San Francisco Department of Public Health

Guidance

Interim Guidance: Prevention and Management of COVID-19 in Residential Treatment Settings for Adults, Children, and Youth

UPDATED July 2, 2020

The following guidance was developed by the San Francisco Department of Public Health for use by local facilities, and will be posted at http://www.sfcdcp.org. This interim guidance may change as knowledge, community transmission, and availability of PPE and testing change.

AUDIENCE: Clients and staff of residential mental health, behavioral, or substance use disorder treatment programs, including those for children and youth.

These guidelines are not intended for residential care facilities for the elderly (RCFE), skilled nursing or long-term care facilities, single residence occupancy (SRO) sites, navigation shelters, or drop-in centers. Also, this guidance does not apply to children and youth in detention.

Summary of Updates since the 6/21/2020 Version

Harmonized with the following provisions from CDSS Update of 6/22/2020:

- ❑ Groups for meetings and activities are limited to 10 people or fewer, including the adult in charge in the case of children.
- ❑ Opening windows and adjusting the heating, ventilation, and air condition to increase airflow when possible.
- ❑ When a child is in isolation, a single adult caregiver will primarily be caring for the child. Additionally, they must wear appropriate PPE when caring for that child.

BACKGROUND: Residential treatment facilities include psychiatric urgent care, social and medical withdrawal management, and mental health and substance use disorders for patients and clients staying overnight at facilities. These congregate settings pose high risk for COVID-19 transmission and outbreaks. These programs often serve clients who have chronic medical conditions which put them at risk for severe illness due to COVID-19. This document provides guidance to reduce the risk of COVID-19 transmission in residential treatment settings.

Residential treatment programs for children and youth face additional challenges in preventing the spread of COVID-19. Some behaviors needed to prevent spread of COVID-19 for adults (e.g., staying 6 feet apart, wearing face coverings, and practicing good hygiene) are often difficult for children. Children and youth in residential treatment programs interact with a large number of other persons every day for activities for treatment and daily living. These conditions underscore the importance of special considerations and measures appropriate for children and youth.

How to Protect Yourself

- Clean your hands often
  - Wash your hands often with soap and water for at least 20 seconds; or
  - Use a hand sanitizer that contains at least 60% alcohol
- Avoid touching your eyes, nose, and mouth
- Avoid close contact
  - Stay at least 6 feet distance between people at all times
  - Stay sheltered in your home or room as much as possible
- Wear a mask or face covering
  - Wear a mask or face covering at all times at all times in common areas and in public (see exceptions, including for young children)
  - Masks or face coverings may include surgical masks or cloth face coverings, scarves, bandanas or other improvised means to cover mouth and nose; keep your mask/face covering clean
- Clean and disinfect
  - Clean and disinfect personal use areas (e.g., dresser, desk) daily
  - Clean frequently touched items more often (e.g., keyboard, phone)

Reducing the Risk of COVID-19 in Residential Treatment Settings

General Preventive Measures

To reduce the risk of COVID-19 infection in congregate residential treatment settings, programs should implement general prevention measures – and educate and train staff, clients, and visitors to comply.

Training should include educating clients and staff to recognize the signs and symptoms of COVID-19 infection; to practice universal prevention including social distancing, masking/face covering, hand washing, and cleaning; and to safely engage in therapeutic and social activities (e.g., smaller group sizes, telehealth, and limited group outings). Staff should be given job-specific training on transmission-based precautions and appropriate use of Personnel Protective Equipment (PPE), especially when conducting screening and treatment activities requiring close contact. Trainings should be delivered by written communication (e.g., handouts), verbally at staff and program meetings, and posted flyers throughout the facility.

SUMMARY OF MEASURES FOR PREVENTING COVID-19 INFECTION IN RESIDENTIAL TREATMENT SETTINGS

Screening for new respiratory symptoms, fever, or COVID-19 exposure

- ❑ Screen staff, clients, and visitors upon entry and re-entry
- ❑ Screen staff upon each shift change
- ❑ Conduct daily screening of all clients for COVID-19 symptoms
- ❑ Use proper personal protective equipment during screening
- ❑ Document any new fever, respiratory symptoms, or confirmed COVID-19 contact
- ❑ If fever or symptoms are reported, instruct to person to wear a mask and isolate in room
- ❑ Notify manager of any new fever, respiratory symptoms, or confirmed COVID-19 contact

Universal Prevention, Social Distancing, Mask/Face Covering

- ❑ Encourage 6 feet spacing between people at all times
- ❑ Ensure that beds are spaced at least 6 feet apart and oriented head to toe
- ❑ Require face masks/coverings in all common areas, in public, and while working
- ❑ Encourage frequent hand washing
- ❑ Clean and disinfect personal use areas and items

Limit Gatherings and Group Activities

- ❑ Cancel all large and non-essential group meetings
- ❑ Conduct only essential small group meetings (i.e., 10 persons)
- ❑ Stagger use of common areas, dining halls, and bathrooms

Regular Facility Cleanings

- ❑ Clean and disinfect at least daily, and high use common areas at least twice daily (e.g., bathrooms, dining rooms, kitchens)
- ❑ Frequently clean high-touch surfaces (e.g., railings, doorknobs, switches)

Minimize Entrance/Exit

- ❑ Limit/restrict all visitors and non-essential personnel when possible
- ❑ Establish a holding area where visitors can wait or drop off items
- ❑ Limit outings to essential activities (e.g., pharmacy, food)
- ❑ Encourage phone or video-chat in lieu of face to face visits

Facility infection control

- ❑ Post signs with hygiene etiquette
- ❑ Provide easy access to hygiene supplies (e.g., soap, water, hand-sanitizer)

The following additional measures or modifications should be implemented at residential facilities with children or youth.

SUMMARY OF SPECIAL CONSIDERATIONS FOR CHILDREN AND YOUTH IN RESIDENTIAL TREATMENT SETTINGS

Screening for new respiratory symptoms, fever, or COVID-19 exposure

- ❑ Conduct daily screening of all children and youth for fever and COVID-19 symptoms
- ❑ Screening questions on COVID-19 symptoms should be asked of and confirmed by the child's staff or parent/guardian. Look at the child or youth for signs of illness like flushed cheeks, rapid breathing or difficulty breathing, fatigue, or extreme fussiness. If available, a health care professional should look at the child for any signs of illness.

Universal Prevention, Social Distancing, Mask/Face Covering

- ❑ Children and youth 13 years and older should be instructed to wear a mask/face covering in all common areas and in public, as for all adults.
- ❑ Children age 3 to 12 years old should be encouraged to wear a mask/face covering with adult supervision.
- ❑ Children age 2 and younger should not wear a mask/face covering.
- ❑ Children should not wear a mask/face covering at naptime.

Create Groups or Cohorts to Limit Exposure

- ❑ Create groups of 10 (inclusive of the adult in charge) to keep as a cohort for all activities
- ❑ Keep children and staff in the same group; limit interactions between groups
- ❑ Stagger use of common areas between groups

Regular Facility Cleanings

- ❑ Identify items and areas that children touch frequently
- ❑ Clean and disinfect toys, games, and play areas between groups or at least twice daily

Minimize Entrance/Exit

- ❑ Establish an area where family and caregivers can wait or drop off items
- ❑ Maintain groups/cohorts for outings with children and youth

Staffing

- ❑ Recruit staff experienced with caring for children and youth and ensure that you have a roster of substitute caregivers who can fill in.

Screening for COVID-19 Symptoms

When to Screen

- Initiate screening for COVID-19 signs and symptoms
  - Screen all persons upon entry, re-entry, or return from any activity outside the facility.
  - Screen all staff upon entering the facility at the beginning of each shift.
  - Persons who refuse to be screened should not enter the facility.
- **For children and youth,** remember to screen all family members or caregivers upon entry or reentry even if they resided with them at home.

Where to Screen

- Establish a designated screening station. Stock with necessary equipment (i.e., thermometer, alcohol wipes, screening log, surgical masks, and hand sanitizer).
- Set up a physical barrier, such as a glass window or clear plastic barrier on a table, for the person taking the temperature to stand behind. The partition protects the screening staff's face and mucous membranes from respiratory droplets produced if the client being screened sneezes, coughs, or talks. CDC does not recommend using barriers to facilitate the screening questions.
- If a barrier cannot be put in place, the person measuring temperature should wear personal protective equipment (PPE), including an isolation face mask, eye protection (goggles or face shield), and disposable gloves. N95 masks and gowns are not necessary for screening. Staff must be trained on how to safely put on and remove PPE.
- Limit facility access points and ensure that each entrance also has a screening station.
- For additional guidance on setting up a screening station, go to www.sfcdcp.org/businesses and see the section on Health Screening.

How to Screen

- Screening includes asking about symptoms of COVID-19 and measuring temperatures. Designate a limited number of staff member on each shift to help with screening. Have clients report to the screening station at scheduled screening times twice daily. Make sure clients are masked or wearing face covering and stay 6 feet apart.
- Screening for COVID-19 symptoms in Adults: Screen individuals by asking questions about symptoms and exposure to COVID-19.
    - Symptoms of COVID-19 include: fever (defined as temperature >100.0°F or 37.8°C with a "no touch" thermometer) • Cough • Sore throat • Shortness of breath • Chills •Headache • Body aches • Fatigues • Loss of smell • Runny nose • Nasal congestion
        - CDC has a printable flyer of common COVID-19 symptoms at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-11x17-en.pdf
    - When clients screen positive for fever, symptoms of COVID-19, or feel ill, they should mask, notify their counselor and return to their room.
    - When staff screen positive for fever, symptoms of COVID-19, or feel ill, they should mask, notify their manager, and go home. If home, they should not come to work.
        - Reassure clients and staff that reporting symptoms will not result in discharge or termination.
        - For instructions on daily screening of staff who are reporting to work, follow the "Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted to Operate During the Health Emergency", available at: www.sfcdcp.org/screening-handout. A copy of this handout must be given to all personnel.
    - Visitors with symptoms or fever should not enter the building.
- Measuring temperatures: Identify a staff member responsible for measuring temperatures.
    - Use only a no-touch infra-red thermometer and follow these steps.
        - Don an isolation mask (and face shield or goggles if you do not intend to stand behind a physical barrier).

- Wash hands or use hand sanitizer prior to wearing a clean pair of disposable gloves. Once gloved, avoid sharing items (e.g., pens, clipboards).
- Stand behind a physical barrier or transparent partition.
- Measure the client's temperature by reaching around the partition or through a window. Make sure your face stays behind the barrier at all times during the screening.
- If you did not touch the client, you do not need to change gloves before checking the next client. If you do touch the client, you must change your gloves and wipe-clean the thermometer.
- At the conclusion of measuring temperatures, carefully remove face shield or goggles, then remove gloves and wash hands.
- Clients and staff who pass through the screening station should also wash their hands or use hand sanitizer.

  - SFDPH defines fever as a temperature greater than or equal to 100.0° F (37.8° C) for the purpose of screening at workplaces and residential facilities.
  - For additional guidance on how to measure temperatures: www.sfcdcp.org/businesses under the section on Health Screening.

For facilities with children:

- Screening for COVID-19 symptoms and taking temperatures in children:
  - Stand at least 6 feet away from the child or youth being screened and their parent or guardian.
  - Ask the staff, youth, or child's parent/guardian to confirm that the child or youth does not have fever, shortness of breath, or cough, or other symptoms of COVID-19.
  - Look at the child or youth for signs of illness like flushed cheeks, rapid breathing or difficulty breathing, fatigue, or extreme fussiness.
  - CDC does not recommend using personal protective equipment (PPE) if staff stay 6 feet away from the child and family during screening.
  - Follow the procedures for taking temperatures as described for adults. For additional guidance on taking temperatures and screening for COVID-19 in children and youth and a sample of a health check sheet, visit www.sfcdcp.org/covidschoolschildcare.

Wear Masks/Face Coverings

- All Adults and youth 13 years and older should wear masks or cloth face coverings at all times.
  - Clients must wear a mask at all times except when they are alone in their room.
  - Staff must always wear mask while at work.
  - Family members, visitors or caregivers accompanying children or youth must wear a mask at all times while visiting.
  - Persons who refuse to mask/face covering should not be allowed in the facility.
- Any person who has trouble breathing, or is asleep, unconscious, or otherwise unable to remove a mask without assistance should not wear a mask or face covering. For additional details, see the Order on Face Coverings at www.sfdph.org/healthorders
- If client refuses to wear a mask or face covering:
  - They should stay in their room and eat separately from others.

  - They should not participate in groups or non-essential activities, including receiving visitors.
  - Consider alternative mask/face covering solutions (e.g., softer cloth mask or larger size). For other ideas, go to: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.
  - Consider incentives to wear masks/face covering including offering small tokens or rewards, "personalizing" face coverings, and even simple praise.
- If persons are coughing or sneezing, a disposable surgical mask is preferable.
- If the client is ill and unable to wear a mask or face covering
  - Optimize room and floor ventilation to the extent possible. Open windows and adjust the heating, ventilation, and air conditioning to increase airflow when possible.
  - Consult the client's primary care provider or call the DPH Communicable Disease line for advice (415) 554-2830 regarding possible isolation site referral.
- Masks worn while providing direct patient care or in procedural areas should not be worn in non-patient care areas. This does not include masks worn during screening

Face Coverings for Children and Youth in Residential Programs

- ❑ Children and youth 13 years and older should be instructed to wear a mask/face covering in all common areas and in public, as for all adults.
- ❑ Children age 3 to 12 years old should be encouraged to wear a mask/face covering with adult supervision.
- ❑ Children age 2 and younger should not wear a mask/face covering.
- ❑ Children should not wear a mask/face covering at naptime.

Find Flyers on use of Face Coverings for Children at: www.sfcdcp.org/covidschoolschildcare.

Practice Social Distancing

General Considerations for Adult Clients in Residential Treatment

In common areas and in public, adult clients should practice social distancing, keeping at least 6 feet from others at all times. In residential settings, social distancing may also require rearranging spaces, staggering use of spaces, and limiting permissible activities.

- In shared bedrooms ensure that beds are spaced at least 6 feet apart and oriented head to toe. Consider placing dividers, sheets, or curtains between beds.
- Stagger the use of bathrooms and showers to avoid any close contact.
- For shared kitchens and dining rooms:
  - Restrict the number of people allowed in the kitchen and dining room at one time (e.g., stagger mealtimes) so that everyone can stay at least 6 feet (or 2 chairs) apart.
  - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
  - Do not share dishes, drinking glasses, cups, or eating utensils.
  - Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.
  - Wash hands after handling used food service items.

  - Use gloves when removing garbage bags and handling and disposing of trash. Remove gloves and wash hands after disposing of trash.
- Stagger the use of recreational or exercise rooms to permit 6 feet distance between people.
- In groups and meetings, limit participation to a maximum of 10 persons. Ensure group participants maintain at least 6 feet apart or 2 chairs distance.
- Cancel large group meetings.

Limit the Mixing of Children and Youth with Each Other and with Other Persons

For children and youth in residential treatment settings, social distancing is difficult. To reduce the risk of COVID-19 exposure programs should establish therapeutic groups or cohorts with a maximum of 10 (inclusive of the adult in charge). The children should be of similar age. These group cohorts should be kept together for all their activities. Cohort groups should not commingle or interact. To the extent possible, cohorts should stay with the same therapeutic staff member or instructor. These measures reduce the risk of spread of COVID-19 from others outside the child's group or cohort.

To limit the mixing of children and youth with each other and with other persons:

- Stagger playground time and activities so no two groups are in the same place at the same time.
  - Keep groups separate for special activities such as art, music, and exercising.
  - Staggering meals and snack times between groups.
  - Consider having staff eat at separate times, so that they do not remove their face coverings at that same time as children, youth, or other staff.
- Space children as far apart as possible, ideally at least 6 feet apart, for individual activities and especially during meals and snacks, when face coverings are removed.
  - Encourage individual activities like painting, crafts, and building with blocks, and other materials.
  - Involve children in developing social distancing plans, using chalk and materials like pool noodles and yarn to create personal space areas.
  - At naptime, place children's naptime mats or cribs as far apart as possible, ideally at least 6 feet apart. Orient mats head-to-toe.
- Do as many activities outside as possible.
  - Consider eating snacks and meals outside, since this is a time when older children must remove their masks.
  - Create field games or outdoor activities that provide wider spacing opportunities.
  - Sports with shared equipment or physical contact, like soccer, basketball, baseball, softball, and tennis may be played, but only within the same group.
  - Clean equipment at least once per day.
- Cancel or postpone special events that involve parents and families, such as festivals, holiday events, and special performances.
- For further guidance on social distancing for children in group activities see www.sfcdcp.org/covidschoolschildcare.

CONDUCTING TREATMENT GROUPS OR COMMUNITY MEETINGS FOR ADULTS IN RESIDENTIAL TREATMENT

- ❑ All non-essential group meetings should be cancelled.
- ❑ All large group meetings should be cancelled.
- ❑ Small group meetings may be conducted if they are essential.
- ❑ Small groups must be limited to a maximum of 10 staff and clients.
- ❑ Group participants should maintain a 6-feet personal perimeter (2 chairs).
- ❑ Group space should not be small, crowded, or poorly ventilated.
- ❑ When possible, use telehealth or video conferencing in lieu of in-person groups.
- ❑ All participants must adhere to universal masking/face covering.
- ❑ Persons who are ill should not attend group.

CONDUCTING TREATMENT GROUPS FOR CHILDREN AND YOUTH IN RESIDENTIAL TREATMENT

- ❑ Maintain the same groups or cohorts of children for treatment. Do not allow groups to interact with each other.
- ❑ Limit group size to 10 (inclusive of the adult in charge), per room or space, per California Department of Social Service's Community Care Licensing Division (CCLD).
- ❑ Consider state guidance on adult-child ratios for staffing, "Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities in Response to COVID-19"
- ❑ Only move children or youth from one group to another when a change is needed for a child or youth's overall safety and wellness.
- ❑ Keep staff with the same group each day; do not move staff from one group to another.
- ❑ Each group must be in a separate room or space.

Hand Hygiene

- Clients, staff, and visitors should wash or sanitize their hands frequently to minimize transmission of the COVID virus. Soap and water are preferred if hands are visibly dirty.
- Clients should wash hands before eating, after going to the bathroom, or after blowing their nose, coughing, or sneezing. They should also wash after house chores, e.g., house cleaning or doing laundry.
- Staff should wear gloves and wash hands before and after conducting screening, administering medication, environmental cleaning, or handling client's personal items.
- For more information on hand hygiene go to: http://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html.
- **Additional hygiene and handwashing considerations for children:**
  - Supervise children to ensure that they wash their hands often with soap and water for at least 20 seconds or properly use hand sanitizer, especially before eating, after going to the

bathroom or diapering, or after wiping their nose, coughing, or sneezing. Encourage kids to sing "Happy Birthday" twice to ensure that adequate time spent washing.
    - Set up hand hygiene stations near the entrance for children and youth to use immediately after they arrive.
    - Keep hand sanitizer out of the reach of young children; supervise its use carefully.
    - Educate children and youth about basic measures to prevent the spread of infection, including washing hands frequently and covering one's coughs and sneezes in one's elbow.
    - Involve children and youth in making signs to remind people to wash their hands, cover coughs and sneezes, and stay 6 feet apart.

Limit Outings

Reduce the risk of residential exposure to COVID-19 virus by limiting unnecessary community outings and interactions with the public.

- Limit all unnecessary entrances and exits.
- Client outings should be limited to essential trips (e.g., food, pharmacy).
    - For exercise or fresh air, encourage clients to go in small groups to open spaces or parks.
    - Clients should avoid public gatherings, community lounges, self-help meetings, shopping centers, places of congregation, and activities resulting in non-essential encounters.
    - If clients take public transportation, they should wear a mask/face covering and wash or sanitize their hands.
    - If clients are transported by agency vehicle/van, transport fewer people to allow distancing.
    - Upon return, clients should leave packages in a designated "decontamination" area and wash their hands.
- Clients who exit the program without permission may be requested to self-isolate for 5 to 14 days, test or retest for COVID-19 or accept referral to an alternative isolation facility.
- **Additional considerations for outings for children:**
    - Recognizing the need for children and youth to have relief from living in facilities and reintegration into daily living, some outings will be needed.
    - Maintain the same groups or cohorts for outings with children and youth. Consider smaller, sub-groups for outings but do not mix groups.
    - Masks/face coverings should be worn at all times for outings with children and youth.
    - Maintain 6 feet of distancing from each other and outside persons in public at all times.
    - Arrange van or transport to allow space between seats.

Limit Visitors

- Restrict all non-essential visits.
- All visits with clients should be pre-arranged and pre-approved by staff.
- Essential visitors include those with therapeutic benefit such as visits by family, intensive case manager, public conservator, or child protection service case worker.
- When visitation is permitted, facilities should ensure the visit is conducted safely by requiring visitors to wear a mask/face covering, socially distance, and refrain from physical contact with clients and others while in facility, including no handshaking or hugging.

- In lieu of in-person visits, facilities should offer alternative means of communication for people who would otherwise visit, such as virtual communications by phone or video-chat.
- If possible, create dedicated visiting areas and disinfect areas after each client-visitor meeting.

Provide Easy Access to Personal Hygiene Products

- Provide easy access to soap, water, hand drying resources, and ethanol-based hand rubs at all entries, dining areas, shared bathrooms, elevators, kitchen areas, public phones, computer stations, by the doors of community rooms, and by the bedsides of ill individuals.
- Ensure that adequate hygiene and cleaning supplies are present and maintained:
  - Hot and cold water, liquid hand soap.
  - Ethanol-based hand sanitizer that contains at least 60% ethanol.
  - Facial tissues placed at entrances and communal areas.
  - Plastic lined waste baskets at entrances and communal areas.
  - Disposable surgical masks, gloves in a variety of sizes for staff, gowns for staff.
  - Disposable wipes for staff to clean surfaces.

Enhance Cleaning of Patient Rooms and Common Areas

- Update your master cleaning schedule and instructions.
  - Clean and disinfect shared areas (such as shared cooking facilities, exercise rooms, laundry facilities, and elevators) using EPA-registered disinfectants more than once per day.
  - Shared bathrooms should be cleaned regularly using EPA-registered disinfectants, at least twice per day (e.g., in the morning and evening or after times of heavy use).
  - High-touch areas such as tables, countertops, light switches, doorknobs, and cabinet handles should be wiped with an EPA-approved disinfectant **every 2 to 4 hours.**
  - If surfaces are visibly dirty, clean with detergent or soap and water before disinfecting.
- Use cleaning products according to the directions on the label.
- To see if a disinfectant is on the EPA's list of products that are effective against coronavirus, go to: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
  - Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - Provide EPA-registered disposable wipes to staff members, if possible, to wipe down commonly used surfaces such as keyboards, desks, and remote controls before use. Or, see CDC guidance on disinfection for community settings at https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html.
  - Refer to CDC's, "Cleaning and Disinfecting Your Facility" at https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
  - Follow SFDPH instructions at www.sfcdcp.org/covidcleaning

Additional Considerations for Cleaning if Children are Present

- **Identify and frequently clean and disinfect objects touched by children.** In addition to the above, these may include classroom surfaces and objects, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures, and toys. Schedule cleaning and disinfecting of these surfaces and objects **every 2-4 hours.**
- **Other considerations for toys:**
  - Do not use toys that cannot be cleaned and sanitized.
  - Set aside toys that children have put in their mouths or that are otherwise contaminated by body secretions or excretions. Clean them by hand while wearing gloves. Clean first with water and detergent, rinse, then sanitize with an EPA-registered disinfectant, and air-dry.
  - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or in a separate container marked for "soiled toys." Keep dish pan out of reach from children to prevent risk of drowning.
  - Do not share toys between groups of children and youth. Wash and sanitize toys before moving them from one group to another.
  - Machine-washable cloth toys should be used by one child at a time, set aside, or discarded.
  - Books and other paper-based materials like mail or envelopes, do not need additional cleaning or disinfecting.
- **Considerations for children's bedding**
  - Use bedding (i.e., sheets, pillows, blankets, sleeping bags) that can be washed.
  - Keep each child's bedding separate.
  - Consider storing bedding storing in individually labeled bins, cubbies, or bags.
  - Bedding that touches a child's skin should be cleaned weekly or before use by another child
  - Label cots and mats for each child.
- **Keep all cleaning materials secure and out of reach of children**
  - Ensure that there is adequate ventilation when using these products to keep children and staff from inhaling toxic fumes.

Mitigation Measures to Reduce Risks from Therapeutic Activities

Residential Treatment programs are Essential Services. They must remain open and operational during the COVID19 emergency. Proof of a negative COVID-19 status may not be a requirement for admission by clients who meet medical necessity for treatment. Such denial of care may be in violation of the Americans with Disabilities Act, Rehabilitation Act, and Affordable Care Act. It is reasonable however to enact residential mitigation procedures to reduce the overall risk of COVID-19 exposure.

To minimize the exposure to COVID-19 infection in residential treatment programs, the following special mitigation measures are recommended.

Test and Screen All New Clients

Upon admission to residential treatment, clients should be screened and tested for COVID-19 infection. If clients were referred from another residential facility, the program should request attestation that the

client has not had new symptoms of COVID-19 nor tested positive.

- **Upon admission, screen and arrange COVID-19 testing for all newly admitted clients**
  - Routine testing may be obtained through CityTestSF, for appointments go to https://sf.gov/citytestsf or call (415) 682-1740.
  - Arrange client transportation.
  - On-site residential COVID-19 testing may be implemented if appropriate medical staff and supplies are available. Transportation of the test specimen must be arranged.
  - Routine and on-site test results are typically reported in 24-48 hours.
- **Upon admission, isolate newly admitted adult clients onsite for 4-5 days**
  - If more than one client is admitted, they may be isolated as a cohort.
  - Clients in isolation should eat separately from others until completing isolation.
  - While in isolation, clients should be screened twice daily.

Test and Screen all new clients
Screen all newly admitted clients for COVID-19 symptoms
- ❑ Refer newly admitted clients for COVID-19 testing
- ❑ Place newly admitted clients in observational cohort isolation

If symptoms are detected or COVID-19 tests results are positive, move client to a private isolation room pending consultation with the DPH COVID consultation team (415) 554-2830.

- **Exceptions to admission testing include:**
  - Asymptomatic clients with a documented negative test within 7 days.
  - Clients with circumstances that may prevent testing at the time of admission (e.g. clients may be too agitated or intoxicated to allow testing to be performed safely.
  - Clients who decline or refuse to be tested may be requested to remain in isolation for up to 14 days prior to full participation in the residential program.
  - Clients with a scheduled admission, may be tested prior to admission. If a negative test has been obtained within 7 days before admission, a repeat test is not needed.
- **Considerations for COVID-19 testing of children and youth:**
  - It is recommended that children age 3 to 12 years old be tested in pediatric care preferably with the child's regular doctor or clinic. If this is not possible, there are several alternatives:
    - Clinicians can call the COVID Consultation Line 415-554-2830 to arrange for children and youth to be referred to an alternative testing site.
    - CityTestSF is developing capability for testing children and youth (for appointments go to https://sf.gov/citytestsf or call (415) 682-1740).
    - If uninsured, testing for children and youth may also be obtained at Mission Neighborhood Health Center (call 415-552-3870 x2217).
    - If the parent can still not get a test, call the SFDPH Schools and Childcare Hub (415)-554-2830 Press 1 for COVID-19, then press 6 for Schools.
  - Parental authorization or medical consent by a responsible adult must be documented.
  - Children and youth should be isolated in their room until test results are reported.
    - When a child is in isolation, a single adult caregiver should primarily be caring for the child, and must wear appropriate PPE when caring for that child.

If client has laboratory confirmed COVID-19 (positive test) or report COVID-19 symptoms during isolation, they should be masked, and asked to stay in their room. The program manager should call the DPH COVID consultation line (415) 554-2830 for advice and/or refer client to an isolation and quarantine site via the online application at: https://covid19isorequest.getcare.com/referral.

- Isolation and quarantine sites are for persons who have screened or tested positive for COVID-19 and do not need to be hospitalized. Isolation and quarantine sites are also for individuals who have been exposed to the virus and do not have access to a private room and bath due to homelessness or shared living arrangements, including a residential treatment facility.
- The typical length of stay at an isolation and quarantine sites is 7-14 days for suspected or confirmed COVID-19. During this time, the client's residential treatment bed should be held pending their return from isolation.
- To be accepted to an isolation and quarantine site, clients must be independent and able to manage all their activities of daily living (ADLs), including self-managing their medications. They must also be cognitively or behaviorally able to adhere to isolation procedures, follow directions and effectively use phone or text messaging.

Considerations for children and youth testing positive for COVID-19 and needing isolation

- If a child or youth has COVID-19 infection confirmed by a positive test, contact the SFDPH Schools and Childcare Hub for consultation and guidance at: (415)-554-2830, press 1 for COVID-19, then press 6 for Schools. Or email Schools-childcaresites@sfdph.org.
- City Isolation sites accept adults and families with children. Isolation sites do not accept unaccompanied minors.
- For children and youth needing isolation or quarantine, alternative arrangements must be considered, such as: on-site isolation, at home, or in the hospital. These options must balance the needs of the child, the capacity of the program and the risk of spread of COVID-19.
- When a child is in isolation, a single adult caregiver will primarily be caring for the child, and must wear appropriate PPE when caring for that child.

Establish an Isolation Room

Residential treatment programs should ensure availability of an isolation room for use upon admission or in the event of a suspected or confirmed COVID-19 infection.

- Residential Treatment programs should drop their census by 1-2 spots to ensure a private room is accessible at all times. These private rooms will be used for:
  - Isolating clients who are suspected or confirmed COVID-19 positive before alternative isolation is arranged.
  - Isolating a cohort of clients for 4-5 day of observation/screening upon admission.
  - Clients in isolation should have access to a private bath. If a private bath is not available, care must be taken to assure the bath is cleaned after use by isolated clients.
  - If a private room is unavailable, clients may be temporarily isolated in a large, well-ventilated room with a door.
  - To obtain a packet of instructions for Isolation and Quarantine in various languages, visit www.sfcdcp.org/i&q

BHS Tele-health Guidance during COVID-19

During the COVID-19 emergency, residential treatment staff should be encouraged to use telehealth or phone visits in lieu of face to face visits, to permit distancing and prevent the spread of COVID-19.

- For state funded Medi-Cal Mental Health or Substance Use Disorders Treatment: initial assessments and diagnosis for admission may be conducted by phone visit In lieu of face to face appointment.
- For admission to Drug Medi-Cal Organized Delivery System funded Substance Use residential treatment: initial assessment and diagnosis may be conducted by telehealth visit. When telehealth visits are unavailable, assessment by phone is permissible.
- Clients seeking admission to methadone treatment must be assessed by either an in-person or telehealth visit. Subsequent treatment and/or re-assessment of either Mental Health or Drug Medi-Cal clients may be conducted by phone.
- Clients seeking admission funded by private or personal funds should be assessed in concordance with practices dictated by the insurer or admitting agency in concordance with the appropriate regulatory agency.

Physician's Report for Community Care Facilities

- Licensed Community Care Facilities provide a level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients, but do not provide professional nursing care. By law, physician's or their equivalent are required to determine whether the client is appropriate for admission to or continued care in a community care licensed facility.
- Client interview for the purpose of completing a Physician's Report for admission to a Community Care licensed facility may be performed by Telehealth (with video) in lieu of face to face assessment. If telehealth is unavailable, interview may be conducted by phone. Documentation of encounters conducted by phone-only should include the reason why telehealth (with video) was not used.

Obtaining Consent: During the COVID-19 emergency, providers offering Mental Health or Substance Use telephone or telehealth services may be unable to obtain signed consents for medication use, disclosure of information (including Substance Use information), or other required documents (e.g. Physician's Report for Community Care Facilities). In these situations, providers may instead obtain verbal consent. Verbal consent must be clearly documented, and include attestation that obtaining a signed consent was not possible due to the COVID-19 emergency. For Substance Use information, under 42CFR Part 2 exceptions, patient information may be disclosed to medical personnel to the extent necessary to meet a bone fide medical emergency. Providers must make their own determinations as to whether this condition exists and document their reason and disclosure. **For children under the age of 18, consent from parents or legal guardians is required, except for emancipated minors.**

HIPAA and 42CFR Privacy Rules during COVID-19 Telehealth/Telepsychiatry Regulations Relaxed
During the COVID-19 public health emergency, HIPAA regulations have been modified by the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) to increase availability of Telehealth services. Any provider that wants to use audio/video technology to provide telehealth to clients can use any non-public facing remote communication product that is available to communicate with patients. SAMHSA has also granted this exemption for clients served by 42 CFR Part 2 programs. These changes will only apply during the COVID-19 national public health emergency. For more information please visit: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html and https://www.gov.ca.gov/wp-content/uploads/2020/04/4.3.20-EO-N-43-20.pdf

Continuity of Operation Plan

A continuity of operation plan is a collection of resources and procedures that are held in readiness for use in the event of a major disruption of operations, such as a possible facility quarantine following a COVID-19 exposure.

- All residential treatment programs should maintain essential services in the event of suspected or confirmed COVID-19 requiring facility quarantine, or other temporary suspension of therapeutic, or non-therapeutic activities.
- Individual isolation rooms may be necessary during facility quarantine. The DPH Case Investigation and Mitigation teams will advise.
- Flexible staffing including tele-commuting may be required to continue operations.
- A continuity of operation plan should include the recommendations in this document.

Resources

The following resources provide additional information and guidance related to COVID-19 prevention, mitigation, and response. Stay up to date with developments:

- For SFDPH guidance and answers to frequently asked questions: https://www.sfcdcp.org/covid19
- For the most current SFDPH COVID-19 Information and Guidance: https://www.sfcdcp.org/communicable-disease/diseases-a-z/covid19whatsnew/
- For information for healthcare providers about COVID-19: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
- For CDC Printable Resources and Flyers: https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc
- For SFDPH Printable Resources, go to https://www.sfcdcp.org/covid19 and scroll down to "printable resources." Multiple languages are available.
- For SFDPH guidance on social distancing for children in group activities, go to www.sfcdcp.org/covidschoolschildcare.

- For Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States
  https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html
- Additional searchable guidance from the Centers for Disease Control and Prevention (CDC):
  https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html
  https://www.cdc.gov/coronavirus/2019-ncov/php/index.html
- For questions regarding the guidance offered in this document, email: bhssites@sfdph.org

SUMMARY OF COVID-19 RECOMMENDATIONS FOR RESIDENTIAL TREATMENT SETTINGS

PREVENTION

FACILITY

- **Physical/Social Distancing**
  - ❑ Cancel all large and non-essential group meetings
  - ❑ Conduct only essential small group meetings (less than 10 persons)
  - ❑ Stagger use of common areas, food services and bathrooms
  - ❑ Space beds with 6 feet head to head distancing

Regular Facility cleanings

- ❑ Clean and disinfect daily, especially common areas (bath, kitchen)
- ❑ Frequently clean high touch surfaces (railings, doorknobs, switches)

- **Minimize Entrance/Exit**
  - ❑ Limit/restrict all visitors
  - ❑ Limit non-essential outings
  - ❑ Establish a holding area where visitors can wait or drop off items
- **Facility infection control**
  - ❑ Post signs with hygiene etiquette
  - ❑ Provide easy access to hygiene supplies (soap, water, hand-sanitizer)

RESIDENTS

- **Educate on Social Distancing**
  - ❑ Encourage 6 feet between people at all times
  - ❑ Minimize nonessential travel
  - ❑ Limit/restrict non-essential visitors and encounters with others
  - ❑ Use phone or video-chat to stay connected to family and friends.

- **Universal Prevention**
  - ❑ Encourage frequent hand washing
  - ❑ Require face masks/coverings in all common areas and in public
  - ❑ Clean and disinfect personal use areas and items (dresser, phone)

- **If Feeling Ill…**
  - ❑ Alert staff for assistance
  - ❑ Wear a mask
  - ❑ Remain in room as much as possible, including meals
  - ❑ Clean bathroom after use.
  - ❑ Do not attend groups

STAFF

- **Physical/Social Distancing**
  - ❑ Encourage 6 feet between people at all times
  - ❑ Hold video/phone staff or client meetings when possible

- **Universal Prevention**
  - ❑ Always wear a face covering at work
  - ❑ Wash hands frequently between work activities
  - ❑ Clean and disinfect personal use areas and items (keyboard, phone)

- **Conduct Screening**
  - ❑ Screen residents daily for COVID symptoms and fever
  - ❑ Screen staff upon shift change
  - ❑ Screen all staff, residents and visitors upon (re)entry
  - ❑ Staff should NOT come to work sick or with a fever

Educate staff on infection control. Advise about free COVID testing.

ACTION

IDENTIFY

If a resident or staff reports COVID symptoms or fever or is observed with suspected symptoms,

- **Instruct the resident to:**
  - ❑ Put on a face covering
  - ❑ Stay in room and avoid common areas
  - ❑ Do not attend groups
  - ❑ Await further instructions

- **Instruct the staff to:**
  - ❑ Put on a face covering
  - ❑ Notify Program Director
  - ❑ Go home immediately
  - ❑ Call their medical provider for advice and possible testing.
  - ❑ If tested at CityTestSF, a medical order is not required.

If staff or resident reports shortness of breath or chest pain, call 911

COMMUNICATE

- **Notify Program Director when…**
  - ❑ Residents or staff report COVID symptoms or positive COVID test.
  - ❑ Director should call for clinical consultation and next steps.
- **24 Hours (415) 554-2830** Call DPH Communicable Disease Control Line for consultation, or refer to I&Q site online at covid19isorequest.getcare.com/referral
- **M-F 830-5pm (415) 254-0843** Call BHS COVID-19 Medical Team for specialty MH/SUD clinical consultation.
- **Visit** sf.gov/citytestsf to schedule an appointment for free testing.

- **For referral for COVID19 Testing**
  - ❑ For a comprehensive list of citywide test sites, go to sf.gov/citytestsf
  - ❑ Call 415-682-1740 for free testing at DPH test sites. Appointment required.
- **For referral for Isolation and Quarantine hotel:**
  - ❑ Call 628-652-2820 or request I&Q online at covid19isorequest.getcare.com/referral
- **For independent residents who need help isolating at home; or cannot isolate at home**
  - ❑ Call the Containment Unit (628) 652-2810 for connection to food, supplies and services; or consultation for referral to Isolation hotel rooms.
  - ❑ Residents who have their own bathroom/kitchen can isolate at home.
- **Email bhssites@sfdph.org for Full Guidance and Frequently Asked Questions**

SFDPH-BHS 6/17.1.2

This summary is also available as an 8.5” x 14” PDF at: www.sfcdcp.org/ResTxPDF