

MEMORANDUM

DATE: April 20, 2020
TO: All ACBH Programs Operating in Residential Settings
FROM: Aaron Chapman, MD, Medical Director and Chief Medical Officer
James Wagner, LMFT/LPCC Deputy Director, Clinical Operations
Nathan Hobbs, LCSW, Substance Use Continuum of Care
SUBJECT: **ACBH RESIDENTIAL PROGRAM HEALTH GUIDANCE FOR COVID-19 AND INFLUENZA**

In order to ensure that all partner agencies are provided with recommendations during this COVID-19 pandemic, Alameda County Behavioral Health (ACBH) has issued the following guidance related to residential care and/or recovery residence housing:

- **Planning and Situational Awareness of COVID-19 guidance and resources (Appendix A);**
- **Provision of Education for staff and residents (Appendix B);**
- **Provision of Hygiene and Prevention materials to residents (Appendix C);**
- **Provision of Basic COVID-19 Screening for residents and clients (Appendix D);**
- **Isolating and Providing care for symptomatic persons (Appendix E);**
- **Contacting Health Providers for Testing or Treatment of symptomatic persons (Appendix F);**
- **Social Distancing while conducting Group Counseling (Appendix G); and**
- **Sanitation Recommendations (Appendix H).**
- **Reporting an Outbreak (Appendix I).**

All recommendations should be reviewed by each organization in order to determine appropriate operational changes that may be implemented (or enhanced) on a continued basis and should be evaluated based upon training, scope, and guidelines issued by agency human resources departments in relation to the deployment of employees/clinical staff.

The attached **Appendices (A – H)** have been provided in order to further specify operational or service level recommendations noted above. See attached.

References:

[Seattle King County Sanitation and Hygiene Guide](#)

[HUD Infectious Disease Toolkit for Shelters](#)

[CDC Coronavirus Webpage](#)

[Los Angeles County Department of Public Health: Guidance for Residential Substance Use Settings](#)



Planning and Situational Awareness of COVID-19 guidance and resources (Appendix A)

- 1) ACBH Programs in Residential Settings Weekly Call Offerings –
 - i. Every Friday, until further notice, from 10:15-11:15 am
 - ii. Conference call: 1-877-336-1828; Access Code: 351777#
- 2) Alameda County Health Care for the Homeless (ACHCH) guidance and resources at <https://www.achch.org/coronavirus>
- 3) Alameda County Public Health updates and guidance <http://www.acphd.org/2019-ncov.aspx>
- 4) Alameda County Public Health updates and guidance for Skilled Nursing and Residential Care Facilities (including Health Officer orders) <http://www.acphd.org/2019-ncov/resources/skilled-nursing-residential-care-facilities.aspx>



Provision of Education for staff and residents (Appendix B)

- 1) Make sure that flyers have credible educational information clearly visible and available to staff and clients. ACBH recommends posting the following information: [Symptoms](#), [Cover Your Cough](#), [Wash Your Hands](#), [What to Know](#)
 - a. If you feel sick, **DON'T COME TO WORK!** *No one needs "heroes" who may spread infection to their co-workers and clients.* Common symptoms of COVID-19 include cough, fever, shortness of breath or difficulty breathing. Staff with these symptoms should not return to work until they are free of fever for at least 72 hours without fever reducing medication, their respiratory symptoms are improving, and at least 7 days have passed since illness onset. Returning staff who still have respiratory symptoms should wear a surgical facemask at all times while in the facility, until 14 days after symptom onset, or until all respiratory symptoms have resolved, whichever is longer.
 - b. Assess staff and volunteers for potential exposure risks. Redirect vulnerable (aging, chronic illness) staff or volunteers from higher risk positions providing prolonged close contact.
 - c. Train staff on COVID as well as on handwashing, cough, and other hygiene techniques. Train staff on procedures around self-protection, disease identification and control.
 - d. **Avoid any close contact with symptomatic persons.** When possible have Protective Personal Equipment (PPE) on hand, which should only be used in the following conditions:
 - i. Staff interacting with symptomatic individuals should provide a surgical facemask to the client.
 - ii. Staff should put on an N95 respirator facemask and eye protection (e.g. face shield or goggles) themselves during close contact with client. Close contact is defined as within 6 feet or greater than 10 minutes for non-healthcare workers, or greater than 2 minutes if providing direct clinical care
 - iii. If staff is providing direct clinical care to a client that would involve contact (administering medications, for example), they should put on an N95 respirator facemask, gloves, eye protection and gown.
- 2) Whenever available, make surgical facemasks, N95 respirators, eye protection, gowns and gloves available in clinical care areas for staff performing clinical duties.
 - a. Ensure all employees clean their hands after removing PPE. Position trash cans near exits to easily discard used PPE. Follow CDC statement for Healthcare Personnel on hand hygiene

PPE Supplies:

Protective Personal Equipment includes: Surgical facemasks, N95 respirators, face shields, gowns, and gloves



(https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fhcp-hand-sanitizer.html) and CDC guidance on when and how to wash your hands (<https://www.cdc.gov/handwashing/when-how-handwashing.html>).

- 3) Maintain program point persons in contact with the ACBH program or Public Health department.



Provision of Hygiene and Prevention materials to residents (Appendix C)

- 1) Give all residents easy access to soap, water and hand-drying resources.
- 2) Whenever possible, make hand sanitizer available for general use, and offer personal-sized hand sanitizer for clients to take. Ensure that handwashing is frequently done.
- 3) Make tissue/Kleenex and waste baskets available.
- 4) Implement masking among staff, residents and other essential visitors to cover their nose and mouth while in the facility and, for residents, outside their rooms. Distribute disposable surgical facemasks or other face coverings to any person within the facility.
- 5) Minimize, where possible, close contact and the sharing of objects such as cups, food and drink.
- 6) Where possible, maintain six feet physical distance between beds, and between individuals in common areas.
- 7) Routinely clean and disinfect all frequently touched surfaces and objects. Follow CDC Guidance on cleaning and disinfecting your home (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>).
- 8) Wash hands for at least 20 seconds or use alcohol-based hand sanitizer that is at least 60% alcohol. Follow CDC Guidelines for Hand Washing (<https://www.cdc.gov/handhygiene/index.html>).
- 9) Provide clarifying information on Surgical FaceMasks and N95 Respirators (as needed).
 - a. There are key differences between surgical facemasks and N95 respirators:

Disposable surgical face mask	N95 Respirator
<ul style="list-style-type: none">• Looser fitting• Keeps virus from getting OUT of a sick person (sneeze, coughing, talking) to protect OTHERS.• Provides minimal protection from splashes/drops coming from a sick person• Good for any sick/symptomatic person to wear	<ul style="list-style-type: none">• Must be fit tested• Filters air coming IN• Provides some protection from inhaling droplets containing virus• Hard to breathe through if you are sick, young or old.



	<ul style="list-style-type: none">• Not recommended for general use during viral pandemic.• Health workers use when directly treating infected patients• Useful for staff when forced to deal closely with a symptomatic person.
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- b. If someone has a cough or is sneezing, please have them wear a disposable surgical facemask.
- c. Change the facemask if it gets saturated, and dispose of it safely.
- d. Wash hands before and after changing facemask to prevent spread of germs.



Provision of Basic COVID-19 Screening for residents and clients (Appendix D)

- 1) Provide basic COVID-19 Screening for residents and clients – Provide Health Screening at intake and on a daily basis:

Fever?

- Fever (temperature over 100 degrees Fahrenheit). See (<https://www.uwhealth.org/health/topic/special/rectal-ear-and-oral-temperature-comparison/tw9223.html>).
- All staff, contractors, or essential visitors entering Licensed Facilities or Other Agencies must submit to a temperature screening, by the least intrusive means possible, before entering these locations.

Providers should acquire a temporal thermometer to help screen residents and clients for fever

Self Evaluation? Are you currently experiencing any of the following?

- Self-evaluate for mild to moderate symptoms related to COVID-19 or other respiratory illness, including fever, sore throat, coughing, shortness of breath or general weakness in the past 7 days

Have you had recent contact within the past 14 days with anyone known to have COVID infection?

If resident indicates “yes” to any of the above symptoms OR indicates they have had contact with a person with a known COVID infection, follow directions in Appendix E (Isolate and Provide care for symptomatic persons)

- 2) Identify your residents who may be at high risk of death or severe illness if they were infected with COVID. As much as possible, isolate them from symptomatic clients. These include individuals who are:
 - Age 60+
 - Other chronic conditions like heart, lung or liver disease
 - Immune compromise (HIV, cancer, Diabetes, etc.).
- 3) Stay updated with the ACBH program regarding developing isolation/housing resources for high-risk individuals.



Isolating and Providing care for symptomatic persons

(Appendix E)

- 1) Upon intake, any person with new onset fever, cough, or shortness of breath or with close contact to a known COVID case in the previous 14 days should be placed in isolation in a single room to prevent exposure to other residents
 - a. If a facility is unable to isolate such a person, on a case-by-case basis, the facility Medical Director or Director of Nursing may consult with the ACBH Medical Director to identify alternative placement.
 - b. Testing for COVID may be considered for symptomatic persons but should not delay admission if isolation is possible.
 - c. Admissions for persons with diagnosed COVID infection should be deferred until the end of the person's infectious period unless full isolation precautions can be maintained throughout the infectious period.

- 2) Isolate and provide care for symptomatic persons –
 - a. Designate a separate “sick room” and bathroom (if available): Symptomatic persons with no other isolation options should be enabled to temporarily isolate, ideally in a separate, well-ventilated room, kept out of close contact (6’) of others (including bed placement), arrange to receive “to go” bag lunches, water, tissue and surgical facemasks. They should be provided with medical care information and “home” isolation [Tips and Guidance](#) is available from Alameda County. Place clear signage outside all isolation/sick rooms.

 - b. Supporting symptomatic clients:
 - As much as possible, avoid having the same staff providing services to both clients who are ill and to clients who are asymptomatic. Have staff exclusively assigned to work with people who are ill.

 - Encourage the client to lie down and rest. Most will want to do this.

 - Prevent dehydration. Encourage client to drink plenty of water, clear soup, decaffeinated tea or juice. Bring food to the client as much as possible to avoid contact with other persons. Encourage use of Pedialyte and/or sports drinks with electrolytes.

 - Provide client with surgical facemask, hand sanitizer, tissues and plastic bag or lined garbage bag to dispose of tissues.

 - Encourage client to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze and then immediately wash hands

 - Avoid housing the sick person in a room with people who have health conditions that increase their risk of complications from COVID-19, these include but not limited to HIV,



asthma, diabetes, heart disease, high blood pressure, chronic lung disease, cancer, and medications that suppress the immune system and pregnancy.

- Increase spacing between beds so that the sick person's bed is six feet from the next bed.
- Arrange beds so that persons lie head-to-toe or toe-to-toe to provide the greatest distance between faces.
- Use sheets or curtains to create temporary barriers between beds.
- Check in on client several times a day.



Contacting Health Providers for Testing or Treatment of Symptomatic persons (Appendix F)

- 1) **If a person develops symptoms of COVID-19** including fever, cough or shortness of breath, call their health care provider or local health department before seeking care. They will likely tell most people to “isolate at home” unless they are severely ill. There is currently little testing capacity – this will change – keep in touch with ACBH around this issue.

- 2) **Additional Resources, Information, & Recommendations:**
 - 1) Here is a [list of countywide primary care providers](#). Always attempt to contact the client’s Primary Care Provider (PCP) first; if unable to get hold of PCP, contact the clinic with which the PCP is associated (e.g. Federally Qualified Health Center) and ask to speak with the advice nurse.

 - 2) If you believe that you client may be eligible for Isolation Emergency Housing, refer to the following site (www.acphd.org/2019-ncov/operation-comfort.aspx).
 - i. If a person has severe symptoms (shaking, high fevers, difficulty breathing, difficulty walking, inability to stay hydrated, unable to care for self in shelter/tent) CALL 911.

 - ii. **Testing:** At this time, very limited testing is done through primary care providers, hospitals or the Emergency Department. There are no places to go to “get tested.” Testing is done as part of treatment of persons with confirmed contact to COVID cases or for very ill or very high-risk persons. This will change, so keep in touch with ACBH.

- 3) **Transportation:** At this time, ACBH does not recommend transporting symptomatic patients on your own, nor through rideshare or taxis. We are working on guidance for PPE while transporting patients and on alternatives to ambulance transport.



Social Distancing while conducting Group Counseling (Appendix G)

- 1) **Shelter in Place.** All residents should follow current [County orders](#) around Shelter in Place.

- 2) **Social Distancing.** Residential providers should limit the spaces between people, the number of people who congregate and interact together in order to maintain the six-foot social distancing CDC guidelines. People with symptoms should self-isolate, and wear surgical facemasks when close to others.

- 3) **Group Counseling & Group Activities (or Milieu Activities):**
 - a. Whenever possible, group activities should be minimized and replaced with individual encounters.

 - b. Group activities for symptomatic clients should be conducted separate from clients without symptoms.

 - c. Whenever possible, group activities should be not exceeding 10 participants in a room or closed space.

 - d. Limit group size based on the ability to maintain the six-foot social distance guidelines and do not exceed more than 10 people.

 - e. Participants should be seated or positioned at least 6 feet apart from one another and avoid face-to-face positioning of chairs.

- 4) **For quarantined clients in a social isolation room,** telehealth counseling (group or individual counseling) can be performed between staff member and client using phone, Skype, Facebook messenger, etc.

- 5) **Other ways to practice social distancing a Residential Setting:**
 - a. Use tissues or paper towels if you have to touch commonly touched surfaces.

 - b. Practice frequent handwashing and sanitizing.

 - c. Keep 6 feet of “social distancing” with other people, avoid handshakes, hugs, etc.



- d. Divide up sleeping spaces into smaller groups, with at least 6' between each bed.
- e. Create room dividers to separate beds.
- f. Get “grab and go” lunches and meals and stagger meals to enable people to eat at separate times and locations.



Sanitation Recommendations (Appendix H)

- 1) **Resource:** Please refer closely to the Seattle King County [Seattle King County Sanitation and Hygiene Guide](#).
- 2) **Cleaning and Disinfecting Shelters and Programs:**
 - a. High touch areas likely to be contaminated should be cleaned and disinfected at least daily (i.e. doorknobs, faucet handles, toilet seats, tables, chairs, light switches, tv/stereo, phones, stove, refrigerator)
 - b. A 10% bleach solution (1/4 cup bleach to 1-gallon water) is adequate to kill COVID virus. After cleaning, let a bleach solution stand for 3-5 minutes and air dry. More detailed information (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>).
 - c. Be sure to use a separate procedure for first cleaning a surface, then disinfecting it: Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes). with an EPA-registered disinfectant to kill germs, *after* the surface has been cleaned with soap and water.
 - d. Personnel performing the cleaning and disinfecting should use disposable gloves.
 - e. Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets.
 - f. Change mop heads, rags, and similar items used for cleaning and disinfecting frequently.
 - g. Clean, disinfect, and dry equipment used for cleaning after each use.
 - h. Items such as dishes, linens, or eating utensil do not need to be cleaned separately, but it is important to note these items should not be shared or used by others.



Reporting an Outbreak

(Appendix I)

1) In any ACBH Residential Program the following definitions will apply:

- a. **Confirmed COVID-19 outbreak:** 1 case of laboratory-confirmed COVID-19 in either a resident or a staff member
- b. **Suspected COVID-19 outbreak:** 2 or more cases of influenza-like illness (ILI) within 72 hours of each other. ILI is define as a fever (temperature greater than or equal to 100 degrees F or 37.8 C) AND cough and/or sort throat in the absence of a known cause.

2) A confirmed or suspected COVID-19 outbreak, as defined above, must be immediately reported to the Alameda County Public Health Department.

3) If a facility experiences a confirmed or suspected outbreak, as defined above, the facility should be closed to new admissions and reopened only in consultation with Alameda County Public Health.

