applicable).
- Public health notifies Staff/Physician of positive results and provides further guidance including need to continue to self-isolate.
- Staff to phone in sick for work via PEARL (604-637-3275) or (1-855-667-3275).
- Manager to instruct staff to call Provincial Workplace Health Call Centre.
- Staff to call Provincial Workplace Health Call Centre at 1-866-922-9464.
 - WorkSafe BC claim may be initiated by PWHCC if suspected workplace exposure may have occurred.
- Manager to notify the site infection control practitioner.

3.5. Contact Tracing

3.5.1. Public health determines if there was workplace exposure (if the staff worked in the past 14 days). Public health notifies Provincial workplace health call centre (PWHCC) workplace if exposure is confirmed. Public Health arranges and conducts interview within 24 hours of confirmed positive test result.

- Public health may directly contact the Manager/Site Leadership to get a list of employees/physicians/ contractors/students who may have been potentially exposed within the work place, based on MHO contact tracing and exposure criteria.
- Site leadership or delegate may, if necessary, conduct Close Contact Review using digital video management system footage to confirm or elaborate on exposures, and identify healthcare staff, contracted persons or patients that meet Close Contact Criteria (within 2 metres for a cumulative time of 15 minutes over a 24 hour period and/or a direct contact incident).

3.5.2. Local public health (where the *staff* resides) takes the lead on contact tracing.

Note: For CHS, public health is also responsible for conducting contact tracing among inmates with support from CHS team and BC Corrections.

3.5.3. Manager/Site Leadership should not make any further notifications unless directed by Local Public Health.

3.5.4. Public health contacts *Staff* to participate in interview for Contact Tracing. Interview is conducted by Public Health within 24 hours of confirmed positive test result.

- If another RHA is involved then local Public Health to notify other RHA Public Health and coordinate contact tracing.
- Note: PHSA Workplace Health's Occupational Health Nurse and Physician provide guidance to leaders and staff regarding process and may support contact tracing process as required.

Summary Table of Contact Tracing Responsibility for Patient, Staff, Physicians, or Community:

Area of Focus for Contact Tracing	Responsibility
Patients	Contact tracing done by IPAC
Staff	Contact tracing done by PROVINCIAL WORKPLACE HEALTH CALL CENTRE . (For Fraser health authority – this is done by PUBLIC HEALTH). The process can be supported by PHSA Workplace health .
Physicians	Considered members of the public, therefore, contact tracing is done by PUBLIC HEALTH (the process can be supported by PHSA Workplace health under the direction of Public Health)
Community	Contact tracing done by PUBLIC HEALTH

4. APPENDICES

Appendix A BCMHSUS COVID-19 Staff Symptoms Self-Assessment Tool *and* BCMHSUS COVID-19 Staff Symptoms Self-Assessment Documentation Sheet

Appendix B BC Corrections Screening Documents and Log Example

5. DEFINITIONS

Close Contact Criteria: Within 2 metres for a cumulative time of 15 minutes over a 24 hour period and/or a direct contact incident.

Exposure risk: See the [PHSA Outbreak document](#) for definitions of low, medium, and high exposure risk.

6. RELATED POLICIES AND PROCEDURES

[PHSA COVID-19 Resources](#)

[PHSA Staff COVID-10 Testing Resources](#)

[PHSA Staff Exposure and Illness Resources](#)

[PHSA Safety Plans Resources](#)

[PHSA: COVID-19 Case and Outbreak Management Procedures](#)

[COVID-19: Adult Viral Testing Guidelines for British Columbia September 17, 2020 – For Healthcare Providers](#)

[COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

[COVID-19 Visitor Assessment Policy and Protocol BCMHSUS \(FPH and BCMHA\)](#)

[COVID-19 Visitor Assessment Policy and Protocol \(Heartwood and Regional Clinics\)](#)

[COVID-19 Staff Self Screening Procedure BCMHSUS](#)

[COVID-19 Application of Personal Protective Equipment for Emergency Prioritization Procedure
BCMHSUS](#)

[COVID-19 Patient Admissions, Direct Backs, and AWOL Returns Procedure FPH BCMHSUS](#)

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure BCMHA BCMHSUS](#)

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure HW BCMHSUS](#)

[COVID-19 Client Programming During COVID-19 Outbreak Guideline BCMHA](#)

[COVID-19 Client Programming During COVID-19 Outbreak Guideline Heartwood](#)

[COVID-19 Management of Symptomatic and Confirmed Patients AMHSU](#)

[COVID-19 Management of Symptomatic and Confirmed Patients FPH](#)

[COVID-19 Facilitating Virtual Engagement with Visitors Policy BCMHSUS](#)

[COVID-19 Collection and Transport of Used N95 Respirators Procedure BCMHSUS](#)

[COVID-19 Reprocessing or Reuse of Eye Protection procedure BCMHSUS](#)

[COVID-19 Types of Eye Protection Reference Document BCMHSUS](#)

[COVID-19 Virtual Health On-Site Sessions Procedure BCMHSUS](#)

[COVID-19 Virtual Health Non-PHSA Locations Procedure BCMHSUS](#)

[COVID-19 Virtual Health Correctional Centre Video Court Room Procedure BCMHSUS](#)

[COVID-19 Breathalyzer Guideline AMHSU](#)

[COVID-19 Dentistry Return to Work Guideline CHS and FPH](#)

*Paper versions may not reference the most up to date version of this document, please refer to the
POD/SHOP for current version of this document.*

Appendix A: BCMHSUS COVID-19 Staff Symptoms Self-Assessment Tool and BCMHSUS COVID-19 Staff Symptoms Self-Assessment Documentation Sheet (see next 2 pages)

BCMHSUS COVID-19 Staff Symptoms Self-Assessment Tool

- All staff must complete symptom self-assessment prior to beginning each shift and document.
- All staff must repeat a symptom self-assessment during their shift if any new symptoms develop.
- Document completion on the 'COVID-19 Staff Symptoms Self-Assessment Documentation Sheet'.

1) Are you experiencing a new cough or fever?

New cough or exacerbation of chronic cough: _____ YES or NO

Fever (measured or subjective): _____ YES or NO

If you answered YES to the any of above:

- Immediately don a medical mask (if not already wearing one) and perform hand hygiene.
- Inform Supervisor/Manager or On-call Manager/Supervisor of symptoms.
- Return home and call the PHSA Workplace Health Line at 1-833-875-2155 (toll free) or 604-875-2155.
 - The operational hours are currently 7 days per week from 7 am to 7pm
- Get tested as soon as possible (if required by Workplace Health).
- Self-isolate at home pending test results (or as directed by Workplace Health).

If you answered NO to all of the above:

- Continue to question 2 of this symptoms self-assessment.

2) Are you experiencing any of the following symptoms (with no cough/fever)?

Runny Nose: _____ YES or NO

Sore Throat: _____ YES or NO

Headache: _____ YES or NO

Muscle Ache: _____ YES or NO

Fatigue: _____ YES or NO

Chills: _____ YES or NO

Other Cold Symptoms (e.g. congestion): _____ YES or NO

Shortness of Breath: _____ YES or NO

Loss of sense of smell or taste: _____ YES or NO

Diarrhea: _____ YES or NO

Loss of appetite: _____ YES or NO

Nausea and vomiting: _____ YES or NO

Chest Pain: _____ YES or NO

If you answered YES to any of the above (and also do not have a fever (measured or subjective) or new cough or exacerbation of chronic cough):

- You may work your shift while wearing a medical mask, but only with the approval of your supervisor/manager.
- Maintain appropriate hand hygiene and PPE throughout your shift.
- Attend a testing site after your shift, with the direction of Workplace Health (see above).
- You may continue to work shifts while wearing a medical mask/Appropriate PPE, pending test results (unless symptom self-assessment identifies new fever (measured or subjective) or new cough or exacerbation of chronic cough):

If you answered **NO** to all of the above (and do not have a fever (measured or subjective) or new cough or exacerbation of chronic cough):

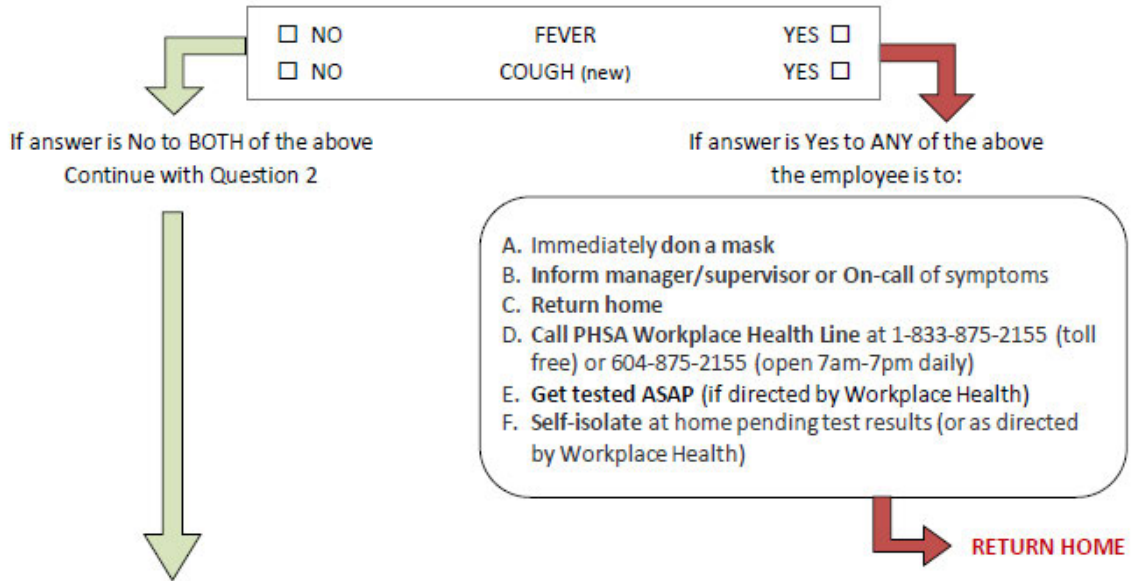
- A. Perform Hand Hygiene.
- B. Continue to shift.
- C. Monitor for any change in symptoms.
- D. Don your PPE (as per COVID-19 Staff Personal Protective Equipment Procedure BCMHSUS).

Note: Adhere to usual additional workplace requirements for sick day leave/reporting (e.g. Calling PEARL if you are too unwell to work).

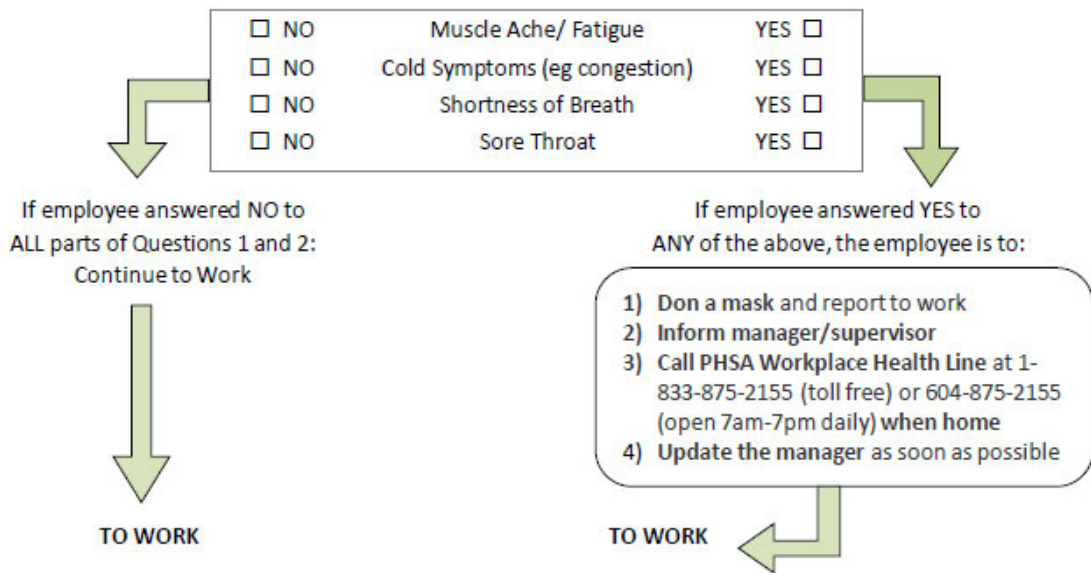
CHS STAFF

ACTIVE SCREENING TOOL
Correctional HEALTH Staff

① Are you experiencing a **FEVER** or new **COUGH**?



② Are you experiencing any of the following less direct COVID-19 symptoms not related to allergies?



CHS Active Screening v4 2020Apr09

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Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	March 30 2020	New procedure	Vice President BCMHSUS
2.0	April 16, 2020	Minor Revisions	Vice President BCMHSUS
3.0	June 18, 2020	Minor Revisions	Vice President BCMHSUS
4.0	Sept 22, 2020	Adding reference to online self-assessment tool from PHSA. Updated language from 'screening tool' to 'symptoms self- assessment' as per IPAC directive.	Vice President BCMHSUS
5.0	January 5, 2021	Added in Contact Tracing and Testing information.	Vice President BCMHSUS

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PHSA FOI File #: F21-0931

Record Title: COVID-19 Rapid Point of Care (POC)
Testing (Abbott ID NOW) (Nurse Independent
Activity). Version 4.0

Policy & Procedure Name & Number	COVID-19 Rapid Point of Care (POC) Testing (Abbott ID NOW) (Nurse Independent Activity) Version 4.0		
Document Owner	Vice President BCMHSUS		
Document Section	COVID-19	Date Approved	May 19, 2021 (replaces March 22, 2021 version)
Approval Authority	Vice President BCMHSUS	Effective Start Date	May 26, 2021
Program Applicability	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input type="checkbox"/> Heartwood Centre for Women (HCW) <input type="checkbox"/> Red Fish Healing Centre for Mental Health and Addiction (RFHC)		
Exceptions	No exceptions.		

1. PURPOSE

The purpose of this procedure is to provide direction to staff for rapid point of care (POC) testing using the Abbott ID NOW Analyzer to test for SARS-CoV-2 virus (the cause of COVID-19 disease) during the COVID-19 pandemic. This is a living document that will be revised and updated as the situation evolves and new information is available.

Adhere to the [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#) for 'regular' lab (non- rapid test) testing procedures.

2. POLICY

2.1. General

- 2.1.1. The document applies only to rapid POC testing for SARS-CoV-2 virus, within the limits and scope as outlined in this document.
- 2.1.2. An RN/RPN (or an LPN at CHS) may independently initiate a Rapid POC test within the limits outlined in this document using the Abbott ID NOW Analyzer as a Nurse Independent Activity (NIA) once they have completed the [Understanding Autonomous Practice & Nurse Independent Activities/ Nurse Initiated protocols course](#), Rapid Test Education Course ([BCMHSUS - COVID-19 Rapid Testing – ID Now](#)) and Competency Test, and in adherence with the [Nurse Independent Activities \(NIA\) and Nurse-Initiated Protocols \(NIP\) policy](#).

2.2. Scope

- (i) **In Scope for CHS sites:** Rapid POC testing (using the Abbott ID NOW Analyzer) is completed for all clients upon intake, transfer (BC Corrections and Correctional Services Canada), transfer to/from Forensic Psychiatric Hospital, transfer to/from Canadian Border Services Agency, transfer to in-person court appearances (day 1 and every 5 days), and planned discharges whenever possible, as a Nurse Initiated Activity, in accordance with the scope and procedures outlined in this document.
- For all other COVID-19 testing outside of the scope identified above **2.2(i)**, adhere to the regular requirements and processes for lab testing as outlined in [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#).
- (ii) **In Scope for FPH and BCMHA sites:** Rapid POC testing (using the Abbott ID NOW Analyzer) clients/patients upon admission, and AWOL/U/A returns. At FPH, additional scope for Rapid POC testing includes Breach Returns/Direct Backs, and in-person court appearances and Patient discharge to CHS. Rapid POC testing may be utilized for discharge on a case-by-case basis, considering discharge site location and the requirements of that facility/location.
- For all other COVID-19 testing outside of the scope identified above **2.2(ii)**, adhere to the regular requirements and processes for lab testing as outlined in [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#).
- (iii) **Out of Scope:** Rapid POC testing is not permitted to be utilized to test Staff, Physicians, Contractors, or BC Correction's Staff.
- (iv) **Out of Scope:** Rapid POC testing is not used outside of the identified scope parameters (e.g. rapid test not completed prior to or upon return from Medical Appointments, Hospital Day Transfers, etc.).

- (v) **Out of Scope:** Rapid POC testing is not to be used for second 'confirming' test if a rapid POC test result is positive.
- Any subsequent and/or confirming tests outside of the scope permitted for Rapid POC testing must adhere to the regular [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#).
- (vi) **Out of Scope:** Rapid POC testing is not to be used for symptoms that develop after initial intake, or outside of the permitted scope outlined above for Rapid POC testing.
- If a patient/client is tested with a Rapid POC test on intake/admission and the result is negative then later the patient/client develops symptoms, testing must adhere to the regular lab [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#).
 - If a unit needs to be tested due to potential exposure, testing must adhere to the regular lab testing as per the [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#).

3. PROCEDURE

3.1. When to Complete Rapid Testing using the Abbott ID NOW Analyzer

3.1.1. At CHS Sites:

- (i) Complete a Rapid POC test for all clients upon intake, inter-facility transfer, transfer to/from Forensic Psychiatric Hospital, transfers to/from Canadian Border Services Agency, in-person court appearances (day 1 and every 5 days), and planned discharges whenever possible, as a Nurse Initiated Activity, in accordance with the scope and procedures outlined in this document.
- For clients returning to CHS from FPH, if a rapid test has been completed by FPH immediately before transfer, CHS does not need to repeat the rapid test at intake.
 - Note: Client discharge should not be delayed due to a missing Rapid POC test result.
 - Adhere to additional program specific requirements for Admission>Returns/Discharges as outlined in the program specific procedure (e.g. [COVID-19 Intake Transfer and Release Procedure CHS BCMHSUS](#)).

3.1.2. At FPH and BCMHA Sites:

- (i) Admission:
- **FPH:** Complete rapid test upon client admission. Upon patient admission, contact Physician/on call Physician to discuss collateral information and consult to determine optimal timing of rapid test (e.g. Rapid Test to be completed, but in some cases, optimal testing as per incubation period may indicate a test delay of 5-7 days).

- o At FPH: For patients transferring from CHS to FPH, if a rapid test has been completed by CHS immediately before transfer, FPH does not need to repeat the rapid test at admission.
 - **BCMHA:** Complete rapid test upon client admission.
- (ii) AWOL Returns/Unauthorized Absence Returns (U/A) (plus Breach Returns/Direct Backs, and In-Person Court Appearances for FPH):
- Contact Provider/Physician/on call to discuss collateral information and consult with Provider/Physician/on call to determine optimal timing of rapid test (i.e. Rapid Test to be completed for patient/client AWOL Returns/U/A/Breach Returns/Direct Backs/Court Appearances, but in some cases optimal testing as per incubation period may indicate a test delay of 5-7 days).
 - Adhere to additional program specific requirements for Admissions>Returns/Discharges as outlined in the program specific procedure (e.g. complete 14 day symptom checks; [COVID-19 Client Admissions Discharge and AWOL Returns Procedure BCMHA BCMHSUS](#); [COVID-19 Patient Admissions, Discharge, Transfers, Direct Backs, and AWOL Returns Procedure FPH BCMHSUS](#)).
- (iii) Discharge:
- As determined by a Physician, complete Rapid POC testing for patient/client at discharge on a case by case basis only, considering discharge site facility/location and the requirements of that facility/location.
- (iv) Patient Discharge Back to CHS:
- Complete Rapid Test prior to patient discharge back to CHS.
 - Note: In case of positive result, apply contact/droplet precautions, notify Access and Transitions team to consult with Public Health.

3.2. Preparing for the Rapid Test

- 3.2.1. The Abbott ID NOW Analyzer must warm up properly after it is turned on (approximately 3 minutes). Ensure to follow all on-screen prompts.
- 3.2.2. Complete one Quality Control test (negative and positive) with every new box of Abbott ID NOW swabs, if machine is unplugged or moved, or at minimum once per week (if a new box is not used in that time). Process for QC test outlined in **Appendix A:** Quality Control Check Process.
- 3.2.3. As per usual practice, RN/RPN to obtain informed consent from the patient/client prior to performing COVID-19 rapid test, and documents on patient/client chart/electronic health record.

3.3. Immediately Before Each Test

3.3.1. Perform Hand hygiene.

3.3.2. Don appropriate PPE (as per [COVID-19 Staff Personal Protective Equipment BCMHSUS](#)).

- Don medical mask, eye protection, gown, and gloves.
- Note: If testing asymptomatic patient/client, in addition to regular PPE requirements, change gown and gloves between each client/patient.
- Doff PPE as close as possible to point of care.
- Note: Doff gloves, perform hand hygiene, and don new gown and gloves after each Quality Control test, before testing the first patient/client.

3.4. How to Use the Abbott ID NOW Analyzer to Complete a Rapid POC test (Running a Patient Test)

3.4.1. From home screen, select 'run test' and select correct test. If prompted, select 'swab'.

3.4.2. Enter Patient ID (use the Client/Patient's PHN; at CHS if no PHN then may use the Client's 'CS number'). Press the 'checkmark' button, and 'OK' (if the PHN is not entered correctly, press "cancel" and re-enter correctly).

3.4.3. When prompted, open the Abbott ID NOW Analyzer lid.

3.4.4. Tear open foil pouch labelled number '1' and remove the orange test base.

- Note: Do not use sharp objects to open the pouch.
- Note: Do not touch the inside of the test base component or it will be contaminated. Do not touch the clear tubes attached to the test base.

3.4.5. Carefully insert the orange test base into the orange test base holder (the Analyzer may take a few moments to recognize the insertion).

3.4.6. The Abbott ID NOW Analyzer will prompt you to confirm test: Press 'OK'.

- If test not confirmed within 10 minutes the test base will time out and must be removed/discarded).

3.4.7. Tear open foil pouch labelled number '2', and remove blue sample receiver (keep the transfer cartridge in the package for now).

3.4.8. Place the blue sample receiver in the blue sample receiver holder in the Abbott ID NOW Analyzer (must be firmly 'seated' in place). A warm-up process will be initiated (approximately 3 minutes). Once the blue sample receiver is placed in the holder, the user has 10 minutes total to

start the test. If test not started within 10 minutes the test will time out and the components must be removed/discarded.

- Do not touch the white pipette end of the white transfer cartridge.

3.4.9. After the warm-up period, the Abbott ID NOW Analyzer will prompt you to remove the foil seal from the top of the blue sample receiver. The blue sample receiver must remain firmly seated in holder while the foil seal is removed (hold it down with one hand and remove foil seal with the other to keep it in place). The blue sample receiver contains 'solution buffer'. Be careful not to splash its contents when removing the foil seal.

3.4.10. Remove the Nasal Swab from its package.

- Note: For Rapid POC tests, utilize the nasal swab that has been approved for use with the Abbott ID NOW Analyzer (do not use NP swabs used for the regular BCCDC lab testing procedure process)..

3.4.11. Collect a Nasal swab from the patient/client using the 'nasal swab' procedure outlined in

Appendix C: Nasal Swab Collection for Abbott ID NOW Analyzer.

- Note: The Abbott ID NOW Analyzer requires a 'warm up' period after inserting the blue sample receiver (approximately 3 minutes). If you have collected the Nasal swab and are waiting for the 'warm up' period to finish, you may place swab carefully back into swab packaging while waiting.
- Note: If you collect the Nasal swab in another location (e.g. secure room, on the unit) and need to transport the swab to the Abbott ID NOW Analyzer location, the swab may be placed into swab packaging for transport (the swab can be left for up to 1 hour at room temperature before being inserted into analyzer) (see **Appendix B:** Personal Protective Equipment Process Map- Test Environment and Patient/Client Environment).

3.4.12. Once collected from the patient/client, swish the tip of the Nasal swab gently but thoroughly in the blue sample receiver 'solution buffer' for 10 seconds. When removing the Nasal swab from the solution press the swab tip against the inside of the sample receiver to ensure as much sample remains in the solution as possible).

- Avoid splashing. If any workspace has become contaminated, decontaminate work space appropriately.

3.4.13. Discard swab into appropriate red biohazard receptacle.

3.4.14. Press 'OK'.

- 3.4.15. When prompted, remove the white transfer cartridge from the foil pouch labelled number '2' and press the cartridge into the top of the blue sample receiver (until you hear an audible 'click') (an orange indicator will rise or 'pop up' to the top of the transfer cartridge).
- 3.4.16. Lift the white transfer cartridge from the blue sample receiver and place it into the test base (orange base). Press down firmly until the orange indicator descends back down to its starting position.
- 3.4.17. The Abbott ID NOW Analyzer will recognize when the transfer cartridge is attached properly to the orange test base.
- 3.4.18. The Abbott ID NOW Analyzer will prompt you to close the lid (this can take up to 30 seconds). The test will automatically start when lid is closed.
- 3.4.19. Do not open the lid until prompted (when countdown timer is complete and test results display on the screen).
- 3.4.20. The test results screen will indicate when test has been successfully completed.
 - If you receive an 'invalid' message, see the Abbott ID NOW Analyzer manual and/or [Training Module for trouble shooting](#) (module provides directions on how to repeat the test using the same swab if you receive an invalid result). Attempt to repeat the test (using the same/current swab) as per the direction in the [Training Module for trouble shooting](#).
 - If the attempt produces an 'invalid' result again;
 - o Do not complete a second rapid test.
 - o Complete regular lab test procedure (e.g. NP swab sent to BCCDC lab).
 - o In case of client refusal of NP swab lab test, report refusal to Physician/On Call Physician (at CHS, COVID-19 Physician on Site or CHS Medical Director) to determine next steps.
- 3.4.21. The Abbott ID NOW Analyzer will prompt you to open the lid and dispose of test pieces.
- 3.4.22. Remove the transfer cartridge and test base assembly and click it into sample receiver.
- 3.4.23. Gently rock the transfer cartridge within test base assembly (so that test base assembly notches attach to bottom of transfer cartridge). Do not disassemble test components once attached.
- 3.4.24. Once all the components are connected, dispose of the test components in the appropriate biohazardous waste container (do not separate test components, and never forcefully compact the waste container).
- 3.4.25. The screen will prompt you to close the lid.

3.4.26. If test is being completed at intake, finish the intake assessment with client while the test is running.

3.4.27. Once client has exited room: perform Hand Hygiene, doff gloves/gown and don clean pair of gloves/gown.

3.4.28. Wipe down all surfaces, as usual. Wipe down the Analyzer as per manufacture's recommendation using 70% isopropyl alcohol swabs.

3.4.29. As per [PPE procedure](#):

- For asymptomatic clients: Doff gown and gloves. Perform hand hygiene.
- For symptomatic clients, Doff ALL PPE. Perform hand hygiene.
- Don required PPE (e.g. if mask and or eye protection are wet, damaged or visibly soiled, remove and don new mask and eye protection -- eye protection can be wiped down and re-donned, applying appropriate disinfection requirements).

3.5. Test Results:

Positive COVID-19 Rapid POC Test Result

3.5.1. If a positive Rapid test result occurs, a second separate confirming NP swab lab test must be completed and transported to BCCDC/Life Labs, following the usual lab testing procedure ([COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)).

- (i) A Rapid POC test may not 'confirm' a rapid POC test.
- (ii) The second test must use a completely new (regular lab testing process swab) NP swab test for BCCDC (or Life Labs at CHS) testing following the regular lab testing procedure ([COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)). Staff may NOT send the Rapid Testing Abbott ID NOW Nasal swab that was in the reagent, a new specimen needs to be collected via NP swab in adherence with the [regular lab testing process](#).
 - If client refuses second swab for the NP swab 'confirming' regular lab test, report positive rapid-test result to Physician/On Call Physician (at CHS, COVID-19 Physician on Site or CHS Medical Director) to determine next steps.

3.5.2. Adhere to program specific procedure for management of symptomatic/confirmed clients (e.g. apply droplet/contact precautions, frequent monitoring, wellness checks, etc) ([COVID-19 Management of Symptomatic Suspected Clients and Confirmed Positive Clients Procedure CHS](#); [COVID-19 Management of Symptomatic and Confirmed Patients AMHSU](#); [COVID-19 Management of Symptomatic and Confirmed Patients FPH](#)).

Negative Rapid Test Result AND Symptomatic Patient/Client

- 3.5.3. If a negative test result occurs, but the patient/client is symptomatic, place patient/client on droplet/contact precautions (adhere to site specific procedures for management of symptomatic clients/patients).
- 3.5.4. Physician is to complete assessment to determine next steps.
- 3.5.5. Complete confirming lab NP test 24 hours later (regular lab test [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)).

Negative Rapid Test Result AND Patient/Client with No Definite Symptoms of COVID

- 3.5.6. For a client with a negative test result AND no definite symptoms of COVID, continue admission/intake/transfer/discharge processes as per usual COVID-19 program specific procedures.
 - (i) For a client who becomes symptomatic after an initial Rapid POC test, any subsequent testing will be done with a completely new (regular lab NP swab) test for BCCDC (or Life Labs for CHS) testing following the usual testing procedure ([COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)).

3.6. Documentation Requirements

3.6.1. Documentation at CHS and FPH:

- (i) Site staff document each Rapid POC test completed (regardless of results) using the COVID-19 Rapid Test Tracking Sheet (at CHS and FPH).
- (ii) Positive result must be communicated (as per site process) and documented on provincial Eform (as per program process/responsible role).
- (iii) Document each Rapid POC test completion and results;
 - **At CHS:**
 - Document in PAC and CORNET as per usual practice.
 - The [COVID-19 Symptom Assessment Tool \(Patient and Client\) BCMHSUS](#) is completed as part of regular COVID-19 intake/transfer/discharge processes, and includes a section to record rapid test and results.
 - **At FPH:**

- o The [COVID-19 Symptom Assessment Tool \(Patient and Client\) BCMHSUS](#) is completed as part of regular COVID-19 admission/transfer/discharge processes, and includes a section to record rapid test and results.
- o Place the completed tool (or a copy, as required) on patient's chart.

3.6.2. Documentation at BCMHA:

- (i) Document each Rapid POC test completed (regardless of results) and test results.
 - Document in CST Cerner:
 - o Document the client assessment in the Covid-19 Patient Screening PowerForm.
 - o Document the Rapid POC test result in the POC Covid 19 Test section of iView.

3.7. Supplies and Trouble Shooting

- 3.7.1. Contact your Manager for the Abbott Rapid Diagnostics designated contact for ordering supplies and for trouble shooting information (note: There is also a physical manual accompanying each Rapid Testing Abbott ID NOW Analyzer, and online troubleshooting and training modules available [here](#)).
 - For ordering nasal swabs, utilize the standard order form provided by supply chain.

4. DEFINITIONS

CHS Planned Discharge: Known upcoming discharges with predictable discharge dates. i.e.: Discharges back to community living or supportive living environments i.e.: supportive recovery, treatment centers, mental health supportive housing environments.

Rapid Testing Abbott ID NOW Nasal swab: This swab is provided with the testing kits specifically for use with the Rapid Testing Abbott ID NOW Analyzer.

Regular (Lab) Nasopharyngeal (NP) swab: 'Regular' NP swabs are the swabs referenced in the regular lab [Testing Procedure](#), to be used for requisitioned lab tests sent to BCCDC/Life Labs for testing and confirmation testing (i.e. swab ordered from Public Health Laboratory, via Sample Container Order form).

5. APPENDICES

Appendix A: Quality Control Check Process for Rapid Testing Abbott ID NOW Analyzer

Appendix B: Personal Protective Equipment Process Map- Test Environment and Client Environment (CHS and FPH Applicability Only)

Appendix C: Nasal Swab Collection for Abbott ID NOW Analyzer

6. RELATED DOCUMENTS AND RESOURCES

[COVID-19 Symptom Assessment Tool \(Patient and Client\) BCMHSUS](#)

Rapid Test Education Course ([BCMHSUS - COVID-19 Rapid Testing – ID Now](#)) (link to register)

Rapid Testing Abbott ID NOW Analyzer Training Module 7 (note: includes direction on troubleshooting and repeating a test with invalid test result): <http://video.alere.net/id-now/ID-NOW-Module7-maintenance-and-troubleshooting.mp4>

Rapid Testing Abbott ID NOW Analyzer: All Training Modules:

<https://www.globalpointofcare.abbott/en/support/product-installation-training/id-now-training-videos.html>

Abbott ID NOW Technical Support: Canada: +1 800 818 8335 Email:

CANproductsupport@alere.com

[Understanding Autonomous Practice & Nurse Independent Activities/ Nurse Initiated protocols course](#)

[Rapid Test Education Course \(and Competency Test\)](#)

[Nurse Independent Activities \(NIA\) and Nurse-Initiated Protocols \(NIP\) policy](#)

7. RELATED POLICIES AND PROCEDURES

[COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)

[COVID-19 Management of Symptomatic Suspected Clients and Confirmed Positive Clients Procedure CHS](#)

[Point of Care Risk Assessment for Infection Prevention and Control SHP-004.PROC.BCMHSUS](#)

[Hand Hygiene procedure BCMHSUS SHP-001 PROC.](#)

[Additional Precautions BCMHSUS APR-004.POL.BCMHSUS](#)

[COVID-19 Intake Transfer and Release Procedure CHS BCMHSUS](#)

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure BCMHA BCMHSUS](#)

[COVID-19 Management of Symptomatic and Confirmed Patients AMHSU](#)

[COVID-19 Management of Symptomatic and Confirmed Patients FPH](#)

[COVID-19 Patient Admissions, Direct Backs, and AWOL Returns Procedure FPH BCMHSUS](#)

[COVID-19 Patient/Client Contact Tracing Inpatient Sites BCMHSUS](#)

[COVID-19 Patient Day Leaves/Passes and Travel Policy](#)

[COVID-19 Process for the Use of Isolation Beds and Activation and Closure of Covid-19](#)

[Cohorting Units](#)

[COVID-19 Staff Personal Protective Equipment BCMHSUS](#)

- PHSA: [The 4 moments of hand hygiene](#)
- PHSA: [PHSA Guideline: Use of N95 Respirators](#)
- PHSA: [Mask Do's & Don'ts \(Surgical and Procedure\)](#)
- PHSA: [N95 Respirator Do's & Don'ts](#)

Refer to the BC Cancer Infection Prevention and Control manual at

<http://2pod.phsa.ca/qualitysafety/infection-prevention-control/Pages/default.aspx> for detailed

information on the following topics:

- Donning PPE Procedure
- Doffing PPE Procedure

BCCDC: [The 9 steps to Doff \(take off\) Personal Protective Equipment \(PPE\)](#)

BCCDC: [The 5 steps to Don \(put on\) Personal protective equipment \(PPE\)](#)

[COVID-19 Client and Patient Mask Use at BCMHSUS](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

PHSA: [COVID-19 Case and Outbreak Management Procedures](#)

PHSA: [Aerosol Generating Medical Procedures for Patients with Suspected and Confirmed](#)

[COVID-19](#)

Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Appendix A: Quality Control (QC) Check Process for Rapid Testing Abbott ID NOW Analyzer

- Complete QC test with every new box of Abbott ID NOW nasal swabs, if machine is unplugged or moved, or at minimum once per week.
- If the QC fails twice in a row, do not perform another QC. Consult manager (or site equivalent) for further guidance, or call Abbott support line/refer to manufacturers manual.
- Complete both Positive and Negative QC test.

Completing the QC Test:

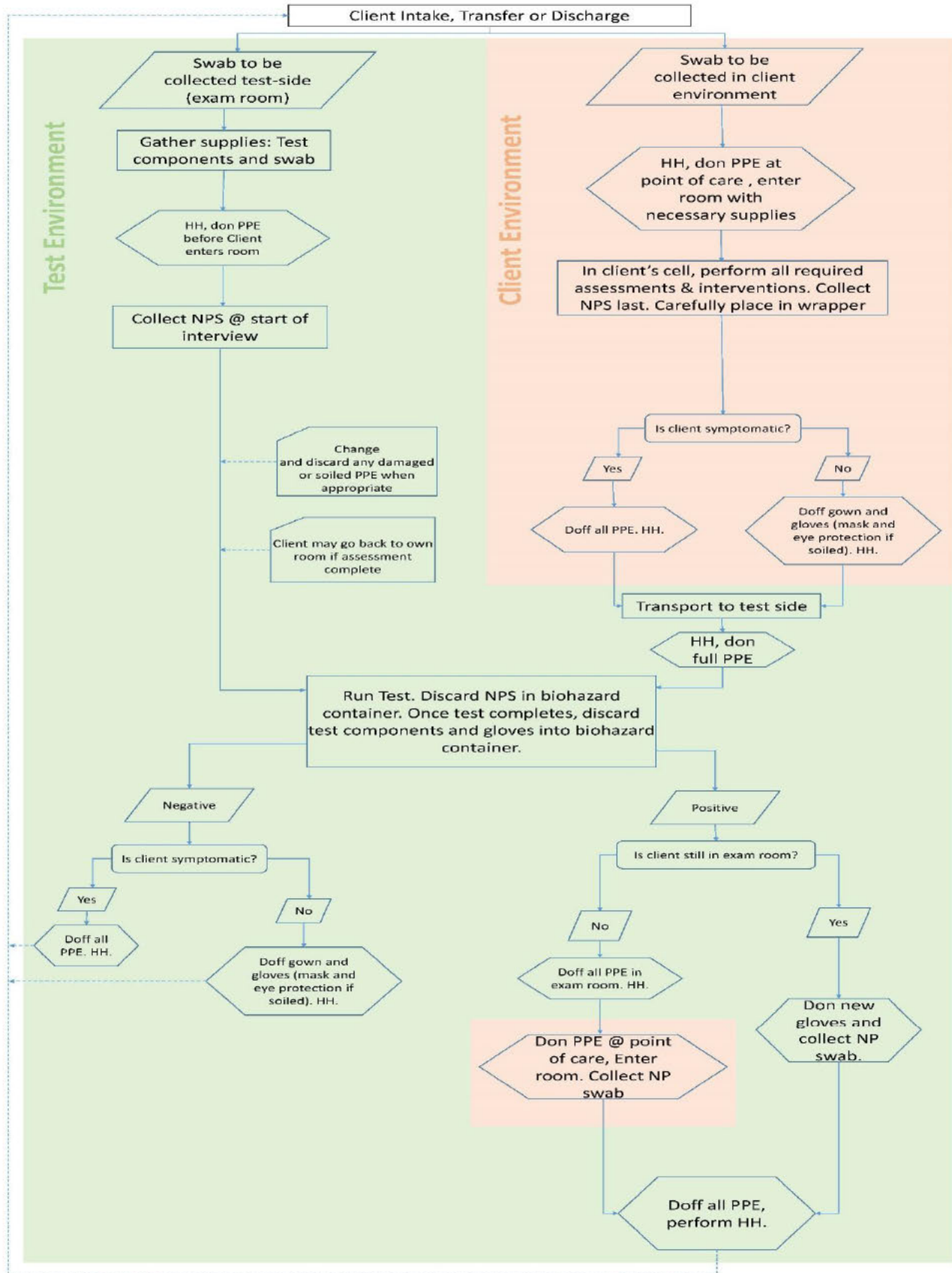
- (i) Perform Hand Hygiene.
- (ii) Don medical mask, eye protection, gown and gloves.
- (iii) Enter User ID and Password.
- (iv) Select 'Run QC Test'. Select correct test option.
- (v) Enter or scan 'QC' sample ID (press 'okay' to confirm).
- (vi) Open Rapid Testing Abbott ID NOW Analyzer lid.
- (vii) Insert orange test base into orange test base holder.
- (viii) Confirm correct test is displayed on the screen (press okay).
- (ix) When prompted, insert blue sample receiver into blue sample receiver holder (must start test within 10 minutes, or all test pieces must be discarded after the Analyzer times out).
- (x) Carefully remove blue seal from blue sample receiver (while blue sample container remains in receiver).
- (xi) Remove control swab from individual packaging (in a foil package for positive controls; in a paper package for negative controls). Press swab head against side of swab sample receiver (blue sample receiver) and mix swab in the liquid for 10 seconds. Discard Swab. Press 'okay'.
- (xii) When prompted, press white transfer cartridge into blue sample receiver (until you hear a 'click') (Orange indicator will rise to top of transfer cartridge).
- (xiii) Lift white transfer cartridge from blue sample receiver and place into test base (orange base, by pressing down) (when properly attached orange indicator will descend to its starting position).
- (xiv) Rapid Testing Abbott ID NOW Analyzer will recognize when transfer cartridge is attached properly to the test base.
- (xv) Close lid. Do not open lid until prompted (when countdown timer is complete and test results display on screen).

Disposing of Test Pieces (After Test is Completed and Documented):

- (i) Rapid Testing Abbott ID NOW Analyzer will prompt you to open the lid and dispose of test pieces.

- (ii) Remove transfer cartridge and test base assembly and click it into sample receiver (as shown on Rapid Testing Abbott ID NOW Analyzer screen).
- (iii) Gently rock transfer cartridge within test base assembly (so that test base assembly attaches to bottom of transfer cartridge). Do not disassemble test components once attached.
- (iv) Dispose of test components in biohazard waste disposal bin.
- (v) Doff gloves into biohazard waste disposal bin.
- (vi) Perform Hand Hygiene.
- (vii) Don clean pair of gloves.

Appendix B: Personal Protective Equipment Process Map - Test Environment and Client Environment (FPH and CHS)



Appendix C: Nasal Swab Collection for Abbott ID NOW Analyzer (Rapid Point of Care Testing)

1. How to Use Nasal Swab

- a. For optimal test performance, use the swabs provided in the test kit (or nasal swab approved for use by Program Professional Practice Lead).
- b. To collect a nasal swab sample;
 - i. Carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible.
 - ii. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril).
 - iii. Rotate the swab several times against the nasal wall then slowly remove from the nostril.
 - iv. Using the same swab, repeat sample collection in the other nostril.

2. Nasal Swab example:



Revision and Version History			
Version	Approved Date Effective Date	Key Changes	Approved By
1.0	December 21, 2020 December 23, 2020	New policy	Vice President, BCMHSUS
2.0	January 29, 2021 Effective: February 1, 2021	Revised to add BCMHA and FPH.	Vice President, BCMHSUS
3.0	Effective: March 22, 2021	Clarified swab type and added appendix c on how to take nasal swab. Minor edits and additions to scope.	Vice President, BCMHSUS
4.0	Effective: May 26, 2021	Added requirement: Wait 24 hours between POC and PCR tests when the first POC test is negative but client symptoms are persistent.	Vice President, BCMHSUS

PHSA FOI File #: F21-0931

Record Title: COVID-19 Management of
Symptomatic-Suspected and Confirmed-Positive
Clients Procedure CHS. Version 4.0

Procedure Name & Number	COVID-19 Management of Symptomatic-Suspected and Confirmed-Positive Clients Procedure CHS		
	Version 4.0		
Document Owner	Vice President, BCMHSUS		
Policy Section	COVID-19	Date Approved	April 12, 2021 (replaces December 16, 2020 version)
Approval Authority	Vice President, BCMHSUS	Effective Start Date	April 12, 2021
Program Applicability	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input type="checkbox"/> Heartwood Centre for Women (HW) <input type="checkbox"/> Centre for Mental Health and Addiction (CMHA)		
Exceptions	No exceptions.		

1. PREAMBLE

This document is intended to guide staff in managing CHS clients who are COVID-19 suspected (symptomatic) or COVID-19 confirmed positive (symptomatic or asymptomatic). This is a living document that will be revised and updated as the situation evolves and new information is available. The goal is to prevent and limit the spread of COVID-19.

2. SCOPE

These measures apply to all CHS healthcare workers and staff.

3. PROCEDURE

Note: There are additional requirements for the management of symptomatic or confirmed clients at intake, transfer and release. For intake, transfer, or release of clients adhere to additional steps outlined in 'COVID-19 Intake, Transfer, or Release procedure CHS'.

3.1. Clients who are COVID-19 suspected (symptomatic)

Note: See Appendix B for Management of Symptomatic Suspected and Confirmed Positive Clients Summary Flowchart.

- 3.1.1. Client is symptomatic (as per symptoms in Testing Procedure - Symptoms list from BCCDC).
- 3.1.2. Don required PPE (mask, face shield, gown, and gloves) as per [COVID-19 Staff Personal Protective Equipment BCMHSUS](#). Droplet/contact precautions required.
 - Note: If a 'code' should be called, staff to don PPE as per [COVID-19 CPR procedure](#).
- 3.1.3. Complete COVID-19 test, as per [COVID-19 Testing Procedure / NIP](#). For the management of test results adhere to COVID-19 Test Results Algorithm in **Appendix A** of testing procedure.
 - In case of a positive confirmed client at a BC Corrections sites, contact Health Services Manager (who is turn notifies Senior Leadership), and adhere to contact tracing requirements.
- 3.1.4. Until results of the test are received, clients suspected-symptomatic of COVID-19 to be managed as though they are confirmed as having covid-19 (as per section 3.2 below).

3.2. Clients who are Confirmed Positive (symptomatic or asymptomatic)

- 3.2.1. Enter Problem List Diagnosis:
 - Enter new COVID-19 Diagnosis: Enter diagnosis in PAC: 'U07.1 2019-nCoV acute respiratory disease'. Indicate 'suspected' if symptomatic but not yet confirmed positive, and indicate 'confirmed' for confirmed positive test result (or 'ruled out' as applicable).
 - Note: Close 'problem' only when confirmed by a Provider.
- 3.2.2. Don required PPE (mask, face shield, gown, and gloves) as per [COVID-19 Staff Personal Protective Equipment BCMHSUS](#). Droplet/contact precautions required.
 - Note: If a 'code' should be called, staff to don PPE as per COVID-19 CPR procedure.
- 3.2.3. Recommend to BC Corrections (Supervisor/Manager on Call) that client is placed in droplet/contact precautions.
 - Indicate required 'droplet/contact precautions' in CORNET entry.

- 3.2.4. Place client on frequent monitoring (FM) (at least once daily or more frequently if clinically indicated).
- Use FM type 'Isolation' for suspected or confirmed COVID-19 cases requiring precautions. Indicate 'reason' type required: COVID-19, Gastrointestinal, Infection, Respiratory; and also indicate precaution type required: Airborne, Contact, Droplet Precautions, or AGMP. Record 'Symptom Onset Date' (if onset date an estimate, include comment indicating 'estimated date') and 'Isolation Start Date/Time'.
- 3.2.5. Recommend that BC Corrections (supervisor/Manager on Call) immediately limit client's living unit (or cohorted induction unit at intake) to unit-only programming and limited movement for a minimum of 14 days and as discussed with the Centre MD/Physician on Call/Medical Director.
- If any client in the cohorted/induction unit tests positive for COVID-19, the limited movement period will be reset to day 0 (from onset of symptoms).
 - If any client in the cohorted/induction unit is still under investigation for suspected COVID-19 when the limited movement period day reaches 14, the cohort's limited movement release will be delayed until;
 - o 14 days has passed from the time of last contact with the individual under investigation for COVID-19 disease, OR
 - o the individual under investigation for suspected COVID-19 is no longer under investigation, whichever is shorter.
- 3.2.6. Enhanced cleaning of client cell and entire shared space is required (BC Corrections facilitates).
- 3.2.7. Educate client to adhere to the following:
- Client to wear surgical mask when out of cell.
 - Maintain 2 meter distance between themselves and other clients.
 - Client to clean/disinfect all things they touch when outside cell (e.g. phone, tables, etc).
 - Client to wash hands prior to leaving cell.
- 3.2.8. Complete daily wellness checks of all clients on the unit using [COVID-19 CHS Wellness Tracking Form](#). Document outcome of wellness checks by exception on form, and via encounter note in PAC.
- Provide completed 'Wellness Tracking Forms' to Health Service Manger to retain.

3.3. Discontinuing Precautions/Clearing Client for Placement

- 3.3.1. Droplet/contact precautions to be maintained until client cleared by Centre MD/ Physician on Call/Medical Director or Delegate. Adhere to Discontinuation of Additional Precautions section of [PHSA COVID-19 Case and Outbreak Management Procedures](#) for the required process to clear a client from additional precautions.
- 3.3.2. After a client has been cleared as per the [required process](#), and after confirmation from Medical Director/Physician on Call, Centre MD or Delegate, client may be returned to living unit/induction unit/general population, as appropriate.
 - Update documentation as required, and as confirmed by Provider (e.g. 'Droplet/Contact Precautions' in CORNET, PAC Problem list diagnosis, frequent monitoring - - close Isolation record, precautions, entries in PAC, etc).

4. APPENDICES

Appendix A: COVID-19 Test Results Algorithm

Appendix B: Management of Symptomatic or Confirmed Clients Flowchart

5. DEFINITIONS

COVID-19 Outbreak: At least one client AND confirmed intra-facility transmission, or, more than one client in a cluster/close proximity.

6. RELATED POLICIES AND PROCEDURES

PHSA [COVID-19 Case and Outbreak Management Procedures](#)

[COVID-19 Intake, Transfer and Release Procedure CHS BCMHSUS](#)

[COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)

[COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#)

[COVID-19 Staff Symptom Self-Assessment Procedure BCMHSUS](#)

[COVID-19 Staff Personal Protective Equipment BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

[BCMHSUS PAC Problem List CCR-7001 PROT.CHS](#)

[Frequent Monitoring Procedure: BCMHSUS CHS CCR-701X P.x](#)

[CORNET Alerts and CORNET Client Log Information procedure REC-211.PROC.CHS](#)

7. RELATED DOCUMENTS

[COVID-19 Information for Public Health for Clients on Self Isolation Upon Release CHS BCMHSUS](#)

[COVID-19 CHS Wellness Tracking Form BCMHSUS](#)

[COVID-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#)

8. REFERENCES

BCCDC: Lab Testing. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>. March 19, 2020.

BCCDC: Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Assisted Living Facilities. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf. March 19, 2020.

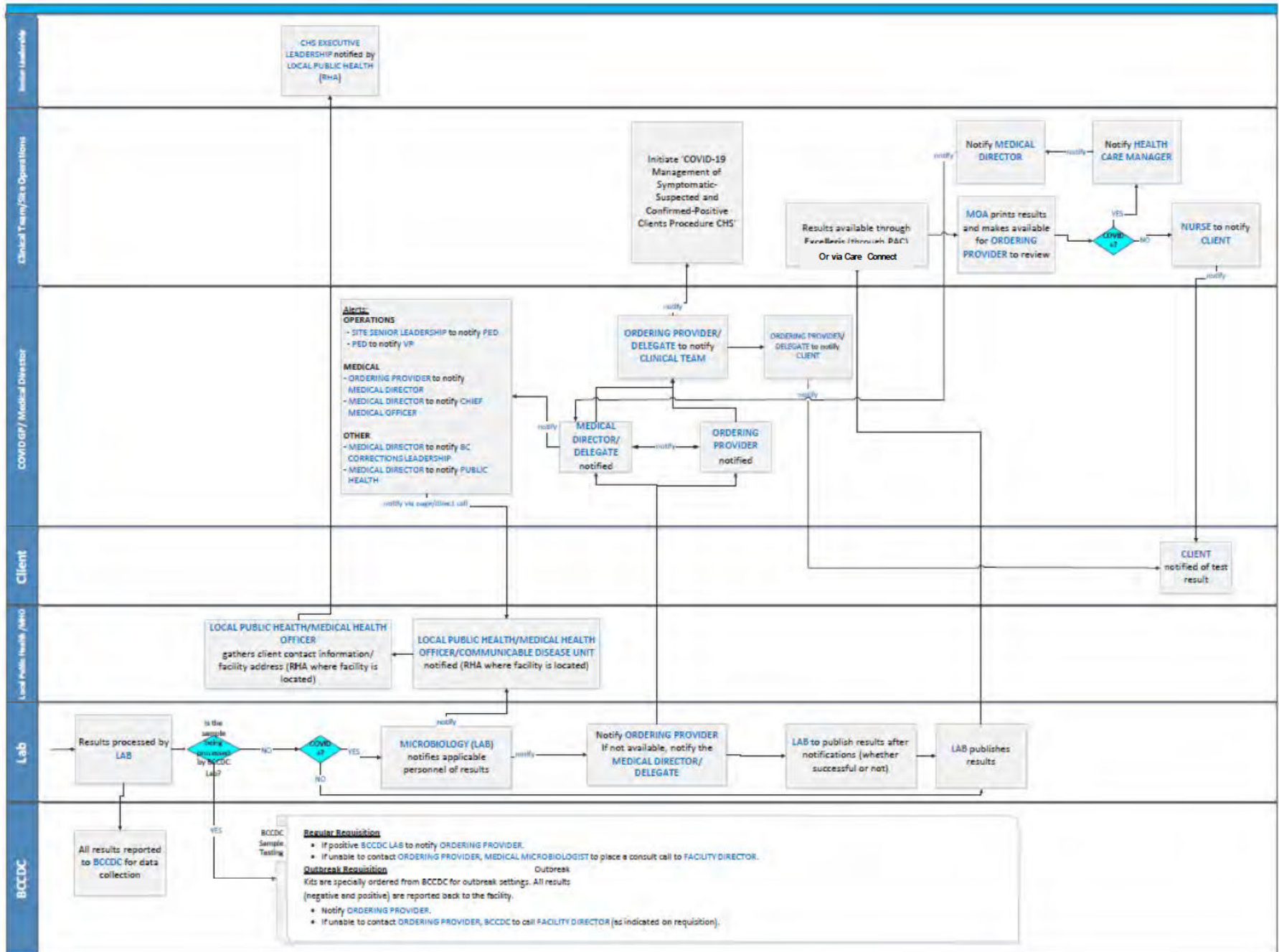
BCCDC: PPE: Interim guidance on personal protective equipment for NP and throat swabs and for aerosol-generating medical procedures in health care setting. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>. March 19, 2020.

BCCDC: Respiratory Protection for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients. <http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf>. March 19, 2020.

BCCDC: BC Ministry of Health. Coronavirus COVID-19. http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf

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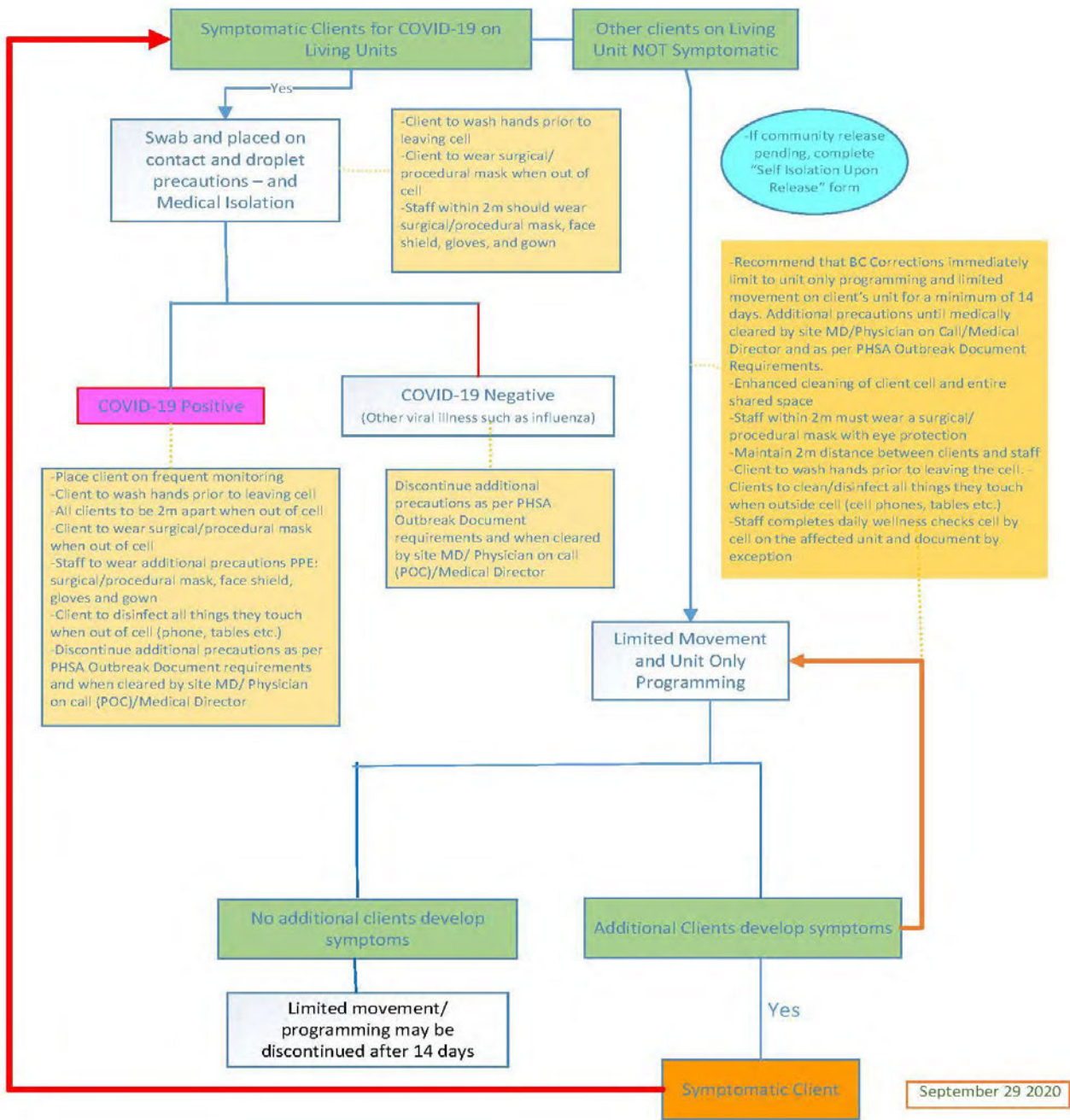
APPENDIX A: COVID-19 Test Results Flow Chart



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Appendix B: Management of Symptomatic or Confirmed Clients Summary Flowchart

Algorithm for Symptomatic Clients on Living Units



Revision and Review Version History (to be posted with document)

Version	Approved and Effective Date	Key Changes	Approved By
1.0	May 5, 2020	New procedure.	Vice President, BCMHSUS
2.0	September 2020	Revision	Vice President, BCMHSUS
3.0	Approved December 16, 2020 Effective December 18, 2020	Regular review and revision.	Vice President, BCMHSUS
4.0	Approved March 28, 2021 Effective April 12, 2021	Revised to align with March 28, 2021 PAC system updates.	Provincial Executive Director CHS & Forensic Regional Clinics, Medical Director CHS

PHSA FOI File #: F21-0931

Record Title: COVID-19 Client Intake, Transfers
and Release Procedure CHS BCMHSUS. Version
4.0

Procedure Name & Number	COVID-19 Client Intake, Transfers and Release Procedure CHS BCMHSUS Version 4.0		
Document Owner	Vice President, BCMHSUS		
Policy Section	COVID-19	Date Approved	May 13, 2021 (replaces December 21, 2020 version)
Approval Authority	Vice President, BCMHSUS	Effective Start Date	May 13, 2021
Program Applicability	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input type="checkbox"/> Heartwood Centre for Women (HCW) <input type="checkbox"/> Centre for Mental Health and Addiction (CMHA)		
Exceptions	No exceptions.		

1. PREAMBLE

This document is intended to guide staff in additional requirements for client admissions, transfers, and discharges at CHS during the COVID-19 pandemic. This is a living document that will be revised and updated as the situation evolves and new information is available. The requirements of this document takes precedence over any existing or related 'admissions, transfers, release, transition or discharge' processes during the time period of the current COVID-19 pandemic. The goal is to prevent and limit the spread of COVID-19 to, within and from the site.

COVID-19 spreads quickly when introduced into a correctional setting. This is evidenced in federal correctional institutions in BC and nation-wide. Correctional centres house populations that are vulnerable and at higher risk for the complications of COVID-19. To prevent the spread of COVID-19 in BC correctional facilities and to help mitigate risk to this population, BC Mental Health and Substance

Use Services Correctional Health Service recommends testing of all individuals presenting with even mild symptoms (as per the applicable testing procedure: COVID-19 Rapid Point of Care (POC) Testing Nurse Independent Activity CHS; and/or [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)).

This document contains the following procedure sections:

- (i) Intake
- (ii) Transfer
- (iii) Release

Note: Refer to the Quick Reference Document for “Planned Transfer and Discharges Work Flow: ABBOTT ID NOW” for information and details on coordinating Rapid Point of Care Testing at Intake/Transfer/Release (within the identified limited scope) with BC Corrections Staff.

2. SCOPE

These measures apply to all CHS healthcare workers and staff.

3. INTAKE

3.1. Client Intake

3.1.1. Complete COVID-19 Rapid Point of Care (POC) Test as per direction in [COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#), and complete the ‘[Covid-19 Symptom Assessment Tool \(Patient and Client\) BCMHSUS](#)’.

- Medical Office Assistant to scan symptom assessment tool and upload to Client’s PAC.

3.2. Positive COVID-19 Rapid POC Test Result or Symptomatic Client on Intake

3.2.1. If client **tests positive for COVID-19 on Rapid POC testing at intake or is symptomatic at intake**, adhere to direction in the applicable Testing Procedure ([COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#); [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)), and [COVID-19 Management of Symptomatic Suspected Clients and Confirmed Positive Clients Procedure CHS](#) for additional care and client management requirements (e.g. wellness checks, droplet/contact precautions, educate client, etc).

- Note: As per [COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#), if client has negative rapid POC test result BUT is symptomatic, manage the client as per standard infectious disease isolation protocols (e.g. apply droplet/contact precautions, frequent monitoring, etc).

3.2.2. After a client has been cleared from precautions as per the [required process](#) and after confirmation from and as determined by the Medical Director/Physician on Call, Centre MD or Delegate, client may be returned to induction unit or to the general population, as appropriate.

3.3. No definite symptoms of COVID and/or Confirmed Negative for COVID-19

3.3.1. A client who **has no definite symptoms of COVID at intake** and who **tests negative for COVID-19** on Rapid POC testing at **intake** will be placed with his/her intake cohort for a 14 day induction period.

- If after intake any client in the cohort tests positive for COVID-19, the induction period day will be reset to day 0 (from symptoms onset).
- If any client in the cohort is still under investigation for suspected COVID-19 when the induction period day reaches 14, the cohort release to the general population will be delayed until;
 - o 14 days has passed from the time of last contact with the individual under investigation for COVID-19 disease, OR
 - o the individual under investigation for suspected COVID-19 is no longer under investigation, whichever is shorter.

3.3.2. Educate clients on induction cohort to adhere to the following while in 14 day induction period:

- Maintain 2 meter distance between themselves and other clients
- Clients to clean/disinfect all things/surfaces he/she touches when outside cell (e.g. phone, tables, etc).
- Client to wash hands prior to leaving cell.

3.3.3. For a client who becomes symptomatic while in the induction unit, adhere to [COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#), and the [COVID-19 Management of Symptomatic Suspected Clients and Confirmed Positive Clients Procedure CHS](#). Note that for discontinuation of additional precautions, adhere to PHSA [COVID-19 Case and Outbreak Management Procedures](#).

4. RELEASE

4.1. Client Release from facility

- 4.1.1. Complete COVID-19 Rapid POC Test as per direction in and for ‘releases’ within the scope as detailed in the [COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#).
- 4.1.2. If client to be released is awaiting results of COVID-19 test or confirmed positive and within period of communicability, and thus needing to self-isolate;
- (i) CHS staff to complete client education on self-isolation (Client instructed to self-isolate to wait for results), strategies for remaining in isolation, and document in PAC.
 - (ii) Provide surgical/procedural mask to client.
 - (iii) Obtain clients information (Cell phone number, Address).
 - (iv) Complete (including assessing client capacity to follow through with self-isolation and risk to community as per Release Form) and send [COVID-19 Information for Public Health on clients required to Self-Isolate Upon Release Form](#) to Regional Director, to be sent to Public Health.
 - (v) Inform Medical Director, who will inform the Medical Health Office and Public Health to monitor Client.

4.2. Vaccination

- 4.2.1. Adhere to [COVID-19 Vaccination Guideline BCMHSUS](#) for COVID-19 vaccination requirements for clients on intake and release.

5. TRANSFER

- 5.1.1. Complete COVID-19 Rapid POC Test as per direction in and for ‘transfers’ within the scope as detailed in the [COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#).

5.2. Client Transfers: To Corrections Service Canada (CSC)

- 5.2.1. Complete Corrections Service Canada (CSC) COVID-19 Screening form (see Appendix B for example).

5.3. Client Transfers: To Canadian Border Services Agency

- 5.3.1. CHS staff to complete symptoms assessment of client for COVID-19 symptoms using '[Covid-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#)'. Scan tool and upload to Client's PAC. Include completed form with other discharge/transfer documents for CBSA.

5.4. Client Transfers: To Forensic Psychiatric Hospital

- 5.4.1. CHS staff to complete symptoms assessment of client for COVID-19 symptoms using '[Covid-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#)'. Scan tool and upload to Client's PAC.

- For transfer for FPH, send completed form to FPH.

5.5. Client Transfers: To other BC Correction's Centres

- 5.5.1. CHS staff to complete symptoms assessment of client for COVID-19 symptoms using '[Covid-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#)'. Scan tool and upload to Client's PAC.
- 5.5.2. Clinic staff inform receiving centre unit Health Services Manager or Charge Nurse if client to be transferred is symptomatic/confirmed. The Health Services Manager or Charge Nurse will also contact and notify CHS Medical Director and the Regional Director.

6. DEFINITIONS

COVID-19 Outbreak: At least one client AND confirmed intra-facility transmission, or, more than one client in a cluster/close proximity.

Period of Communicability: 48 hours prior to onset of symptoms until 14 days post onset of symptoms.

7. RELATED POLICIES AND PROCEDURES

PHSA Discontinuing Precautions Algorithm / PHSA [COVID-19 Case and Outbreak Management Procedures](#)

[COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#)

[COVID-19 Management of Symptomatic and Confirmed Clients Procedure CHS](#)

[COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)

[COVID-19 Staff Symptoms Self-Assessment Procedure BCMHSUS](#)

[COVID-19 Staff Personal Protective Equipment Procedure](#)

[COVID-19 CPR Procedure BCMHSUS](#)

8. RELATED FORMS AND DOCUMENTS

[COVID-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#)

[COVID-19 Information for Public Health for Clients on Self Isolation Upon Release CHS BCMHSUS](#)

[COVID-19 CHS Wellness Tracking Form](#)

9. REFERENCES

BCCDC: Lab Testing. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>. March 19, 2020.

BCCDC: Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Assisted Living Facilities. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf. March 19, 2020.

BCCDC: PPE: Interim guidance on personal protective equipment for NP and throat swabs and for aerosol-generating medical procedures in health care setting. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>. March 19, 2020.

BCCDC: Respiratory Protection for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients. <http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf>. March 19, 2020.

BCCDC: BC Ministry of Health. Coronavirus COVID-19. http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf

Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Appendix A: Corrections Service Canada (CSC) COVID-19 Screening form example



Correctional Service
Canada

Service correctionnel
Canada

PROTECTED **B** ONCE COMPLETED

PERSONAL INFORMATION BANK

COVID-19 SCREENING FORM		SEND FORM TO HEALTH CARE
		FPS Number (if possible):
		Family name:
		Given name(s):
		Date of birth:
Region:	Institution:	Date Completed:

A. Is the person presenting with:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever	Date of symptom onset (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	New onset of cough (or exacerbation of chronic cough)	Date of symptom onset (YYYY/MM/DD)

B. If yes to any of the above → In the 14 days before onset of illness, has the patient:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled to an affected area Such as: China (mainland), Hong Kong, Iran, Italy, Japan, Singapore, South Korea	Date of travel (YYYY/MM/DD) Date of return (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had close contact with a confirmed case or case under investigation of COVID-19	Date of contact (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had close contact with a person with acute respiratory illness who has traveled within 14 days prior to their illness onset	Date of contact (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had laboratory exposure to biological material known to contain COVID-19 (for example, testing specimens in a laboratory setting)	Date of exposure (YYYY/MM/DD)

If yes to any one of A and B or just B then the person meets the definition of a person under investigation.	
<input type="checkbox"/> Yes <ul style="list-style-type: none"> Place inmate in a single room or cell Call health care if during opening hours / local public health if after business hours 	<input type="checkbox"/> No

Personal information will be protected under the provision of the Privacy Act. The information is stored in the Standard Bank # 070.
Original: Case Management file.
Copy Offender Health file

Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	May 4, 2020	New procedure.	Vice President, BCMHSUS
2.0	September 29, 2020	Revision	Vice President, BCMHSUS
3.0	December 21, 2020	Regular review and updates. Added reference to Rapid Testing/POCT Procedure/policy.	Vice President, BCMHSUS or Delegate
4.0	May 13, 2021	Added statement: Adhere to COVID-19 Vaccination Guideline BCMHSUS for COVID-19 vaccination requirements for clients on intake and release.	Vice President, BCMHSUS

PHSA FOI File #: F21-0931

Record Title: COVID-19 Dentistry at CHS and FPH.
Version 3.0

Guideline Name & Number	COVID-19 Dentistry at CHS and FPH Version 3.0		
Document Owner	Vice President, BCMHSUS		
Policy Section	COVID-19	Date Approved	June 3, 2021 (replaces December 18, 2020 version)
Approval Authority	Vice President, BCMHSUS	Effective Start Date	June 3, 2021
Program Applicability	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input type="checkbox"/> Heartwood Centre for Women (HW) <input type="checkbox"/> Centre for Mental Health and Addiction (CMHA)		
Exceptions	No exceptions.		

1. PURPOSE

The purpose of this document is to provide infection prevention and control guidance for the management of dental clients at Correctional Health Services (CHS) and Forensic Psychiatric Hospital sites.

2. SCOPE

This document is intended for dental procedures within CHS sites and FPH dental site during the COVID-19 pandemic. It is meant to be used with existing dental processes, workplace health and infection prevention and control policies, procedures, and guidelines.

3. PROCEDURE

3.1. Preparing for Providing Dental Services

- 3.1.1. Remove non-essential items from the treatment area and clear countertops of non-essential medical supplies.
- 3.1.2. Drape any items that cannot be removed with clean sheet. Consult Infection Prevention and Control (IPAC) for guidance as needed.
- 3.1.3. Post any required additional precautions signage based on [Point of Care Risk Assessment](#) (PCRA) and procedure being performed.

3.2. General Requirements

- 3.2.1. For urgent dental procedures required on COVID-19 confirmed clients, symptomatic clients, or persons under investigation (PUIs) for COVID-19, schedule clients at the end of the day and allow for the required air clearance time (as per [PHSA AGMP document](#)) between clients. If outside of known air exchange clearance time, allow for 90 minutes clearance time and enhanced environmental cleaning after the procedure. Door is to remain closed during the procedure and during the required clearance time.
- 3.2.2. Clinics to implement pre-procedural mouth rinse, use of dental dams, and high volume evacuators to decrease aerosolization of COVID-19.
- 3.2.3. Backflow valves should be used on all suction lines. Suction lines that have been sitting idle should be shocked and tested prior to resuming services.
- 3.2.4. Clients should not wait in waiting room location (where applicable) for appointment, clients should be brought directly to procedure room once room has been prepared for their arrival.

3.3. Client Symptom Assessment Before Appointment

- 3.3.1. If, based on the symptoms assessment, the perceived risk of transmission is greater than the determined need for oral care, the care should be postponed.
- 3.3.2. All clients will have COVID-19 symptom and exposure assessment by CHS / FPH healthcare staff 24-48 hours prior to their dental appointment based on the [COVID-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#). Any flags from this assessment will be reviewed with the

CHS site MD/FPH MD prior to proceeding any further (e.g. If client responds yes to any of the symptom assessment questions, ask client to immediately don a medical mask and adhere to appropriate program procedures for Management of Symptomatic and confirmed

Clients/Patients: [COVID-19 Management of Symptomatic Suspected Clients and Confirmed Positive Clients Procedure CHS](#); [COVID-19 Management of Symptomatic and Confirmed Patients FPH](#)).

- 3.3.3. All clients will have COVID-19 symptom and exposure assessment by dental staff on arrival to the dental suite based on the [COVID-19 Symptoms Assessment Tool \(Patient and Client\) BCMHSUS](#). Any flags from this assessment will be reviewed with the dentist prior to proceeding any further. Unless care need is urgent, consider postponing the appointment.
- 3.3.4. The dentist will perform a [Point of Care Risk Assessment](#), to determine if appropriate to proceed with procedure and if so, to determine if any specific PPE and/or additional precautions are required for the procedure. Clients who are unable to provide an accurate history should be categorized as high risk and treatment postponed if possible.

3.4. Cleaning Requirements

- 3.4.1. Routine Clean: Dental clinic staff to clean and disinfect equipment, treatment chair, and high touch surfaces with a hospital grade disinfectant wipe between clients. This may include items such as chairs (side, unit bar, light bar), keyboard, mouse, equipment handles, Panorex machine and x-ray unit and waiting area. Avoid having patients in waiting area whenever possible. Adhere to '**Appendix A: Procedure Room Disinfection Protocol**' for further details.

3.5. PPE and Precautions

- 3.5.1. In general, adhere to PPE directions provided in [COVID 19: Personal Protective Equipment Use during the Pandemic](#). Note that exceptions or additions to PPE may be required based on a point of care risk assessment and as per dental procedure type.
- 3.5.1.1. The PPE recommendations below for dentistry reflect possible drilling and/or procedures that may generate splashes. PPE and precautions requirements summary for dental procedures;
- Client without symptoms AND low-risk of COVID-19 infection

- o Minimum PPE required: medical mask, eye protection (full face-shield recommended), gloves, gown
- o PPE should be changed between patients due to the risk of splatter (re-usable eye protection must be cleaned as per direction in [COVID 19: Personal Protective Equipment Use during the Pandemic](#))
- COVID-19 confirmed clients or persons under investigation (PUIs) for COVID-19
 - o PPE required: fit-tested N95 respirator or equivalent, eye protection (full face-shield recommended), gown, gloves
 - o Airborne, Droplet, and Contact Precautions
 - o Allow appropriate air settle time to achieve clearance/settling of particles between clients/after dental procedures (See [PHSA AGMP document](#)). If outside of known air exchanges clearance time, allow for 90 minutes clearance time.
 - o Keep operatory door closed during the procedure, for 90 minutes after the procedure, and limit traffic into the room. If room is open concept or unable to keep door closed, consult with IPAC as to feasibility and best approach for procedure
 - o PPE should be changed between patients due to the risk of splatter (re-usable eye protection must be cleaned as per direction in [COVID 19: Personal Protective Equipment Use during the Pandemic](#))

3.6. Aerosol Generating Medical Procedures (AGMP)

- 3.6.1. Dental personnel who participate in AGMPs should be limited to necessary staff only, and adhere to the PHSA [Aerosol Generating Medical Procedures for Clients with Suspected and Confirmed COVID-19](#) (e.g. fit-tested N95 respirator or equivalent, eye protection, gown, and gloves).
- 3.6.2. AGMPs must be kept to a minimum and high-volume suction must be used to reduce aerosols at source.
- 3.6.3. For reference to dental AGMPs and methods to reduce aerosols during the COVID-19 pandemic refer to the [BC College of Dental Surgeons list of AGMP in dentistry](#).
- 3.6.4. **AGMP for persons NOT under investigation (non-symptomatic, non-PUI):** Dental AGMPs performed on clients who are not COVID-19 confirmed and not a persons under investigation (PUIs) for COVID-19 will be performed in accordance with [COVID 19: Personal Protective](#)

[Equipment Use during the Pandemic](#) (e.g. medical mask, eye protection, gloves, and gowns as per [Point of Care Risk Assessment](#)).

3.6.5. AGMP for COVID-19 Confirmed/Symptomatic/person under investigation (PUIs) for COVID-19:

Avoid or defer the use of AGMP unless absolutely required for COVID-19 PUI, symptomatic or confirmed clients. Consult IPAC if planning to treat a PUI, symptomatic or confirmed COVID-19 cases.

- AGMPs performed on PUI, suspected or confirmed COVID-19 cases should ideally be performed in an airborne isolation room with standard ventilation requirements including negative pressure. If isolation room is not available, consult with IPAC regarding other options.

4. APPENDICES

Appendix A: Procedure Room Disinfection Protocol

5. DEFINITIONS

Settle time refers to the amount of time required for the removal of airborne microorganisms from a given airspace. The clearance time varies depending on the number of air exchanges. When number of air exchanges is unknown, allow for 90 minutes.

Direct client care is defined as the provision of hands-on care of a client or activities that require interaction within 2 meters of a client where it is not possible to distance because of the activity or the space provided.

Point of care risk assessment is the healthcare worker's assessment of each client as to whether the client has a transmissible infection and what kind of interaction the provider will have with the client.

Dental AGMP: An AGMP is any procedure conducted on a patient that can induce production of aerosols of various sizes, including droplet nuclei (definition from [BC dental association](#)).

AGMP: Are any procedures carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei smaller than 5 µm, and based on epidemiological data may significantly increase risk of infection to health care workers within close range of the procedure.

6. RELATED DOCUMENTS

[COVID 19: Personal Protective Equipment Use during the Pandemic](#)

[Aerosol Generating Medical Procedures for Clients with Suspected and Confirmed COVID-19](#)

[Point of Care Risk Assessment](#)

[COVID-19 Case and Outbreak Management Procedures](#)

[COVID-19 Symptom Assessment Tool \(Patient and Client\) BCMHSUS](#)

7. REFERENCES

BCCDC: [Steps for Donning and Doffing PPE](#)

College of Dental Surgeons of BC: Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan. (May 15, 2020). https://www.cdsbc.org/Documents/covid-19/Transitioning-Oral-Healthcare-to-Phase-2.pdf?_cldee=c2Frc2hpLnNoYXJtYUBmbmhhLmNh&recipientid=contact-519acc048473ea118dcbd03f355afb31-c6f93f701d3f495595f1bb4b1a0ec99d&esid=2ef44535-2796-ea11-8dcb-d03f355afb31

College of Dental Hygienists of BC: [Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#)

College of Dental Hygienists of BC: [Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan](#). (May 15, 2020).

College of Dental Hygienists of BC: FAQ: <https://www.cdhbc.com/News-Events/COVID-19/FAQ-Transitioning-OHCP-to-Phase-2-May-21,-2020.aspx>

WorksafeBC: <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals>

Expectations and Pathway for Client Care during the COVID-19 Pandemic. College of Dental Surgeons of British Columbia. April 30, 2020. <https://www.cdsbc.org/Documents/covid-19/Expectations-Pathway-COVID19.pdf>

Routine practices and additional precautions for the transmission of infection in healthcare settings.

Appendix VIII: Air changes per hour and time in minutes required for removal efficiencies of 90%, 99% and 99.9% of airborne contaminants. Public Health Agency of Canada. November 2016. Page 184.

<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautionshealthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>

Donning and Doffing Personal Protective Equipment (PPE)

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf

<http://www.bccdc.ca/Health-Professionals->

[Site/Documents/COVID19_MOH_BCCDC_Doffing_AirbornePrecautions.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing_AirbornePrecautions.pdf)

Respiratory Protection for HealthCare Workers Caring for Potential or Confirmed COVID-19 Clients.

BCCDC & BC Ministry of Health. March 6 2020. <http://www.bccdc.ca/Health-Info->

[Site/Documents/Respiratory-protection-COVID19.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf)

BCCDC: [COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#). (May 15, 2020).

Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Appendix A: Procedure Room Disinfection Protocol

Cleaning Products needed:

- Accel Intervention Wipes
- Mixture of dish soap and water in a spray bottle

HEAVILY SOILED SURFACES REQUIRE CLEANING WITH SOAP AND WATER PRIOR TO DISINFECTION

ENSURE ALL BLOOD/BODILY FLUIDS ARE THOROUGHLY CLEANED BEFORE STARTING DISINFECTION

Operatories should have unnecessary equipment and supplies removed to facilitate efficient cleaning and disinfection in between patients and at the end of the day.

In between patient cleaning and disinfection of high-touch surfaces will be done by clinic staff:

1. Wear appropriate PPEs for cleaning/disinfection
2. First step: Clean high touch surfaces
 - Using PHSA approved disinfecting wipes and friction action
 - moving from clean to dirty; workflow to be determined by the dental staff
3. Second step: Disinfect the same high touch surfaces
 - Using PHSA approved disinfecting wipes and friction action
 - Moving from clean to dirty; same workflow as above
4. Let the surfaces dry naturally
5. Doff PPEs and perform hand hygiene

Surfaces to be wiped:

- Dental Unit
- Dental light
- X-ray unit
- X-ray control panel outside of room
- Lead apron (front and back)
- Countertops
- Cupboard door handles
- Drawer handles
- Door handles
- Coat hook
- Faucet
- Patient Monitoring System
- Blood pressure cuff (front and back)
- Pulse Oximeter
- Keyboard
- Mouse
- Clipboard
- Pens used (also change out plastic barrier)
- Safety glasses
- Waiting room if applicable

Note: ALWAYS wear appropriate PPE during the disinfection of each room

Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	July 28, 2020	New document	BCMHSUS Vice President or Delegate
2.0	Dec 18 2020	Regular IPAC Committee Document review -Process has been clarified, updated some of the IPAC and PPE practices.	BCMHSUS IPAC Committee
3.0	June 3 2021	Regular IPAC Committee Document review	BCMHSUS IPAC Committee

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PHSA FOI File #: F21-0931

Record Title: COVID-19 CPR Procedure (Code Blue). Version 4.0

Procedure Name & Number	COVID-19 CPR Procedure (Code Blue) Version 4.0		
Document Owner	BCMHSUS Vice President		
Policy Section	COVID-19	Date Approved	June 3, 2021 (replaces May 6, 2021 version)
Approval Authority	BCMHSUS Vice President	Effective Start Date	June 3, 2021
Program Applicability	<input checked="" type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input checked="" type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HW) <input checked="" type="checkbox"/> Red Fish Healing Centre for Mental Health and Addiction (RFHC)		
Exceptions	No exceptions		

1. PURPOSE

The purpose of this procedure is to provide direction to staff responding to a Medical Emergency (Code Blue-CPR) during the COVID-19 pandemic. This procedure is to be used in conjunction with site specific Code Blue procedures.

2. SCOPE

This document applies to all staff across BCMHSUS who respond to Code Blue events.

4. PROCEDURE

4.1. First Responder

- 4.1.1. Staff member first on scene to follow site specific Code Blue procedure to initiate Code Blue response.
- 4.1.2. Visually inspect for absence of signs of life (respiratory effort/chest rise). Do **not** auscultate for breath sounds or listen/feel for breath sounds.
- 4.1.3. Assess femoral or brachial pulse to confirm cessation of cardiac activity.
 - Note: May manually clear throat/remove obstructions from upper airway, if seen.
- 4.1.4. Prior to commencing chest compressions, a covering (medical mask, oxygen mask, or cloth mask) should be placed over the patient's nose and mouth, if readily available, to minimize the risk of exposure to droplets.
- 4.1.5. The first person on scene should commence chest compressions (after calling for assistance) wearing their current level of PPE (medical mask and eye protection, at minimum) (i.e. the first person on scene **should not** change/don PPE prior to commencing CPR).
 - PPE should, at minimum, always include a medical mask and eye protection in clinical areas as per PHSA [COVID 19: Personal Protective Equipment Use during the Pandemic](#).
 - Continue chest compressions until assistance arrives before donning additional PPE.

4.2. Code Blue Response and Interventions

- 4.2.1. Code Blue responders don contact and droplet precautions PPE (i.e. gloves, gown, eye protection, and medical mask).
- 4.2.2. If not already in place, responders to place covering (medical mask, oxygen mask, or cloth mask) on the patient's nose/mouth. This is to minimize aerosolization.
- 4.2.3. Initiate AED as first line of intervention as this may prevent need for airway and ventilator support.
- 4.2.4. If AED unsuccessful, continue chest compressions.
- 4.2.5. For AGMP: All responders must don airborne precautions PPE (with N95) prior to initiating emergency care that is an AGMP (e.g. Bag Mask Ventilation (BVM)).

- For complete list of AGMPs, see PHSA [Aerosol Generating Medical Procedures for Patients with Suspected and Confirmed COVID-19](#).
 - Note: Chest compressions independently of AGMP is not considered an AGMP (N95 not required).
 - Only initiate BVM with HEPA filter as last resort if AED is unsuccessful. Do NOT ventilate with BVM unless it has a HEPA filter.
 - Only initiate suctioning after donning N95 mask (airborne precautions PPE).
- 4.2.6. Minimize number of people in the room; limit code blue response to direct responders only.
Clear all patients and staff from surrounding area.
- (i) If available, additional code blue team members should be outside the room donned in appropriate PPE in case they are required.
- 4.2.7. Initiate Naloxone as per [Opioid Overdose protocol](#) if Opiate overdose is suspected.

4.3. Emergency Health Services (EHS)

- 4.3.1. Inform EHS of COVID-19 status (known or suspected) on arrival.
- 4.3.2. Ensure EHS has the clearest path possible to the client and to the exit: select a route minimizing exposure to others.

4.4. Post Code Blue Requirements

- 4.4.1. Ensure careful [doffing](#) and disposal of PPE (as per [COVID-19 Staff Personal Protective Equipment Procedure BCMHSUS](#)). PPE used during aerosolizing procedures may be heavily contaminated.
- 4.4.2. If AGMP was completed, ensure appropriate follow up tasks are completed, as per [Aerosol Generating Medical Procedures for Patients with Suspected and Confirmed COVID-19](#) (e.g. signage posted, appropriate clearance time enacted, etc).
- 4.4.3. Ensure all surfaces in the room, and all contaminated equipment and supplies are cleaned and disinfected (notify Housekeeping staff as required).
- 4.4.4. Ensure all disposable waste is put in a plastic bag and tied securely before leaving the code blue location and then dispose of in the usual manner.

5. RELATED POLICIES AND PROCEDURES

PHSA: [Aerosol Generating Medical Procedures for Patients with Suspected and Confirmed COVID-19](#)
[PHSA: COVID 19: Personal Protective Equipment Use during the Pandemic](#)

[Responding to a Suspected Opioid Overdose policy and protocol: BCMHSUS CCR-758](#)

[Code Blue \(Medical Emergency\) Procedure \(BCMHA\)](#)

[Code Blue \(Medical Emergency\) PROCEDURE \(Correctional Health Services\)](#)

[Code Blue \(Medical Emergency\) Procedure \(FPH\)](#)

[Code Blue \(Medical Emergency\) Procedure \(HW\)](#)

[Code Blue \(Medical Emergency\) policy](#)

[COVID-19 Staff Symptom Self-Assessment Procedure BCMHSUS](#)

[COVID-19 Staff Personal Protective Equipment Procedure BCMHSUS](#)

PHSA: [The 4 moments of hand hygiene](#)

[BCCDC Hand Hygiene Poster](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[Contact Precautions Procedure APR-011.PROC.BCMHSUS](#)

[Droplet Precautions Procedure APR-012.PROC.BCMHSUS](#)

[Airborne Precautions Procedure Apr-010.PROC.BCMHSUS](#)

[Point of Care Risk Assessment for Infection Prevention and Control SHP-004.PROC.BCMHSUS](#)

[Routine Practices and Additional Precautions for Preventing the Transmission of Infection SHP-000.POL.BCMHSUS](#)

[COVID-19 Reprocessing or Reuse of Eye Protection procedure BCMHSUS](#)

[COVID-19 Types of Eye Protection Reference Document BCMHSUS](#)

Refer to the BC Cancer Infection Prevention and Control manual at <http://2pod.phsa.ca/quality-safety/infection-prevention-control/Pages/default.aspx> for detailed information on the following topics:

- Donning PPE Procedure
- Doffing PPE Procedure

[PHSA Respiratory Protection Program](#)

[PHSA Guideline: Use of N95 Respirators](#)

6. REFERENCES

BCCDC. January 2021. Adult CPR Protocol for Suspect and Confirmed Cases of COVID-19. Vancouver, British Columbia. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_ProtocolForCodeBlue.pdf

Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	April 17, 2020	New procedure	BCMHSUS Vice President
2.0	June 30, 2020	Updated particle settle time to 90 minutes from 60 minutes.	BCMHSUS Vice President
3.0	May 6, 2021	Regular IPAC review and updates include:	BCMHSUS Vice President
4.0	June 3, 2021	Update as per BCCDC Infection Prevention and Control (IPC) Protocol During In-Hospital Code Blue for Adult Patients	BCMHSUS Vice President

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PHSA FOI File #: F21-0931

Record Title: COVID-19 Client/Patients Medical
Mask Use at BCMHSUS. Version 2.0

Policy Name & Number	COVID-19 Clients/Patients Medical Mask Use at BCMHSUS Version 2.0		
Document Owner	BCMHSUS Vice President		
Policy Section	COVID-19	Date Approved	April 1, 2021 (replaces November 12, 2020 version)
Approval Authority	BCMHSUS Vice President	Effective Start Date	April 1, 2021
Program Applicability	<input checked="" type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input checked="" type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HCW) <input checked="" type="checkbox"/> Red Fish Healing Centre for Mental Health and Addiction (RFHC)		
Exceptions	No exceptions.		

Note: This policy localizes and outlines exceptions to the PHSA policy [Mask Use in Health Care Facilities during the COVID-19 Pandemic](#) for BCMHSUS.

1. PREAMBLE

This Policy applies across all BCMHSUS programs and services where clinical care is performed, during the COVID-19 pandemic. This Policy is to be read in conjunction with existing BCMHSUS PPE guidance and standards for direct patient/client care.

This is a living document that will be revised and updated as the situation evolves and new information or requirements are available.

2. SCOPE

These measures apply to all BCMHSUS Patients/Clients.

3. POLICY

3.1. Patient/Client Medical Masks

- 3.1.1. Due to the population served, the type of care provided and the environment that care occurs within, BCMHSUS Patients/clients are not required to wear a Medical Mask when entering and moving around BCMHSUS program sites and centres.
- 3.1.2. For the transport of COVID-19 suspected and confirmed cases, the client/patient must hand wash and wear a medical mask during transport, if tolerated. If the client/patient cannot tolerate hand wash and wearing a medical mask, transport staff will complete an IPAC point of care risk assessment and don appropriate PPE (at minimum, medical mask and eye protection) (see COVID-19 Staff PPE Procedure).

3.2. Duty to Provide Care

- 3.2.1. Staff should note that;
- (i) When a patient/client is not wearing a medical mask, Health Care must still be provided to a patient/client choosing, as per the [duty to provide care](#).
 - (ii) As per the PHSA Policy, as there is no evidence that a health care worker's safety is at risk when the patient has no mask as long as the other hierarchies of control are in place and where providers are wearing appropriate PPE, there is a legal and ethical requirement to provide care.
 - (iii) Healthcare Staff will apply the other hierarchies of control (e.g. such as donning and doffing appropriate PPE, hand hygiene, etc) to eliminate excessive risk (as per COVID-19 Staff PPE Procedure).

3.3. Mask Distribution to Patients/Clients

- 3.3.1. BCMHSUS Staff provide patients/clients with a medical mask (i.e. surgical or procedural) only as outlined below:
- At FPH:
 - o Provide medical mask to the patient for all patients leaving the site (e.g. day leaves, staff supported community outings, etc).
 - o May provide medical mask to patient upon a patient's request (provide patient with a safe and effective mask option).

- At CHS:
 - Medical masks are not required.
 - Medical masks are not provided to clients.
- At BCMHA and HCW:
 - Medical masks are not required.
 - Provide medical mask to client, as requested.
 - Provide medical mask to clients prior to passes and groups.
- At the Forensic Regional Clinics:
 - Medical masks are encouraged where physical distancing cannot be maintained.
 - Medical masks are provided for client use.

4. DEFINITIONS

Medical Mask (surgical or procedural mask): A mask tested and ensured to protect both the client and staff from the transfer of: bodily fluids, micro-organisms, and particulate material. There are 3 classifications under ASTM International standards based upon velocity of splash protection: Level 1 (low) - venous pressure splash, Level 2 (moderate) - arterial pressure splash, Level 3 (high) - high-velocity procedures, orthopedic surgery. Any level of medical mask is appropriate for COVID-19 and no level of medical mask provides superior protection for COVID 19 purposes.

Clinical Areas: Areas of space that may be touched by the client/patient at any time or areas of space that may be touched by a healthcare provider while working (including but not limited to nursing stations, documentation areas, and any area immediately adjacent to an area of space that may be touched by a client/patient).

Direct Care: Direct physical care or direct contact (within 2 metres) of patients/clients.

Health Care Workers: All staff that are providing Health Care including, but not limited to, medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHSA.

5. RELATED DOCUMENTS

PHSA: [Mask Use in Health Care Facilities Policy](#)

PHSA: [The 4 moments of hand hygiene](#)

PHSA: [PHSA Guideline: Use of N95 Respirators](#)

PHSA: [Mask Do's & Don'ts \(Surgical and Procedure\)](#)

PHSA: [N95 Respirator Do's & Don'ts](#)

BCCDC: [BCCDC Hand Hygiene Poster](#)

BCCDC: COVID-19 ethics analysis: [Intervening when patients or residents pose a risk of COVID-19 transmission to others.](#)

BCCDC: [What is the ethical duty of health care workers to provide care during the COVID-19 pandemic?](#)

BCCDC: [COVID-19 ethical decision-making framework](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

[Contact Precautions Procedure APR-011.PROC.BCMHSUS](#)

[Droplet Precautions Procedure APR-012.PROC.BCMHSUS](#)

[Airborne Precautions Procedure Apr-010.PROC.BCMHSUS](#)

[Point of Care Risk Assessment for Infection Prevention and Control SHP-004.PROC.BCMHSUS](#)

[Routine Practices and Additional Precautions for Preventing the Transmission of Infection SHP-000.POL.BCMHSUS](#)

[COVID-19: Maintaining a Safe and Inclusive Culture](#)

6. REFERENCES

Mask Use in Health Care. Ministry of Health Policy Communiqué. November 4, 2020.

http://www.bccdc.ca/Health-Professionals-Site/Documents/Mask_Use_Health_Care_Facilities.pdf

BCCDC Ethics. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/ethics>

Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	November 12, 2020	New procedure	BCMHSUS Vice President
2.0	April 1, 2021	BCMHSUS IPAC Committee regular review	BCMHSUS IPAC Committee

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PHSA FOI File #: F21-0931

Record Title: COVID-19 Staff Personal Protective
Equipment (PPE) Procedure BCMHSUS. Version
5.0

*This is a retired document.

Procedure Name & Number	COVID-19 Staff Personal Protective Equipment (PPE) Procedure BCMHSUS Version 5.0		
Document Owner	BCMHSUS Vice President		
Policy Section	COVID-19	Date Approved	April 1, 2021 (replaces November 12, 2020 version)
Approval Authority	BCMHSUS Vice President	Effective Start Date	April 1, 2021
Program Applicability	<input checked="" type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input checked="" type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HCW) <input checked="" type="checkbox"/> Red Fish Healing Centre for Mental Health and Addiction (RFHC)		
Exceptions	No exceptions.		

Note: This procedure localizes the '[COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment \(PPE\) Allocation Framework](#)' and PHSA policy [Mask Use in Health Care Facilities during the COVID-19 Pandemic](#) to BCMHSUS.

1. PREAMBLE

BCMHSUS staff and client/patient safety is paramount to providing clinical care. With the COVID-19 pandemic and recent recurrent assessments of Personal Protective Equipment (PPE) inventory, it has been assessed that PPE supplies may be depleted in the near future need to be used wisely to avoid depletion. to ensure staff and client/patient safety by maintaining appropriate protection from PPE as well as preserving and prioritizing the PPE supplies within BCMHSUS, the following procedure has been developed to help guide a balanced approach.

This is a living document that will be revised and updated as the situation evolves and new information or requirements are available.

2. SCOPE

These measures apply to all BCMHSUS workers and staff (e.g. healthcare staff, administrative staff, physicians, contracted staff, students, volunteers, etc).

3. PROCEDURE

3.1. General

3.1.1. The following PPE requirements are in force during the COVID-19 Pandemic, and take precedence over regular direction on PPE use. In addition to these requirements, Staff are still expected to maintain regular PPE training and maintenance responsibilities as required by the Occupational Health and Safety Regulation (see references list for details), including;

- (i) Employer is responsible for ensuring that staff are trained in the use and maintenance of PPE.
 - For N95 masks, Occupational Health and Safety completes the education of trained fit testers.
- (ii) Supervisors must ensure:
 - PPE is available to workers
 - Properly worn when required
 - Properly cleaned, inspected, maintained and stored.
- (iii) Workers must ensure:
 - Use the PPE in accordance with training and instruction
 - Inspect PPE before use

3.3. PPE Overview for All Staff: Clinical and Non Clinical Sites

Clinical Delivery Site Areas:

- 3.3.1. At all **Clinical Delivery Site Areas**, all BCMHSUS Workers and Staff (e.g. healthcare staff, administrative staff, physicians, contracted staff, students, volunteers, etc) to Don a Medical Mask throughout their shift.
- (i) BCMHSUS workers and staff to don a medical mask immediately upon entering the following sites:
 - Forensic Psychiatric Hospital: All areas and buildings, including administrative areas (e.g. Golden Willow, Second Floor of Birch, etc) and site grounds/courtyards.
 - Burnaby Centre for Mental Health and Addiction: All areas, including administrative area and grounds.
 - Heartwood Centre for Women: All areas, including administrative area and grounds.
 - Correctional Health Services: All areas and buildings, including administrative areas.
 - Forensic Regional Clinics: All areas and buildings, including administrative areas.
 - (ii) Mask is to be donned immediately, and kept on throughout shift while on site. Don additional PPE as required (as detailed below in this procedure).
 - This mask wearing requirement includes wearing a medical mask when in all communal areas at all sites, nursing units, including hallways, stairwells, travel corridors, and in common areas and break rooms.
 - Mask may be removed temporarily only for eating and/or drinking. Ensure physical distancing of 2 metres is maintained when mask is removed for eating and/or drinking.
 - (iii) Do not doff mask until immediately prior to exiting the site.
- 3.3.2. Administrative Areas Including Meeting Rooms and Offices (in clinical delivery sites).
- (i) For shared offices or meeting rooms and all other communal areas, medical masks are required.
 - (ii) There is no need to wear a Medical Mask when working alone within an individual office.
- 3.3.3. When providing care to a client/patient within 2 metres or entering client/patient room/clinical area, staff to don a medical mask and eye protection (or additional PPE as indicated by an IPAC point of care risk assessment and detailed PPE requirements below).

Non-Clinical Care Delivery Site Areas:

3.3.4. Non-Clinical Care Delivery Sites

- (i) Of BCMHSUS sites/areas, the only sites considered Non-Clinical Care Delivery sites are:
 - The Academy (4949 Heather Street)
 - The BCMHSUS-RI (3rd floor BCCHRI)
- (ii) At these sites only;
 - All persons working in buildings that are not clinical care delivery sites (sometimes called non-clinical settings) must follow guidance for mask use in accordance with their workplace COVID-19 Safety Plan(s) required by WorkSafe BC.
 - Wear a non-medical mask when in common areas, moving around the office, and when a 2-metre distance from others cannot be maintained.
 - This includes places such as meeting rooms, stairwells, hallways, bathrooms, elevators, and cafeterias or break rooms (except when you are eating and drinking).
 - You do not need to wear a mask in your office or cubicle if you are greater than a 2-metre distance from other staff or a physical barrier is in place.

3.4. PPE Distribution

- 3.4.1. FPH staff to adhere to **Appendix B: FPH Personal Protective Equipment Distribution** For detailed direction on the distribution of PPE at FPH.

3.5. PPE Considerations for General Patient/Client Care

- 3.5.1. Health care workers must complete an IPAC point of care risk assessment (as per [Point of Care Risk Assessment for Infection Prevention and Control policy](#)) prior to every client/patient interaction (within 2 metres) and don appropriate additional PPE (in addition to the standard medical mask and eye protection requirement).
- 3.5.2. Appropriate PPE use includes diligent hand hygiene particularly when donning and doffing PPE. Minimum points of hand hygiene are identified in all IPAC Procedure documents for Donning and Doffing PPE (see references for additional resources).
- 3.5.3. Hand hygiene is encouraged at additional points and is performed if any doubt or concern of contamination has occurred. Hand hygiene will be performed every time a healthcare worker adjusts or touches PPE, for example, before and after touching their mask.

- Always adhere to '[the 4 moments of hand hygiene](#)': Prior to entering the room, prior to touching the client, prior to performing a sterile procedure and upon leaving the room.
- To help remind staff to complete hand hygiene, ensure hand hygiene posters are in place above Hand Hygiene sinks/stations (see [BCCDC Hand Hygiene Poster](#)).

3.5.4. All healthcare workers and staff should group care tasks to avoid needless entering of client/patient room or common areas.

3.6. Staff PPE when Caring for Client/patients who are NOT Confirmed or Suspected of COVID-19 and NOT on Additional Precautions

- 3.6.1. In order to preserve medical masks and eye protection, healthcare workers and staff wear the same medical mask and eye protection between non-suspected/non-confirmed client/patient encounters for the duration of their shift unless it is visibility soiled.
- 3.6.2. If PPE is doffed, it must be replaced by a clean set (eye protection can be removed, saved cleaned and disinfected, and worn again upon return to clinical areas).
- 3.6.3. If leaving the site; doff PPE, and discard the mask only upon exiting the building. Don mask immediately upon entering the building, and don additional appropriate PPE as required.
- Note: Eye protection can be removed, saved cleaned and disinfected and worn again upon arrival back on the unit after a break.
- 3.6.4. If going on a break on site (e.g. lunch room, communal break area), maintain mask unless eating and/or drinking.

3.7. Staff PPE when Caring for Client/patients who ARE Suspected or Confirmed COVID-19 or on Additional Precautions

- 3.7.1. As per IPAC [Droplet](#) & [Contact](#) Precautions, health care workers and staff who provide direct clinical care (within 2 metres) of client/patients who are suspected of having or have been diagnosed with COVID-19 (or respiratory illness requiring additional Precautions) will wear a medical or procedural mask, eye protection, gloves, and gown. After encounter with any COVID 19 suspected or confirmed client/patient or client on additional precautions, all PPE is doffed, this includes mask and eye protection. Complete hand hygiene in between all donning and

doffing of PPE. Don new mask and eye protection, and other PPE as required prior to caring for next client.

Specific PPE Use Directives by PPE Type:

3.8. Medical Masks (note: not applicable to N95 respirator, see N95 respirator specific section below)

3.8.1. Wear the same medical mask without removing the mask per shift, including for repeated direct clinical contact (within 2 metres) with all client/patients, except as detailed below.

- (i) Medical Mask to be changed if the mask becomes contaminated, wet, damaged, or soiled, and is to be worn for a maximum of one shift.
- (ii) Always Doff mask and Don new mask after interaction with client/patient who is Covid-19 suspected or confirmed positive or on droplet/contact precautions. Complete hand hygiene in between all donning and doffing of PPE.

3.9. Eye Protection

3.9.1. Wear the same eye protection per shift for repeated direct physical care or clinical contact (within 2 metres) with all client/patients, except as detailed below.

3.9.2. Use one form of eye protection per shift and reuse eye protection between shifts (or after returning to a patient care area) using appropriate cleaning protocols.

3.9.3. Single use eye protection:

- (i) Is to be discarded when unable to clean or is damaged.
- (ii) Is not to be shared between health care providers.
- (iii) Always Doff mask and Don new single use eye protection after interaction with client/patient who is Covid-19 suspected or confirmed positive or on droplet/contact precautions. Complete hand hygiene in between all donning and doffing of PPE.

3.9.4. Reusable eye protection:

- (i) Eye protection must be cleaned at the end of the shift as per established manufacturer instructions.
- (ii) Should be discarded when unable to clean or is damaged.
- (iii) Eye protection to be cleaned after each interaction with client/patient who is Covid-19 suspected or confirmed positive or on droplet/contact precautions. Complete hand hygiene in between all donning and doffing of PPE.

3.10. Gowns

- 3.10.1. Follow [Routine Practices and Additional Precautions](#) standards.
- 3.10.2. Wear gown only after performing a point of care risk assessment for every client/patient to determine if gown is needed.
- 3.10.3. If extended use of a gown is required, the gown should be changed if it becomes wet or soiled and is to be worn for a maximum of one shift.
- 3.10.4. Gown must be changed/discarded (disposable gowns) after each interaction with client/patient who is Covid-19 suspected or confirmed positive or on droplet/contact precautions. Complete hand hygiene in between all donning and doffing of PPE.

3.11. Gloves

- 3.11.1. Follow [Routine Practices and Additional Precautions](#) standards.
- 3.11.2. Wear gloves only after performing a point of care risk assessment for every client/patient to determine if gloves are needed.
- 3.11.3. Continue always to change gloves between clients/patients.
- 3.11.4. Gloves are not a substitute for hand hygiene. Complete hand hygiene in between all donning and doffing of PPE.

3.12. N95 respirator

- 3.12.1. N95 respirators must only be used by health care workers and staff caring for client/patients on airborne precautions or during AGMPs. For suspected or confirmed COVID-19 cases Airborne precautions are only required while performing aerosol generating medical procedures (AGMPs). Adhere to PHSA [Aerosol Generating Medical Procedures for Patients with Suspected and Confirmed COVID-19](#).
- 3.12.2. N95 respirators are not issued to health care workers unless those individuals are directly involved in client/patient care or related work that requires an N95 respirator. Only those staff who have been fit-tested should wear N95 Respirators.
- 3.12.3. Use N95 beyond manufacturer's stated expiry date, only if non-expired masks are not available. Refer to Appendix A for Use - information.

3.13. Transport/Transfer/Discharge: PPE for Client/patients with suspected or confirmed COVID-19

3.13.1. For COVID-19 suspected and confirmed cases, the client/patient must hand wash and wear a mask during transport if tolerated. If the client/patient cannot tolerate hand wash and wearing a mask, transport staff will complete an IPAC point of care risk assessment and don appropriate PPE (at minimum, mask and eye protection).

3.13.2. It is not appropriate for the client/patient to wear gloves or isolation gowns while outside their room.

4. APPENDICES

Appendix A: N95 Use Guidelines

Appendix B: FPH Personal Protective Equipment Distribution

5. DEFINITIONS

Mask: A barrier to prevent droplets from an infected source from contaminating the skin and mucous membranes of the nose and mouth of the wearer, or to trap droplets expelled by the wearer, depending on the intended use. The mask should be durable enough so that it will function effectively for the duration of the given activity.

Medical Mask (surgical or procedural mask): A mask tested and ensured to protect both the client and staff from the transfer of: bodily fluids, micro-organisms, and particulate material. There are 3 classifications under ASTM International standards based upon velocity of splash protection: Level 1 (low) - venous pressure splash, Level 2 (moderate) - arterial pressure splash, Level 3 (high) - high-velocity procedures, orthopedic surgery. Any level of medical mask is appropriate for COVID-19 and no level of medical mask provides superior protection for COVID 19 purposes.

Non-Medical Mask (face covering): A mask not medically tested for splash protection, but have demonstrated to prevent the spread and acquisition of infectious respiratory droplets. They must be made of at least 3 layers - 2 layers should be tightly woven material fabric, such as cotton or linen, the third (middle) layer should be a filter-type fabric, such as non-woven polypropylene fabric.

Shift: For the purpose of this document a shift is a block of time between breaks/meals (approx. 4 hours max).

Clinical Areas: Areas of space that may be touched by the client/patient at any time or areas of space that may be touched by a healthcare provider while working (including but not limited to nursing stations, documentation areas, and any area immediately adjacent to an area of space that may be touched by a client/patient).

Direct Care: Direct physical care or direct contact (within 2 metres) of patients/clients.

Common Areas: Means shared communal spaces including, but not limited to, lobbies, cafeterias, hallways, elevators, changing rooms, etc.

Health Care Workers: All staff that are providing Health Care including, but not limited to, medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHSA.

Clinical Delivery Site: All BCMHSUS sites where Health Care is delivered (e.g. Forensic Psychiatric Hospital, Heartwood Center, Burnaby Center, Correctional Health Services, and Forensic Regional Clinics).

6. RELATED DOCUMENTS

PHSA: [Mask Use in Health Care Facilities Policy](#)

PHSA: [The 4 moments of hand hygiene](#)

PHSA: [PHSA Guideline: Use of N95 Respirators](#)

PHSA: [Mask Do's & Don'ts \(Surgical and Procedure\)](#)

PHSA: [N95 Respirator Do's & Don'ts](#)

BCCDC: [BCCDC Hand Hygiene Poster](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[COVID-19 Staff Self Screening Procedure BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

[Contact Precautions Procedure APR-011.PROC.BCMHSUS](#)

[Droplet Precautions Procedure APR-012.PROC.BCMHSUS](#)

[Airborne Precautions Procedure Apr-010.PROC.BCMHSUS](#)

[Point of Care Risk Assessment for Infection Prevention and Control SHP-004.PROC.BCMHSUS](#)

[Routine Practices and Additional Precautions for Preventing the Transmission of Infection SHP-000.POL.BCMHSUS](#)

[COVID-19 Reprocessing or Reuse of Eye Protection procedure BCMHSUS](#)

[COVID-19 Types of Eye Protection Reference Document BCMHSUS](#)

Refer to the BC Cancer Infection Prevention and Control manual at <http://2pod.phsa.ca/quality->

[safety/infection-prevention-control/Pages/default.aspx](http://2pod.phsa.ca/quality-safety/infection-prevention-control/Pages/default.aspx) for detailed information on the following topics:

- Donning PPE Procedure
- Doffing PPE Procedure

[PHSA Respiratory Protection Program](#)

[COVID-19: Maintaining a Safe and Inclusive Culture](#)

[PHSA: Personal Protective Equipment Decision Tool](#)

7. REFERENCES

[PHSA PPE Program and PPE Regulations:](#)

- PHSA General Safety Program – Element 7 Date Created: December 19, 2014 Date Revised: August 11, 2020 Revision No.: 5 1 SAFETY SUPERVISION.
<http://2pod.phsa.ca/quality-safety/safety/Documents/Safety%20Program/l.%20General%20Safety%20Program/Element%207%20-%20Safety%20Supervision.pdf>
- PHSA General Safety Program – Element 7 Date Created: December 19, 2014 Date Revised: August 11, 2020 Revision No.: 5 1 WORKER INSTRUCTION.
<http://2pod.phsa.ca/quality-safety/safety/Documents/Safety%20Program/l.%20General%20Safety%20Program/Element%207%20-%20Worker%20Instruction.pdf>
- PHSA Personal Protective Equipment Program (PPE). Version: 3.0 | Last Revision: Sep 2020 | Replaces: N/A | Originally Created by Occupational Health and Safety: March 2008. <http://2pod.phsa.ca/quality-safety/safety/Documents/Personal%20Protective%20Equipment%20Program.pdf>
- PHSA Respiratory Protection Program For Air-Purifying Respirators Version 3.0 Originally Created: October, 2015 Review/Revision Completed January 2020.
<http://2pod.phsa.ca/quality-safety/safety/Documents/Respiratory%20Protection%20Program.pdf>

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Appendix A: N95 Respirator Use Guidelines

Do's & Don'ts - For wearing N95 respirators

Maintain personal protection

DO

- Follow the appropriate steps for donning and doffing of the N95 respirator
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the N95 respirator (if necessary for comfort or to maintain fit).

DO NOT

- DO NOT touch the front of the N95 respirator as it is contaminated after use
- DO NOT snap the straps, as this may spread germs.
- DO NOT share your mask with others

Ensure mask integrity

DO

- Check to make sure the N95 respirator has no defects such as holes or torn straps

DO NOT

- DO NOT wear if N95 respirator if it becomes wet or soiled
- DO NOT wear makeup around the face area in contact with the N95 respirator as this soils the N95 respirator

Ensure proper fit

DO

- Use only N95 mask that you have been fit tested.

Ensure proper fit – making sure nose and mouth are completely covered (the N95 respirator must have a complete seal all around areas)

- o Mould the N95 respirator over the bridge of the nose when putting it on

- o Press all around the face seal to be sure it is tightly in place

- Always complete a thorough face seal check after donning the N95 respirator
- maintain a clean shaven face in the facial areas where the N95 respirator forms a seal in contact with the skin

DO NOT

- DO NOT leave an N95 respirator hanging around your neck
- DO NOT use the N95 respirator if the seal test failed. Make adjustments and if it fails again, contact Workplace Health or a site fit tester for a fit test with different type of N95

- DO NOT use the N95 respirator if breathing become difficult
- DO NOT allow facial hair, jewellery, glasses, clothing, makeup, or anything else to prevent proper placement or come between your face and the N95 respirator.

Prioritize use

- Give precedence for N95 respirators to those personnel at the highest risk of contracting or experiencing complications of infection
- Consider use of a cleanable face shield (preferred) with an N95 respirator and/or other steps (e.g., masking client/patients, use of engineering controls) to reduce surface contamination.

When to discard your N95 respirator

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from client/patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any client/patient co-infected with an infectious disease requiring contact precautions.

Appendix B: FPH Personal Protective Equipment Distribution

1. PROCEDURE

1.1. Start of Shift

1.1.1. All staff and physicians are to obtain their mask from PPE carts located at point-of-entry prior to start of their shift or work day.

- Points-of-entry include Birch, Kingswood, Golden Willow and Sally Port*.

1.2. Clinical Unit Procedure

1.2.1. Each shift, one staff member will be assigned to distribution of PPE on the Nursing Shift Assignment Sheet (in order to prevent multiple people from accessing the PPE storage cart).

1.2.2. The assigned staff member will be responsible for gathering all PPE required for the shift from the PPE storage cart located between the shared units (i.e. treatment rooms for 'A' building, shared hallway for Dogwood and Elm units, and on Hawthorne nursing unit).

1.2.3. The gathered PPE will be placed by the assigned staff member on the designated trolley cart and then taken to a designated location outside of nursing station.

1.2.4. The trolley cart will be covered with a sheet, which needs to be changed every shift.

1.2.5. Staff members on shift will then gather any additional required PPE (beyond the mask already attained at point-of-entry) from the designated trolley cart.

1.2.6. The staff member assigned on the next shift will assess the PPE on the trolley cart and determine if restocking of additional PPE supplies is required. If needed, the assigned staff member will obtain the required supplies from PPE storage cart and restock the designated trolley cart.

1.2.7. Stores will routinely check the PPE storage carts and restock as necessary.

1.3. Non-Clinical Procedure

1.3.1. Non-clinical areas include Golden Willow, Family Physician area, 2nd Floor Birch Administrative Non-clinical areas include Golden Willow, Family Physician area, 2nd Floor Birch Administrative Area (includes Social Work, Psychology, HIM, Psychiatrists), OT area, Kitchen, Pharmacy.

1.3.2. Health clinic nurse will be responsible for maintaining PPE supplies for the Family Physician area and the 2nd Floor Birch Administrative Area.

1.3.3. Administrative Assistant will be designated for maintaining PPE supplies for Golden Willow.

1.3.4. OT, Kitchen and Pharmacy will each designate a staff member, from their area, who will be responsible for maintaining PPE supplies for their respective area.

- Communication for supplies for these areas will be through email to Mike.Neville@hssbc.ca

*Sally Port: Satellite PPE cart available at Sally Port for admissions; Cart will be maintained by Health Clinic Nurse Department.

Revision and Review Version History (to be posted with document)

Version	Approved and Effective Date	Key Changes	Approved By
1.0	April 7, 2020	New procedure	BCMHSUS Vice President
2.0	May 1, 2020	Revised, combined CHS specific version with broader BCMHSUS version. Clarified PPE requirements for moving between patients/clients.	BCMHSUS Vice President
3.0	August 13, 2020	Revised to add appendix to direct the distribution of PPE at FPH.	BCMHSUS Vice President
4.0	November 12, 2020	Added additional reminders to complete hand hygiene between any doffing and donning of PPE. Revised to add in new masking policy requirements for staff. Simplified document to be more accessible for staff.	BCMHSUS Vice President
5.0	April 1, 2021	BCMHSUS IPAC Committee regular review	BCMHSUS IPAC Committee

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PHSA FOI File #: F21-0931

Record Title: COVID-19 Collection and Transport of
Used N95 Respirators Procedures BCMHSUS.
Version 2.0

*This is a retired document.

Procedure Name & Number	COVID-19 Collection and Transport of Used N95 Respirators Procedures BCMHSUS Version 2.0		
Document Owner	Vice President BCMHSUS		
Policy Section	COVID-19	Date Approved	February 17, 2021 (replaces April 29, 2020 version)
Approval Authority	Vice President BCMHSUS	Effective Start Date	February 17, 2021
Program Applicability	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HW) <input checked="" type="checkbox"/> Red Fish Healing Centre for Mental Health and Addiction (RFHC)		
Exceptions	This document does not apply to PPE used for contraband searches.		

1. PREAMBLE

The safety of health care workers is critical to BC's response to the COVID-19 pandemic. The health system must diligently and deliberately conserve, preserve, extend, manage, monitor, and utilize Personal Protective Equipment (PPE) supplies appropriately to ensure the continued availability of these items.

The Ministry of Health (MoH) and PHSA Supply Chain are working to ensure that medical supplies and PPE are being managed across the health care system by prioritizing distribution to ensure availability. To ensure that the health system continues to have a supply of PPE, the MoH is enacting contingencies to address the possibility that the supply of PPE becomes more constrained.

This procedure is interim to support the application of the COVID-19: Emergency Priority in a Pandemic Personal Protective Equipment (PPE) Allocation Framework. In the event that a key supply threshold is met Senior Leadership will direct staff to activate and implement this process in support of the PPE Allocation Framework.

2. SCOPE

In the event that a key supply threshold is met, BCMHSUS EOC will direct staff to activate and implement this process in support of the PPE Allocation Framework. When activated, these measures apply to all healthcare workers and staff (including contracted staff) in all areas in scope at BCMHSUS, when activated.

3. POLICY

To preserve critical Personal Protective Equipment (PPE) supply levels, used disposable N95 respirators must be collected, upon activation of this policy by BCMHSUS EOC. These respirators will be sterilized with vaporized hydrogen peroxide and stored as part of a provincial initiative for emergency backup supply of PPE.

4. PROCEDURE

4.1. Collection bins

- 4.1.1. Each unit has one clean purple collection bin that is labelled 'COVID-19 Used N 95 Respirators' located in the clean utility room available for use. Extra purple bags are located in the clean utility room.
- 4.1.2. In case of COVID-19 outbreak, an additional purple collection bin should be moved into isolation area, outside the patient room/s. One purple collection bin to remain in the clean utility room for use in case of emergency (e.g. CPR response).
- 4.1.3. Purple collection bins are used to store only used N95 respirators. No other equipment/garbage may be placed in these bins.
 - (i) Note: Do not store N95s that were utilized for a Contraband search (e.g. risk of illicit substance contact).
- 4.1.4. Soiled purple collection bins are stored in the soiled utility room.

4.2. Steps

- 4.2.1. Doff N95 respirator as per PPE guidelines and discard N95 respirator into the purple collection bin. Doff into the closest purple bin to where the N95 respirator was used outside of the client room.

4.3. Collecting N95 Respirator Bags:

- 4.3.1. Patient Care Coordinators notify housekeeping if a purple collection bin has been used.
- 4.3.2. Housekeeping separately collects the used N95 masks **once a week**, applying appropriate PPE/IPAC precautions: complete hand hygiene and don and doff gloves before and after handling bags/bins; do not shake masks and handle them minimally.
- 4.3.3. Housekeeping places purple bags in the dirty utility room.
- 4.3.4. Housekeeping brings collected purple bags from dirty utility rooms to a plastic bin located in 'Stores', in an area that is not adjacent to clean supplies.

4.4. Transport of N95 Respirators:

- 4.4.1. The purple bags are placed in plastic bins and transported to the Reprocessing Department of BC Children's and Women's Hospital by courier on a bi-weekly basis.

5. RELATED POLICIES AND PROCEDURES

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure BCMHA BCMHSUS](#)

[COVID-19 Client Admissions Discharge and AWOL Returns Procedure HW BCMHSUS](#)

[COVID-19 Client and Patient Mask Use at BCMHSUS](#)

[COVID-19 Client Programming During COVID-19 Outbreak Guideline BCMHA](#)

[COVID-19 Client Programming During COVID-19 Outbreak Guideline Heartwood](#)

[COVID-19 Collection and Transport of Used N95 Respirators Procedure BCMHSUS](#)

[COVID-19 CPAP Guideline BCMHSUS](#)

[COVID-19 CPR Procedure BCMHSUS](#)

[COVID-19 Dentistry Return to Work Guideline CHS and FPH](#)

[COVID-19 Facilitating Virtual Engagement with Visitors Policy BCMHSUS](#)

[COVID-19 Intake Transfer and Release Procedure CHS BCMHSUS](#)

[COVID-19 IPAC Guidance for FPS Community-Based Services](#)

[COVID-19 Management of Symptomatic and Confirmed Patients AMHSU](#)

[COVID-19 Management of Symptomatic and Confirmed Patients FPH](#)

[COVID-19 Management of Symptomatic Suspected Clients and Confirmed Positive Clients Procedure
CHS](#)

[COVID-19 Patient Admissions, Direct Backs, and AWOL Returns Procedure FPH BCMHSUS](#)

[COVID-19 Patient/Client Contact Tracing Inpatient Sites BCMHSUS](#)

[COVID-19 Patient Day Leaves/Passes and Travel Policy](#)

[COVID-19 PPE During a Code White Response procedure BCMHSUS](#)

[COVID-19 Process for the Use of Isolation Beds and Activation and Closure of Covid-19 Cohorting Units](#)

[COVID-19 Rapid Point of Care \(POC\) Testing \(Nurse Independent Activity\) BCMHSUS](#)

[COVID-19 Reprocessing or Reuse of Eye Protection procedure BCMHSUS](#)

[COVID-19 Staff Personal Protective Equipment BCMHSUS](#)

[COVID-19 Staff Symptom Self-Assessment, Testing and Contact Tracing BCMHSUS](#)

[COVID-19 Testing Procedure/NIP \(Clients Patient\) BCMHSUS](#)

[COVID-19 Types of Eye Protection Reference Document BCMHSUS](#)

[COVID-19 Virtual Health CHS Client on Health Care Unit Procedure BCMHSUS](#)

[COVID-19 Virtual Health Correctional Centre Video Court Room Procedure BCMHSUS](#)

[COVID-19 Virtual Health Non-PHSA Locations Procedure BCMHSUS](#)

[COVID-19 Virtual Health On-Site Sessions Procedure BCMHSUS](#)

[COVID-19 Visitor Assessment Policy and Protocol \(Heartwood and Regional Clinics\)](#)

[COVID-19 Visitor Assessment Policy and Protocol BCMHSUS \(FPH and BCMHA\)](#)

6. REFERENCES

BCCDC & MoH Personal Protective Equipment Bulletin #2 – Urgent – April 8, 2020

BCCDC March 2020. Coronavirus COVID-19: The 9 Steps to Doff (take off) personal protective equipment (PPE).

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Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	April 29, 2020	New procedure	Vice President BCMHSUS
2.0	February 17 2021	Reviewed as per regular IPAC Committee review cycle	IPAC Committee BCMHSUS

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