

COVID-19 Quick Reference for Mental Health and Addictions Program Outpatient Clinic Care

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Note: This quick reference guide is to be used in conjunction with the [IPAC Guidelines for Outpatient / Ambulatory Care Settings](#). The use of the [IPAC Checklist for Ambulatory and Outpatient Settings](#) is recommended to assess adherence to the guidelines. Healthcare Workers are to follow current guidance from Occupational Health, including the completion of the [NSHA Active Monitoring Tool for Healthcare Workers](#).

When the Patient Phones the Outpatient Clinic / Clinic Phones the Patient

1. Screen by phone within 48 hours of scheduled appointment:

- Ask the patient if they have **two or more** of the following symptoms: fever >38°C or feel feverish; new or worsening cough; sore throat; runny nose; headache; or new or worsening shortness of breath.
- Have they traveled outside of Atlantic Canada in the last 14 days (outside of NS, NB, PEI, NFLD)?
- Have they been in close contact (within 2 meters) of a known or suspected case of COVID-19 (someone meeting any of the above criteria) in the last 14 days?
- Does the patient live within a known [Community Cluster](#) (check by postal code) **OR** [Facility Cluster](#)?

2. If **yes**, then ask the patient to **self-isolate** and:

- Refer patient to call 811
- Proceed with booking the appointment if phone/virtual; if face-to-face is required, inform the patient to call the clinic back with the direction they were provided by 811 and refer to work instructions for scheduling a face-to-face appointment.

3. If **no** to above identification factors, proceed with booking the appointment (phone, in person, etc.) based on urgency and importance. Inform the client they must wear a non-medical mask upon arrival and for the duration of their appointment.

4. If the patient will be bringing an essential support person with them to their appointment, they must also be screened and wear a non-medical mask to the appointment.

When the Patient Presents at the Clinic (Registration)

1. Where possible, maintain spatial separation of 2 meters. If patient / support person does not have a non-medical mask, provide a mask to wear for the duration of the appointment.

Complete the top portion of the [NSHA COVID-19 Risk Assessment Form](#) by asking the following identification questions:

- Does the patient have **two or more** of the following symptoms: fever >38°C or feel feverish; new or worsening cough; sore throat; runny nose; headache; or new or worsening shortness of breath. *[If yes, droplet and contact precautions, per [POC Risk Assessment](#) required]*
- Has the patient traveled outside of Atlantic Canada in the last 14 days (outside of NS, NB, PEI, NFLD)?
- Has the patient been in close contact (within 2 meters) of a known or suspected case (someone meeting any of the above criteria) in the last 14 days?
- Does the patient live within a known [Community Cluster](#) (check by postal code) **OR** [Facility Cluster](#) (an alert will appear upon registration)?

2. **If no** to the above identification factors, proceed with appointment.

3. **If yes** to any of the above identification factors, ask the patient to wash their hands, remove their mask, re-wash their hands and provide them with a medical mask to wear for the duration of their visit. Maintain spatial separation of 2 meters. Minimize contact. Confirm patient contact information. Before requesting patient to return home and self-isolate **notify the clinician**. There are some services where we will proceed with a face to face visit (see note on next page).

4. **Then**, refer patient to call 811

5. Staff to follow area wipe down procedure for disinfecting surfaces and hand hygiene procedures.

6. If an essential support person is accompanying the patient, they must also be screened for the identification factors.

When the Patient is with you for a Face-to-Face Appointment (Clinician)

1. Verify and complete the [NSHA COVID-19 Risk Assessment Form](#):

- Ask the patient if they have two or more of the following symptoms: fever >38°C or feel feverish; new or worsening cough; sore throat; runny nose; headache; or new or worsening shortness of breath. *[If yes, droplet and contact precautions, per [POC Risk Assessment](#) required]*
- Has the patient traveled outside of outside of Atlantic Canada in the last 14 days (outside of NS, NB, PEI, NFLD)?
- Has the patient been in close contact (within 2 meters) of a known or suspected case (someone meeting any of the above criteria) in the last 14 days?
- Does the patient live within a known [Community Cluster](#) **OR** [Facility Cluster](#) (an alert will be generated at registration)?

2. **Then**, assess for the following factors:

- Does the patient have any other symptoms of an acute respiratory infection?
- Has the patient been tested for COVID-19? If yes, what was the date of swab and the result? *[No additional precautions required if swabbed for surveillance / pre-procedural screening without any other risk factors]*

3. **If no** to the identification and assessment factors above, proceed with appointment.

4. **If yes** to any of the identification and assessment factors above, ask the patient to wash their hands, remove their mask, re-wash their hands and provide them with a medical mask to wear for the duration of their visit (if not already provided at registration). Maintain spatial separation of 2 meters. Minimize contact. Confirm patient contact information and request patient return home and **self-isolate**. See note below if patient requires care.

5. **Then** either:

- Refer patient to call 811 **OR**
- With patient consent, reaffirm COVID-19 criteria and [fax referral form](#) to the nearest [assessment centre](#).

6. Staff to follow area wipe down procedure for disinfecting surfaces and hand hygiene procedures.

NOTE: There are some services where we will proceed with a face to face visit with a positive screen. In these cases, we will follow the *Guidance in caring for patient identified at risk for COVID-19* for ambulatory services found on the second/back page of the [NSHA COVID-19 Risk Assessment Form](#), and the associated [Point of Care Risk Assessment](#). Please note the differences in guidance for symptomatic and asymptomatic patients at risk and follow procedures accordingly.