

COVID-19 Guidance for Behavioral Health Residential Settings

(Revised – 07 December 2020)

COVID-19 is widespread in Arizona. MCDPH strongly recommends that all residential behavioral health settings review and update their emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily. A doctor's note or a negative COVID-19 test should **NOT** be required for clients to enroll or participate in residential behavioral health or substance abuse programs.

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:

- 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, especially for people in [high-risk groups](#).

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

Symptoms of COVID-19

COVID-19 causes a variety of symptoms including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Diarrhea
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting

Prevent the Introduction of Respiratory Germs INTO Your Facility

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

- **Restrict visitation** except for extenuating circumstances on a case-by-case basis.
- **Restrict all volunteers and non-essential HCPs**, including non-essential healthcare personnel (e.g., barbers, consultants).
- **Screen everyone who enters the facility for fever and respiratory symptoms, including all staff, clients and visitors.** Anyone with symptoms should not be allowed to enter the facility.
- **Cancel all non-essential** off-campus activities. Essential group activities should be carried out while maintaining social distancing between people (≥ 6 feet apart).

- Ensure sick leave policies will **allow employees to stay home if they have symptoms** of respiratory infection, are quarantined, or need to care for someone who is ill.

Prevent the Spread of Respiratory Germs WITHIN Your Facility with Healthy Practices for EVERYONE

Promote Healthy Behaviors

- 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 any symptoms consistent with COVID-19.
- Post reminders to wash hands with soap and water for at least 20 seconds.
- Require all clients, HCP, and visitors to wear a face covering or mask over their nose and mouth while in the facility.
 - HCP should wear surgical masks.
 - Clients and visitors can wear either cloth face coverings or surgical masks.

Follow Good Hygiene Practices

- 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.

Maintain Social Distancing

- Promote social distancing: no handshakes, hugs, or close-up conversations. Clients and staff need to stay at least 6 feet apart 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 social gatherings. Stagger meals so groups can be kept as small as possible and clients can be seated while maintaining social distancing. Keep the same groupings of clients for each meal service to reduce transmission risk. If weather and space permits, serve meals in outdoor areas that allow for increased social distancing and fresh air circulation.
- 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 non-essential in-person group activities. Explore alternatives like individual sessions, telehealth, or other non-group activities to enable clients to continue these activities. Essential group activities should be carried out while maintaining social distancing between people (≥6 feet apart).

Prevent the Spread of Respiratory Germs WITHIN Your Facility with these Active Steps for CLIENTS

Screen Clients Daily

Implement daily active screening of residents for fever and respiratory symptoms. 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.

- **Assess all clients at admission** for symptoms consistent with COVID-19:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- **Assess all clients at least once a day** for symptoms consistent with COVID-19.

Segregate 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 at high-risk (over the age of 65, underlying medical condition(s), pregnancy) even when there are no suspected or confirmed cases of COVID-19 at the facility. 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.

Quarantine Exposed Clients

Exposure requires close contact (being within 6 feet of the infectious person for a cumulative total of 15 minutes or more within a 24-hour period, or any physical contact) while not wearing all the recommended PPE.

- Encourage all employees to report any known exposures to COVID-19.
- Residents who have been exposed to someone who has tested positive for COVID-19 (or has COVID-like illness and is waiting on test results) should be **quarantined for 14 days** away from non-exposed clients **and** away from clients suspected to have (symptomatic) or confirmed to have COVID-19.
- Monitor quarantined clients for fever or any new symptoms at least daily.
- Quarantined clients who become symptomatic should be **isolated** (see next section).

Isolate Symptomatic Clients

Individually isolate all clients with symptoms consistent with COVID-19, whether or not they have test results for COVID-19 pending:

- Clients with symptoms consistent with COVID-19 but who have not been tested for COVID-19 should be isolated away from clients without symptoms **and** away from any clients who have tested positive for COVID-19.
- Rapidly move clients who present with any symptoms consistent with 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.
 - 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.
- Follow the MCDPH [Release from Isolation Guidance](#) to determine when isolation of a symptomatic client may be discontinued.

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 or untested for COVID-19.
- 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.
- Follow the MCDPH [Release from Isolation Guidance](#) to determine when isolation of a symptomatic client may be discontinued.

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.

Prevent the Spread of Respiratory Germs WITHIN Your Facility with These Active Steps for STAFF:

Screen Staff

Regularly monitor all employees for symptoms that could be consistent with COVID-19 (e.g., employees could be expected to monitor their temperature and any symptoms twice a day or before working a shift).

- Symptoms may appear 2-14 days after exposure to the virus.
- People with one or more of these symptoms may have COVID-19:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- Chronic conditions like allergies or asthma are not considered an acute respiratory illness and do not require exclusion from work. Check the CDC website for the [latest list of symptoms](#) of COVID-19.

Exposed Staff Members and Quarantine

Exposure requires close contact (being within 6 feet of the sick person for a cumulative total of 15 minutes or more with a 24-hour period, or any physical contact) while not wearing all the recommended PPE.

- Encourage all employees to report any known exposures to COVID-19.
- **Non-essential employees** who are close contacts of someone who has tested positive for COVID-19 should follow MCDPH [Quarantine Guidance](#) by staying at home and away from others for 10 days after their last exposure.
- [Essential employees](#) (e.g. healthcare workers) who are close contacts of someone with COVID-19 but **do not have any symptoms** consistent with COVID-19 may continue to work during the quarantine period, **but must wear a face mask** when within 6 feet of other people and self-monitor for any new symptoms for 14 days.

Symptomatic Staff Members and Isolation

- Reinforce that employees should not report to work when ill.
- **DO NOT** require a healthcare provider's note or positive COVID-19 test result of employees who are sick with acute respiratory illness to validate their illness or qualify for leave (e.g. for isolation).
- **If employees develop any symptoms consistent with COVID-19 while at work, they must:**
 - **Cease contact** with clients.
 - **Put on a facemask** immediately (if not already wearing) and avoid others.
 - **Notify** their supervisor or occupational health services, then go home and follow the MCDPH [Home Isolation Guidelines](#).
 - Seek testing for COVID-19 with a PCR or antigen test.

- Employees with symptoms **or** who have tested positive for COVID-19 should **not** return to work until they have completed the recommended [home isolation](#) period.
- **DO NOT** require a negative COVID-19 test or healthcare provider's note for an employee to return to work after they have met the criteria for [release from isolation](#).
- Public Health does **not** need to be notified of ill employees who have not yet been tested, are awaiting test results, or who have tested negative for COVID-19.

Personal Protective Equipment (PPE)

- **Non-medical face coverings should 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 substitute for social distancing, frequent handwashing, and other hygiene and infection prevention practices.

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 wear:

- Surgical mask
- Gown
- Gloves
- Eye protection (face shield or goggles)

Necessary PPE should be available in clinical care areas for staff performing clinical duties.

Housekeeping and Sanitation

Follow best practices for sanitation and housekeeping:

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, 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 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.

Other Measures

- 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.