

## **COVID-19 Guidance Behavioral Health Residential Settings** (Updated 4/24/20)

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there is community spread in the United States, including in Arizona. Behavioral Health facilities should assume COVID-19 is in their community and restrict all non-essential visitors to their facilities.

We strongly recommend that all residential substance use settings review and update their emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily.

Please check [Maricopa.gov/covid19](https://www.maricopa.gov/covid19) regularly for updates and news related to COVID-19.

### **General Information**

COVID-19 is caused by a virus that has never been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Since it has never infected humans before, none of us are immune to it
- It can be spread from person to person more easily than some other viruses
- It can be spread by someone who doesn't have any symptoms and has no idea they are infected.
- While it causes mild or moderate symptoms in most people, it can be very serious and even fatal for people in [high-risk groups](#).

Most clients with mild to moderate symptoms can be managed in a residential substance use setting. Some clients will need to be hospitalized during their illness.

### **Symptoms consistent with COVID-19**

COVID-19 causes symptoms consistent with a respiratory illness. The most common symptoms include:

- Cough
- Fever
- Shortness of breath or difficulty breathing

Other symptoms can include:

- Sore throat
- Muscle aches
- Runny nose
- Congestion
- Fatigue
- Loss of taste and smell

### **Prevent the introduction of respiratory germs INTO your facility:**

Ill visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into a facility. MCDPH and CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill staff, even before COVID-19 is identified in the facility or among a visitor.

- **Restrict visitation** except for extenuating circumstances on a case-by-case basis.

- **Screen everyone who enters the facility for fever and respiratory symptoms.** Anyone with symptoms should not be allowed to enter the facility.
- **Restrict all volunteers and non-essential HCP,** including non-essential healthcare personnel (e.g., barbers, consultants).
- **Cancel all non-essential\*** group activities and communal dining.
- **Implement daily active screening** of residents and healthcare workers for fever and respiratory symptoms.
- Ensure sick leave policies **allow employees to stay home if they have symptoms** of respiratory infection.

\*Essential group activities should be carried out while maximizing the distance between people ( $\geq 6$  feet apart).

**Prevent the spread of respiratory germs WITHIN your facility:**

***Signage***

- Post signs for clients and staff on the importance of handwashing and hand sanitizing.
- Provide signs and remind clients to alert staff if they have new fever, cough, shortness of breath, and/or other symptoms.
- Post reminders to wash hands with soap and water for at least 20 seconds.

***Hygiene***

- Make it easy for staff and residents to practice good hand hygiene by making sure bathrooms are well stocked with soap.
- If handwashing is not feasible, staff and residents should use hand sanitizer containing at least 60% alcohol.
- Ensure staff and residents wash hands after going to the restroom, before eating, after blowing their nose, coughing, or sneezing.
- Facial tissues should be widely available, and then dispose of tissue and clean hands immediately. If tissues are not available, they should sneeze or cough into an elbow, rather than a hand.
- Minimize, when possible, close contact ( $< 6$  feet) and sharing of objects such as cups, utensils, food, drink, games, and other communal frequently touched objects.

***Social Distancing***

- Promote social distancing: no handshakes, hugs, or close-up conversations. Clients and staff need to stay at least 6 feet away from each other as much as possible.
- Re-arrange common areas, including waiting rooms, to have less than 10 seats in an enclosed space and so seats are at least 6 feet apart and facing away from one another.
- Beds should be placed 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- Stop large group meals and large social gatherings. Stagger meals so groups can be kept as small as possible and serve meals with same group of clients each meal to reduce transmission risk. If weather and space permits, serve meals in outdoor areas that allow for increased social distancing.
- Restrict visits as much as possible. Only essential staff should be going in and out of the facility.

- Limit transportation of clients to essential outside visits only. Make sure they know how to practice social distancing when they must leave the facility.
- Cancel all in-person group activities. Explore alternatives like individual sessions, telehealth, or other non-group activities to enable clients to continue these activities.

### ***Screening Clients***

- Assess all clients at admission for fever and symptoms of acute respiratory illness like those of a cold or the flu: feeling feverish or alternating sweats and chills, new cough, or difficulty breathing.
  - Other symptoms can include:
    - Sore throat
    - Muscle aches
    - Runny nose
    - Congestion
    - Fatigue
    - Loss of taste and smell
- Assess all clients at least once a day for fever and new symptoms of acute respiratory illness. Remind all clients to report any new respiratory symptoms to facility staff.
  - If possible, assess client temperatures with a scanning or disposable thermometer. A fever is a temperature of 100.4 F or higher.
- There is community spread of COVID-19 across Maricopa County and any client with symptoms of respiratory illness can be presumed to have COVID-19, and the client should therefore be isolated away from others. A doctor's note or a negative COVID-19 test should **NOT** be required to enter residential substance abuse program(s).

### ***Isolate Symptomatic Clients***

- Individually isolate all clients with fever or acute respiratory illness, whether or not they have been tested for COVID-19.
  - Clients with fever or respiratory symptoms but have not been tested for COVID-19, should be isolated away from clients without symptoms and from any clients who have tested positive for COVID-19.
- Rapidly move clients who present with any respiratory symptoms into a separate sick area that is isolated from the rest of the facility.
  - If possible, clients should be isolated in a separate building, room or designated area, away from non-symptomatic clients, ideally with a separate bathroom
  - Place clear signage outside of all isolation areas so staff and clients are aware.
  - If there is no way for symptomatic clients to reside in separate rooms or buildings, partitions (e.g. linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic clients.
- A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning high-touch surfaces after the room has been used by a symptomatic person is essential.
- If symptomatic clients need to move through areas with clients without symptoms, they should wear a surgical mask and minimize the time in these areas.

- Symptomatic clients who do not have confirmed COVID-19 cannot be cohorted with others.
- Symptomatic clients should eat meals separately from clients without symptoms.
  - If dining space must be shared, stagger meals so symptomatic clients are not eating with non-symptomatic clients and clean after use by each group to reduce transmission risks.
- Mobile screens/partitions should be used to encourage compliance with separation in shared spaces.
- Minimize the number of staff members who have face-to-face interactions with clients with symptoms. Provide instructions to all staff to prevent disease spread.
- Isolation of clients who test negative for COVID-19 or are not tested may be discontinued after they have been without fever and symptoms of acute infection\* (without the use of medications) for 72 hours (3 days).

\*Symptoms of acute infection is defined as a single temperature of 100.4 ° F (38.0 ° C) and/or cough. This excludes a residual non-productive cough from reactive airways disease or a baseline cough that has not changed.

#### ***Isolate Clients with COVID-19***

- Clients who are COVID-19 positive should be individually isolated or cohorted together with others who are confirmed to be COVID-19 positive.
- Clients with COVID-19 should be isolated away from clients without symptoms and from any clients with respiratory symptoms but are negative for COVID-19 or not tested.
- Room sharing (“cohorting”) might be necessary if there are multiple clients with known COVID-19 in the facility.
  - Residents who are symptomatic and being tested for COVID-19 should not be roomed with those who are confirmed to have COVID-19 or with other symptomatic clients.
- Rapidly move clients who have COVID-19 into a separate sick area that is isolated from the rest of the facility.
  - If possible, clients should be isolated in a separate building, room or designated area, away from non-symptomatic clients, ideally with a separate bathroom
  - Place clear signage outside of all isolation areas so staff and clients are aware.
- A designated restroom should be identified and reserved for use by clients with COVID-19 only. If this is not possible, cleaning of high-touch surfaces after the room has been used by a symptomatic person is essential.
- If clients with COVID-19 need to move through areas with clients without symptoms, they should wear a surgical mask and minimize the time in these areas.
- Clients with COVID-19 should eat meals separately from clients without symptoms.
  - If dining space must be shared, stagger meals so clients with COVID-19 are not eating with non-symptomatic clients or symptomatic clients without confirmed COVID-19, and clean after use by each group to reduce transmission risks.
- Mobile screens/partitions should be used to encourage compliance with separation in shared spaces.
- Minimize the number of staff members who have face-to-face interactions with clients with COVID-19. Provide instructions to all staff to prevent disease spread.
- Isolation of clients with COVID-19 should last for 7 days after their COVID-19 was collected and 72 hours (3 days) of being without fever and symptoms of acute infection\* (without the use of medications).

\*Symptoms of acute infection is defined as a single temperature of 100.4 ° F (38.0 ° C) and/or cough. This excludes a residual non-productive cough from reactive airways disease or a baseline cough that has not changed.

### ***Separate Clients at High Risk for Severe Illness***

- If possible, separate clients at high-risk even if they have not been exposed to a known individual with COVID-19.
  - When possible, designate a separate area for non-symptomatic clients who are also high-risk (over the age of 65, underlying medical condition(s), pregnancy). This is intended to protect persons at highest risk of complications from infection. If separate areas are not available or possible, use partitions or other means to keep high risk individuals separate from others.
  - Consider placing high-risk clients in separate rooms or shared rooms with a maximum of 10 beds even when there are no suspected or confirmed cases of COVID-19 at the facility.

### ***Exposed Clients***

- Residents who have come in close contact with a symptomatic person should monitor their own symptoms daily.
- Clients who become symptomatic after an exposure with a symptomatic client or staff member should follow *Isolating Symptomatic Clients* guidance

### ***Symptomatic Staff Members***

- Develop a system to regularly monitor all employees for fever and any respiratory symptoms. (For example, employees could be expected to monitor their temperature and any symptoms twice a day or before working a shift.)
- Reinforce that employees should not report to work when ill.
- **If employees develop any symptoms consistent with COVID-19 (fever or respiratory symptoms) they must:**
  - **Cease contact** with clients.
  - **Put on a facemask** immediately (if not already wearing).
  - **Notify** their supervisor or occupational health services prior to leaving work.

### ***Reporting Requirements***

- Please reference the [Maricopa County Department of Public Health Website](#) on disease reporting.
- This is the [list of reportable communicable diseases](#) required by Arizona Administrative Code.
- The Communicable Disease Report form is available [here](#) to download.

### ***Personal Protective Equipment (PPE)***

- Under most circumstances neither staff nor clients are required to use PPE in a Behavioral Health setting. **Non-medical face coverings can be worn by clients** in settings where other people are present. **Surgical masks should be worn by staff** where other people are present. It is important to note that face masks and coverings are not a suitable for replacing social distancing and frequent handwashing.

- Symptomatic individuals (clients and staff) should be given surgical face masks to wear whenever they are around people.
- If there are circumstances in which staff provide direct clinical care to isolated or quarantined clients (delivering meals to bedside, administering medications, or performing a physical exam or procedure), the staff member should put on a surgical mask, gloves, eye protection, and gown. Necessary PPE should be available in clinical care areas for staff performing clinical duties.

### **Best Practices for Sanitation and Housekeeping**

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as door knobs, bannisters, countertops, faucet handles, and phones.
- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time.
  - If EPA- registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water.
  - Alcohol-based disinfectants may be used if >70% alcohol and contact time is per label instructions.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

### **Prevent and Reduce Spread of COVID-19 Between Facilities:**

- Transportation
  - Limit transport of all clients to essential purposes only. Non-essential transportation should be postponed or cancelled.
  - When possible, utilize telemedicine or other non-contact service to provide essential services to clients.
  - Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
  - When transportation of symptomatic clients is necessary:
    - Symptomatic clients should **NOT** be transported with non-symptomatic clients.
    - Symptomatic clients should wear surgical masks
    - Avoid transporting multiple symptomatic clients together. When multiple clients should be transported simultaneously, appropriate social distancing (>6 feet) should be practiced both for clients and the driver. The client should be placed on the opposite side of the car from the driver in the seat furthest away from the driver’s seat.
    - Vehicle windows should be rolled down to improve ventilation in the car.
    - If possible, transporting vehicles should be outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
    - Include supplies to maintain good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer in vehicles used to transport clients.



- If you plan to transfer the client to a higher level of care due to worsening respiratory symptoms or another life-threatening illness, notify EMS or other transporter that the client has an undiagnosed respiratory infection.
- Drivers of symptomatic clients should take appropriate precautions, including wearing personal protective equipment, including mask, gloves, eye protection, and gown.
- Consider installing a plastic shield between the driver and passengers.