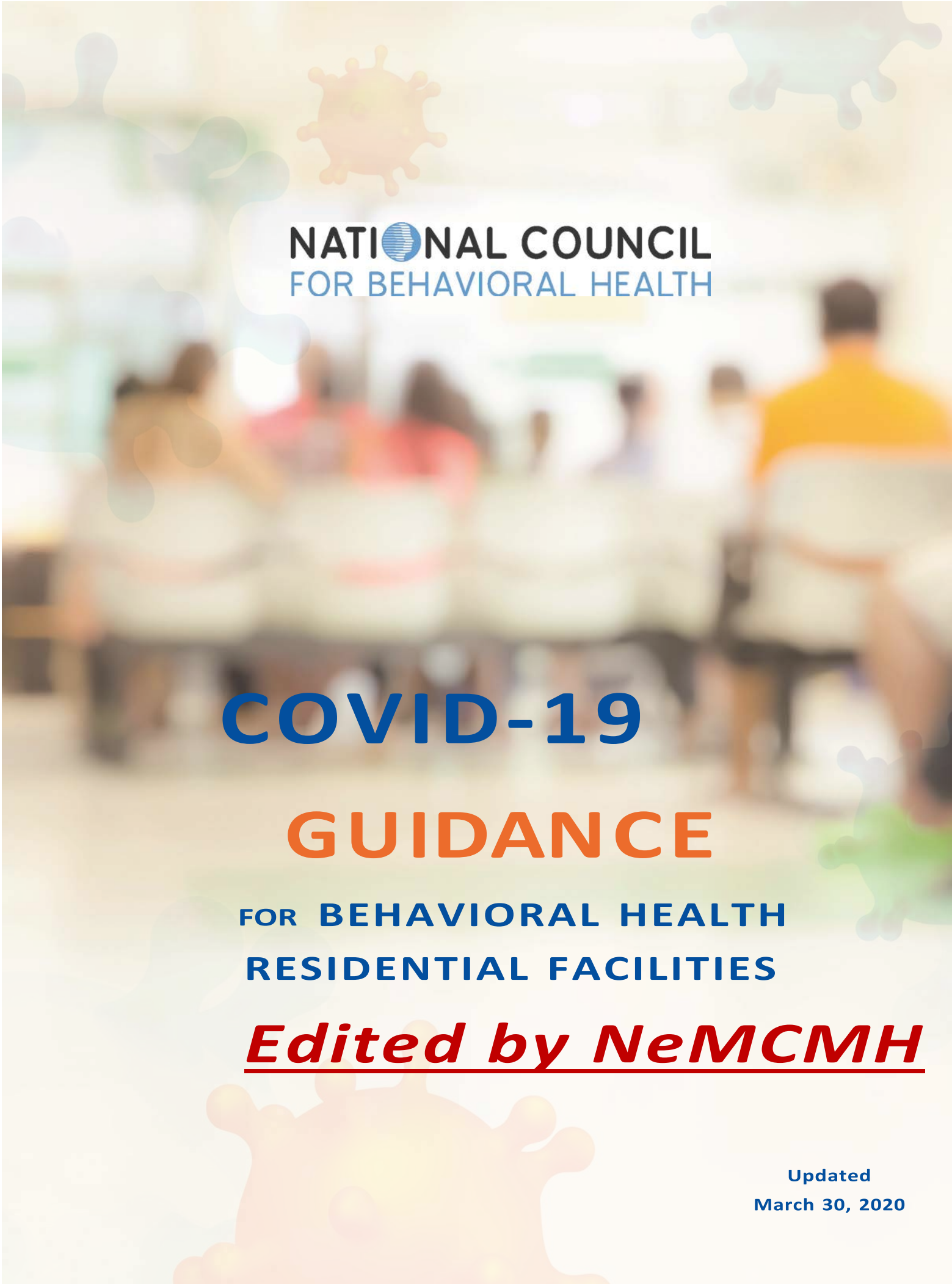


NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

# COVID-19

# GUIDANCE

## FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

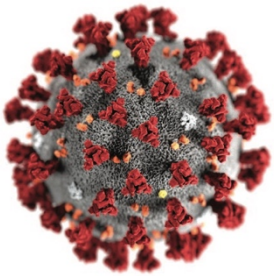
***Edited by NeMCMH***

**Updated**
**March 30, 2020**

## BACKGROUND

**COVID-19 is a new type of coronavirus. Until late 2019, this type of coronavirus was not seen in humans. The virus is thought to first infect the tissue inside the nose or the throat, then it can spread lower down into the lungs. In most cases, the illness is mild or moderate and most people recover. However, some people, particularly those over 50-years-old with medical problems, such as asthma or diabetes or who smoke tobacco or e-cigarettes, may become very ill and require emergency hospitalization.[1]**

**COVID-19 infection spreads between people who are in close contact with one another (within approximately 6 feet) through respiratory droplets formed when an infected person cough or**



**sneezes. The infection may also spread when individuals touch contaminated surfaces and then touch their face, but this is thought to be a less common form of infection than breathing in infected droplets in the air.[2] Covering coughs and sneezes with a sleeve or tissue, washing hands frequently with water and soap for 20 seconds or using an alcohol-based hand sanitizer and avoiding touching one's face are critical to protecting oneself and others.**

**The main symptoms of the infection are a fever of more than 100.4°F, a new cough within the last seven days, shortness of breath or a new sore throat within the last seven days. Behavioral health residential facilities are responsible for ensuring the health and safety of their residents and staff by implementing the standards required to help each resident attain or maintain their highest level of well-being. This guidance is provided considering the recent spread of COVID-19 to facilities where individuals with mental illness and/or substance use disorders reside to help control and prevent the spread of the virus.**

## GUIDANCE

- **Managers and the Infection Control Nurse will regularly monitor the CDC website for information and resources. If behavioral health residential facilities have questions or suspect a resident of a behavioral health residential facility has COVID-19, they should immediately contact Alison Male and their supervisor.**

- **AFC Direct Care workers will monitor for potential symptoms of respiratory infection, as needed throughout the day. Facilities experiencing an increased number of respiratory illnesses, regardless of suspected etiology, among patients/residents or health care personnel should immediately contact Alison Male and Supervisor. Depending on the type and layout of each residential home, an isolation room or area should be designated for any individuals believed to be infected, this can include an individual's private room.**

- **The infection control Nurse/Director will continue to monitor resources made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices.**

- **Staff will continue to maintain a person-centered approach to care. This includes communicating effectively with residents and staff, resident representatives and/or their family members and understanding residents' needs and goals of care.**

# GENERAL GUIDANCE FOR RESIDENTIAL PROGRAMS

**The AFC should consider the following additional efforts to protect persons served and staff in these programs:**

1. **The AFC Home will post educational information from NeMCMH throughout the home, including signage on how to properly wash your hands, signs and symptoms of early detection and outdoor signage to halt visitors or inform health care workers of access restrictions.**

2. **Persons served should be educated to stay in the residence as much as possible. If they do go out, they should keep a distance of at least 6 feet away from anyone else, including relatives who do not live in the residence, and avoid touching their faces. all planned social or recreational outings are cancelled until further notice. Upon returning home, they should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Cell phones and other frequently handled items should be sanitized daily.**

3. **The AFC Home must restrict visitation of all nonresidents (visitors and non-essential health care personnel) unless it is deemed necessary to directly support a resident's health and wellness.(Hospice, Home Health care, emergency maintenance) AFC Homes are expected to notify potential visitors to defer visitation until further notice through the facilities' websites, door signage, calls to family members, letters, etc.**

4. **Any essential persons to provide medical care must be screened prior to entering the residence, with the COVID-19 screening tool provided by NeMCMH. If the response to any of these questions is "yes," the visitor should not be allowed into the residence. Staff exhibiting symptoms must report it immediately to their supervisor/infection control nurse.**

5. **In lieu of in-person visits, should consider:**

    - **Offering alternate means of communication for people who would otherwise visit, such as phone calls., creating/increasing listserv communication to update families, such as advising that they not visit.**

- **Assigning staff as primary contact for families for inbound calls and conduct regular outbound calls to keep families up to date.**

6. **Home supervisors or case managers will call all guardians and families individually with updates as necessary. The home must follow the below guidelines.**

   - **Suggest refraining from physical contact with residents and others while in the facility and practice social distances with no handshaking or hugging, while remaining 6 feet apart.**

   - **If possible (for example, pending design of building), create dedicated areas, like "clean rooms," near the entrance to the home where residents can meet with their provider in a sanitized environment. Staff will disinfect rooms after each resident-provider meeting. According to the CDC, routine cleaning and disinfection procedures are appropriate for COVID-19 in health care settings. Products with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims are recommended for use against COVID-19. Management of laundry, food service utensils and medical waste should also be performed in accordance with routine procedures.**

   - **If your program is CMS certified, residents still have the right to access the ombudsman program. Ombudsman access should be restricted per the guidance previously provided, except in compassionate care situations; however, facilities may review this on a case-by-case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication by phone or other format with the ombudsman program or any other entity listed in Resident Rights 42 CFR § 483.10(f)(4)(i).[3]**

7. **Implement active screening and monitoring of residents and staff for fever and respiratory symptoms. Employees must check for any signs of illness before reporting to work each day and notify their supervisor if they become ill. The AFC Home may consider screening staff for fever or respiratory symptoms before entering the facility; when doing so, actively take their temperature and document absence of shortness of breath, new or change in cough and sore throat. Staff members should stay home if they are sick. Staff members who have had direct contact with individuals who tested positive for COVID-19 or who are designated a person under investigation (PUI) should contact their supervisor prior to reporting to work. The supervisor will consult with Alison Male for direction program. If, after 7 days following the last contact, they have not developed symptoms, they may return to work. It is not necessary for contacts of contacts to self-quarantine.**

**Note: The CDC and state health departments have issued guidelines for health care workers who have tested positive or who have been in contact with a COVID-19 positive**

[3] Centers for Medicare and Medicaid Services. "438.10 Resident rights." Published January 2, 2012. https://www.govinfo.gov/content/pkg/CFR-2011- title42-vol5/pdf/CFR-2011-title42-vol5-sec483-10.pdf.

**person, which include less stringent quarantine and return to work criteria for workers in times of shortage. These guidelines should be considered if the program experiences significant staff shortages.**

8. **Persons served and staff need to report symptoms as soon as possible.**

9. **The agency will identify staff that work at multiple homes, including agency staff, and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.**

10. **AFC Homes will review and revise how they interact with vendors and receive supplies, agency staff, emergency medical services (EMS) personnel and equipment, transportation, etc. and other non-health care providers, and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility; supplies should be dropped off at a dedicated location, like the front porch. Facilities should ensure, to the extent possible, proper food supply, maintaining two to three weeks of food and storing additional non-perishable foods appropriately.**

**All residential homes need to increase sanitizing and disinfecting. Staff working in the home as well as persons served should ensure more thorough cleansing of tables, counters and all other surfaces. Frequently touched surfaces, like tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, etc., should be disinfected daily with cleaning products labeled to be effective against rhinoviruses or human coronaviruses. This includes ensuring that clean water is used when mopping floors and supplies, including, soap, water and towels/ proper drying equipment, are available in all bathrooms. In addition to posted handwashing protocols, there should be adequate availability of hand sanitizer throughout the facility. Federal, state and local advisories should also be conspicuously displayed for residents, staff and visitors. Be certain to have sufficient cleaning supplies in your inventory. See CDC Guidance for Homes and Residential Communities for further details.**


11. **To the extent possible, programs should work with clients' health care providers to institute telemedicine appointments. Most payers are removing barriers to this allowing billing if medically necessary and documenting it as if they were in the office. Blood draws and monthly injections will still need to be done in-person. For behavioral health residents, treatment teams should consider increased frequency of engagement, including therapy, using alternatives to in-person meetings. Persons served and staff must be reminded of the importance of hand hygiene and not touching their faces if visiting their providers is necessary.**

12. **Meetings should utilize non-face-to-face meeting options, such as phone, video communications, etc., to the extent possible.**

13. **In shared bedrooms for individuals who have not developed symptoms, ensure that beds are at least 6 feet apart when possible and require that persons served sleep head-to-toe.**

# GUIDANCE ON ACCEPTING NEW CLIENTS

**1. Residential programs should continue accepting new referrals. It is important for persons served with behavioral health and substance use conditions to find homes even during this crisis.**

**2. People with potential exposure to COVID-19 who are asymptomatic and have not tested positive for the virus should be accepted for admission consistent with your facility's pre-existing admission criteria and protocols. No additional precautions beyond those discussed above are indicated or necessary.**

**3. Programs should request referring facilities to attest that the person served has not had any new symptoms consistent with COVID-19 infections.**

**4. Given the limitations in testing, it is not possible for programs to require a negative COVID-19 test as a condition of admission.**

**5. For the first 14 days after an individual arrives at the program, they should wear a mask, if masks are available. If possible, they should have their own room.**

**6. When masks are not available, new residents should remain in their room as much as possible during the first 14 days and maintain 6 feet distance from all other residents and staff.**

**7. A behavioral health residential facility can accept a resident diagnosed with COVID-19 under transmission-based precautions for COVID-19 if the facility can follow CDC guidance for transmission-based precautions. If a behavioral health residential facility cannot follow CDC guidance for transmission-based precautions,[4] it must wait until these precaution requirements are discontinued.**

# GUIDANCE ON HOW TO RESPOND IF CLIENT DEVELOPS SYMPTOMS

**1. If a person served in the residential program develops symptoms that could indicate a COVID-19 infection, the individual should be asked to stay in their single room or in the designated isolation room/area if a single room is not available. Exposed roommates should, if possible, also have their own rooms for 14 days and if they remain symptom-free, can then share a room with others. The person served should be asked to wear a mask. Meals and medication should be taken in the room.**

**2. The Home Supervisor should immediately contact their Supervisor, Alison Male and their local health department for information on how to proceed with testing. Refer to the NACCHO directory to find your local health department. If the individual is critically ill and is having difficulty breathing, it may be necessary to transport the client by ambulance to the hospital, if this is necessary alert the responding EMS to the individual's condition. Local health departments may have made provisions for alternate housing arrangements for positive individuals, although this will depend on each jurisdiction.**

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[4] Centers for Disease Control and Prevention. "Transmission-Based Precautions." Infection Control. Last reviewed January 7, 2016. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

**3.** **Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Most individuals who test positive for COVID-19 will never need to be hospitalized. Hospitalization is only necessary if the individual has difficulty breathing or otherwise appears critically ill. If the person served is not critically ill, they should stay in the designated room. It is important to reduce unnecessary visits to hospital emergency departments to help reduce the spread of COVID-19. Initially, symptoms may be mild and not require transfer to a hospital if the home can follow the infection prevention and control practices recommended by CDC.**

**4.** **The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, EMS and the receiving facility should be alerted to the resident's diagnosis and condition and transmission-based precautions that should be followed, including placing a facemask on the resident during transfer. If the resident does not require hospitalization, they can be discharged to home (in consultation with state, tribal, local and territorial public health agencies/departments) if deemed medically and socially appropriate. The resident's care team (case manager, psychiatrist, and therapist) should be consulted. Pending transfer or discharge, place a facemask on the resident and isolate them in a room with the door closed. Frequent monitoring needs for the person will be implemented in the person's Accommodations for Support and Safety.**

**5.** **Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the home. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this way. Public health authorities can assist with decisions about resident placement.**

**6.** **Program staff should work with the resident's mental health or primary care provider to secure enough nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.**

**7.** **Other residents who are over 50 years old, have significant respiratory comorbidity or who smoke should wear masks, increase frequency of hand hygiene practices and refrain from using common areas such as kitchens and lounges. All residents should maintain at least 6 feet distance from other residents and staff.**

**8.** **Staff members and family care providers should wear masks and increase frequency of hand hygiene practices. If masks are not available, staff should, whenever possible, remain 6 feet away from positive or potentially positive individuals.**

**9.** **Surfaces, knobs, handles and other items that come into frequent hand contact should be sanitized frequently throughout the day.**

**10.** **In programs with several bathroom facilities, one bathroom should be set aside for resident(s) designated as a PUI or who tested positive for COVID-19. Surfaces, shower knobs, curtains, handles and other high-contact surfaces should be**

**sanitized after each time these residents use the facilities. If possible, leave the bathroom window open to help reduce aerosolized droplets.**

**11. In programs with one bathroom, it is even more critical to attempt to clean surfaces after residents who are PUI or tested positive use the facility. If possible, after a PUI or person who tested positive takes a shower, other residents should avoid using that bathroom for three hours. Ventilation fans should remain on and windows should remain open during that time.**

**12. In programs with only one bathroom, all persons served and staff should use masks while in the bathroom. If possible, stagger shower times, ensuring that bathroom ventilation fans run for at least 20 minutes between all showers and leave window open to facilitate clearing of droplets.**

**13. If programs have the capacity and the resident is cooperative, implementing in-room commodes and/or sponge baths is recommended.**

**14. Residents who test positive or who are PUI should not use shared spaces such as kitchens, common areas and so forth. Arrangements will need to be made to change existing house routines that require clients to use common spaces.**

**15. Dishes and linens do not need to be cleaned differently if used by individuals who test positive. However, they should be washed thoroughly after use. When washing clothes, staff and family care providers should be instructed to not "hug" dirty laundry while transporting it to maintain distance from their own clothes and face. Use of a hamper is recommended. After handling linens or clothing of someone who tested positive for COVID-19, staff should wash their hands with soap and water.**

## GUIDANCE FOR HANDLING CLIENTS RETURNING FROM THE HOSPITAL

**1. Residential program or family care clients are admitted to psychiatric or medical hospitals for a variety of reasons. During the COVID-19 crisis, it is possible that these clients are exposed to the virus while in the hospital.**

**2. Most individuals who become very ill with COVID-19 and require hospitalization will recover and must be discharged once they are no longer ill enough to warrant an ongoing medical admission, though they may still have mild COVID-19 symptoms.**

**3. Clients in these categories will need to come home to their residential program or family care home after being discharged from the hospital. It is important that staff help manage not only the individual resident's fears, but also the anxieties of all the other housemates.**

## GUIDANCE FOR HEALTH CARE PERSONNEL RETURN TO WORK

**For behavioral health residential staff with confirmed COVID-19 or who have suspected COVID-19 and demonstrate symptoms of a respiratory infection like cough, sore throat, shortness of breath or fever, but did not get tested for COVID-**

**19, decisions about return to work for staff with confirmed or suspected COVID-19 should be made after contacting NeMCMH.**
**AFC Providers should create contingency plans for potential staffing shortage given that these facilities cannot rely on telework. Absenteeism should be monitored daily to make quick decisions to ensure appropriate staffing levels, which might include extending hours, cross-training current employees or hiring temporary workers.**

# GUIDANCE FOR FACE MASK USAGE

Guidelines from the World Health Organization in regard to mask usage:

First and foremost, **if you are healthy, you only need to wear a mask when taking care of a person with a suspected COVID-19 infection.**

There is a known shortage of masks. Staff should only be working in the home if they are healthy. If one of your staff has completed their 14-day quarantine, **they should return to work.**
PLEASE NOTE: per MDHHS "For mild illness consistent with COVID-19, **healthcare workers must stay home 7 days following onset of illness or 72 hours after being consistently afebrile without use of antipyretics and with resolving respiratory symptoms, whichever is longer.** However, at the completion of isolation, healthcare workers should check with their employer before returning to work.

**Please complete a new COVID-19 screen when a staff member returns to work after being off due to illness**.** Complete a screening on any staff member as often as you feel it is appropriate.

Wearing a face mask is **not** necessary upon arrival back to work. If a staff person is coughing or sneezing repeatedly throughout the shift, they are most likely not healthy enough to be back to work. Please address this as you see it. If a staff person typically experiences allergies and is sneezing and coughing due to this…use your judgement. We have to have everyone in the work force that is healthy and able to work at this point.

Masks are effective only when using in combination with frequent hand cleaning. Soap and water need to be the #1 route of hand hygiene. There is a shortage of hand sanitizing gel and we cannot get an abundance. Soap and water along with 20 secondhand scrubbing are MORE effective and needs to be utilized often.

IF YOU WEAR A MASK, THEN YOU MUST KNOW HOW TO USE IT AND DISPOSE OF IT PROPERLY:

•Before putting on a mask, clean hands with alcohol-based hand rub or **soap and water**.
•Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
•Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or **soap and water.**
•Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
•To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

## CDC RESOURCES

**Infection preventionist training:**
https://www.cdc.gov/longtermcare/ index.html

**CDC resources for health care facilities:**
https://www.cdc.gov/ coronavirus/2019-ncov/healthcare- facilities/index.html

**CDC updates:** https://www.cdc.gov/ coronavirus/2019-ncov/whats-new- all.html

**CDC FAQ for COVID-19:**
https://www.cdc.gov/coronavirus/ 2019-ncov/infection-control/ infection-prevention-control-faq.html

**Information on affected U.S. locations:**
https://www.cdc.gov/ coronavirus/2019-ncov/cases-updates/ cases-in-us.html

## CMS RESOURCES

**Guidance for use of Certain Industrial Respirators by Health Care Personnel:**
https://www.cms.gov/files/document/ qso-20-17-all.pdf

**Long-term care facility — infection control self-assessment workshe**
https://qsep.cms.gov/data/252/A._ NursingHome_InfectionControl_ Worksheet11-8-19508.pdf

**Infection control toolkit for bedside licensed nurses and nurse aides (Head to Toe Infection Prevention (H2T) Toolkit):** https://www.cms.gov/ Medicare/ProviderEnrollment-and- Certification/SurveyCertificatio Info/LTC-CMP-Reinvestment

**Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880:**
https://www.ecfr.gov/cgi-bin/ retrieveECFR?gp=&SID=9d33bb66df5053836681241e73a3136e&mc= =PART&n=pt42.5.483#se42.5.483_180

**Note: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies, including CDC and state health authorities, to change. Please monitor the relevant sources regularly for updates.**