**Recommendations for Virginia Community Service Providers:**
**Re-Opening Specific to Psychosocial Rehab**

In line with the phased re-opening of Virginia per the Governor's orders community based treatment providers are moving toward the re-opening of face-to-face services. These services cover diverse populations, areas, needs, and placements. As such, the recommendations in this document will cover services specifically related to psychosocial Rehab (PSR). All providers should communicate with their locality administration in order to ensure their individual plans are reflective of the needs and re-opening plans of their own communities.

Referencing CDC recommendations and the *Forward Virginia Guidelines*, providers must prepare COVID-19 mitigation plans for reopening, as even in Phases II and III of the Forward Virginia Blueprint, it is likely that outbreaks of COVID-19 will continue. Therefore, the plans outlined in this section should consider various contingencies for continuing operations in the event of an outbreak. Providers must report cases and outbreaks to their local health department, appropriate regulatory bodies, and consult with their respective local health department regarding management of outbreaks. Providers licensed, by the Department of Behavioral Health and Developmental Services (DBHDS) shall report any program closures or changes as a result of a COVD-19 outbreak.

The state advises that providers carefully weigh the vulnerabilities and benefits of resuming face-to-face services, as they continue to retain the ability to offer the services individually or through individual or group tele-health or telephone contact.

- Telehealth and/or in-person one-on-one treatment should be prioritized in lieu of face-to face therapy when clinically appropriate.
- In-person group treatment should only be utilized when, in the clinical judgment of the provider, the benefit significantly outweighs the risks for the participants, taking into account each individual's circumstances and medical and social risk factors.
- Rooms must be configured to ensure physical distancing of at least 6 feet.
- There should be no physical contact or sharing of materials.
- In-person treatment sessions should be limited to the minimum amount of time that the provider determines is clinically effective (e.g., 60-90 minutes or less)

Providers are encouraged to prioritize the health and safety of members and their staff and to consider member preferences, engagement and optimal access to care. Providers who elect to provide face-to-face services shall integrate recommendations provided through the Centers for Disease Control and Prevention, the Virginia Department of Health, and any relevant state regulatory bodies.

## Guiding Principles

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in clinic settings as follows:

- Lowest Risk: Individuals and providers engage in virtual-only service delivery and participation.
- More Risk: Individual or small, in-person service delivery. Groups of individuals stay together and with the same provider throughout/across service days/hours and groups do not mix. Individuals remain at least 6 feet apart and do not share objects. Any items shared between staff and individuals should be cleaned and disinfected post each use.
- Highest Risk: Full-sized, in-person service delivery where providers and individuals are performing services as they would prior to the COVID-19 outbreak without physical distancing, face coverings, cleaning and disinfecting items including chairs, or signature pads.

Strategies that will assist in successful planning should center on promoting behaviors that reduce spread of COVID-19, maintaining healthy environments and operations, and preparing for and acting when someone gets sick and/or presents with symptoms.

Documentation involving recommendations for re-opening clinic and non-clinic based services can be found **HERE**. Please review the recommendations in these documents as they apply to general services recommendations.

***Psychosocial Rehabilitation Providers*** should consider the following as they start to reopen their programs:

1. Consult the local health department for guidance on specific situations related to whether it is appropriate for the program to open or reopen if there is a confirmed case of COVID-19.
2. Providers should work to limit capacity to the point that physical distancing measures can be followed.
3. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to staff/consumers using the facility.
4. When physical distancing may be difficult to maintain, encouraging small groups of people who remain with each other throughout the day to avoid cross-contamination is recommended.
5. Incorporate as many outdoor-based activities as possible.
6. Limit item sharing and clean and disinfect all shared items between each use.
7. As providers often provide food services to individuals receiving PSR services, the recommendations for considerations related to the preparation and presentation of food can be found HERE from the CDC.
8. For group services under PSR:
    a. Limit size of gatherings, including groups, consistent with Executive Orders and impose strict physical distancing space in the group service spaces.
    b. Consider cloth face coverings for those being served if it is determined they can reliably wear, remove, and handle masks following CDC recommendations.

c. Face coverings should be cleaned, following CDC guidelines, or a new disposable face covering should be used each day.
d. If individuals are unable to wear face coverings, appropriate alternatives should be considered by the provider to deliver the service safely and minimize exposure.
e. Any items shared between staff and individuals should be cleaned and disinfected post each use.

The following recommendation are pulled from recommendations for clinic-based services and should also be included in plans for PSR providers for service delivery:

**1) Planning to reopen face-to-face service delivery**

a. Establish a COVID-19 team within the provider agency. Designate a staff member as the primary contact for ease of information sharing/concerns.
b. Know the contact information and procedures for reaching the local health department.
c. Plan for health and absenteeism monitoring/approaches (e.g. how will symptoms be monitored (please note there are specific requirements related to this topic from OSHA), COVID-19 positive tests, disclosures to staff, members and families, how confidentiality will be maintained.)
d. Develop a communications strategy that includes:
    i. Orientation and training for staff, individuals and supports specific to new COVID-19 mitigation strategies;
    ii. Plans for communication with staff, individuals and supports of new policies;
    iii. Plans for how to communicate an outbreak or positive cases detected at the program.
e. Confirm availability of PPE for providers;
f. Screen for COVID-19 symptoms upon arrival at the program, including staff, potential visitors and members.
    i. Employees can self-screen using this tool from VDH.
    ii. When screening non-employees consider these recommendations from VDH.
        (1) Individuals performing screening need to have access to appropriate infection control measures described here.
    iii. Identify an area that offers social distancing and privacy for the screening, if possible.
    iv. When in doubt screen everyone; do not be selective.
    v. Know the symptoms of COVID-19.

COVID-19 Screening Recommendations from VDH.

a. If an individual answers YES to any of the screening questions before arriving, they should stay home and not enter the building. (Please note an exception to this rule is if a healthcare worker is caring for a COVID-19 patient while wearing appropriate PPE.) If an individual reports COVID-19 symptoms upon arrival or while receiving services, the provider should activate their emergency protocol for COVID-19, which may include contacting the guardian and isolating the individual or youth to another room that will be

sanitized upon their departure if they are a minor. Staff should be sent home or advised to have someone transport them home, to be tested, or to the hospital.

b. The Virginia Department of Health has implemented COVIDCheck, allowing anyone the ability to screen themselves if they are feeling sick or have been exposed to someone with COVID-19 so that they can take immediate appropriate action.

**2) Promoting Behaviors That Reduce Spread of COVID-19**

a. Create a training plan for staff, members and families. Consider COVID-19 prevention education (hand hygiene, staying home if ill, etc.). Education should be part of staff and member re-entry to services and should be sent to all parties before reopening face-to-face services. Education should be provided on:
   i. Hand hygiene and respiratory etiquette,
   ii. Use of cloth face coverings,
      (1) Staff and individuals receiving the service, when feasible, should consider wearing at least cloth face coverings when unable to maintain physical distancing of at least six feet.
      (2) Consider cloth face coverings for those being served if it is determined they can reliably wear, remove, and handle masks following CDC recommendations.
      (3) Face coverings should be cleaned following CDC guidelines, or a new disposable face covering should be used each day.
      (4) If individuals are unable to wear face coverings, appropriate alternatives should be considered by the provider to deliver the service safely and minimize exposure.
   iii. Staying home when sick,
   iv. Encouraging physical distancing.
b. Maintain adequate supplies to promote healthy hygiene.
c. Provide signs and messaging to promote healthy hygiene.
d. Promote physical distancing by:
   i. Modifying layouts of service delivery spaces, communal areas and transportation to ensure physical distancing is maintained.
   ii. Considering the use of sneeze guards/other barrier in reception areas.
   iii. Developing strategies for food/snacks; these should be consistent with plans to optimize physical distancing.
   iv. Limiting the size of gatherings, including groups, consistent with Executive Orders and impose strict physical distancing space in the clinic lobbies as well as in group service spaces.

**3) Maintaining Healthy Environments**

a. Plan for daily health screening questions of staff and individuals.
b. Hygiene Practices:
   i. Create cleaning and disinfection protocols that address frequently touched surfaces such as faucets, toilets, doorknobs, and light switches; transport vehicles; schedules for increased cleaning, routine cleaning, and disinfection; and ensuring adequate supplies of EPA-approved disinfectants and correct usage/storage of all cleaning agents.

(1) Members and transport persons should consider wearing at a minimum cloth face coverings during transport (and when in public).
(2) Physical distance should be created between individuals inside of the transport vehicle (e.g. seat individuals one per seat, every other row), limiting capacity as needed to optimize distance between passengers.

ii. Provide additional hand sanitizer/handwashing stations.
iii. Ensure adequate supplies to minimize sharing to the extent possible (e.g. dedicated member supplies, lab equipment, computers). All shared items should be cleaned and disinfected between uses.
iv. Mitigate exposure risks by cleaning/disinfecting meeting spaces after each use and considering staggering sessions to avoid crowding in the hallways and public spaces.

c. Ensure adequate supplies to minimize sharing to the extent possible (e.g. computers, signature pads, materials needed for services).
d. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible.
e. Ensure that water systems and features are safe to use after a prolonged facility shutdown.
   i. Consider cleaning water fountains in-between uses or staff and individuals should be encouraged to bring water bottles labeled with their names to reduce contact with shared water fountains.
   ii. Each day, the entire fountain surface, including the mouthpiece, protective guard, basin and handles, should be scrubbed with an EPA-approved disinfectant and then wiped down with a clean, damp cloth.

**4) Maintaining Healthy Operations**

a. Implement protections for staff and individuals at higher risk for severe illness from COVID-19.
b. Implement sick leave policies and practices that enable staff and individuals to stay home or self-isolate when they are sick or have been exposed.
c. Train back-up staff to ensure continuity of operations.

**5) Protecting vulnerable individuals (e.g. 65+, underlying health conditions):**

a. Create policy options to support those at higher risk for severe illness to limit their exposure risk (e.g., telework, modified job duties, virtual service opportunities).
b. Implement flexible sick leave policies and practices that enable staff and to stay home or self-isolate when they are sick or have been exposed.
c. Develop policies for return to service delivery after COVID-19 illness.
d. Train back-up staff to ensure continuity of operations.

**6) Preparing for When Someone Gets Sick**

a. Separate and isolate those who present with symptoms.
b. Facilitate safe transportation of those of who are sick to home or healthcare facility.
c. Implement cleaning and disinfection procedures of areas used by sick individuals.
d. Develop a communications plan with local health department to initiate public health investigation, contact tracing and consultation on next steps.

e. Providers should have policies related to illness and what would be required for the individual to return to the program (e.g., the person or staff has negative test results). (Further information related to this topic has been provided by the CDC and VDH.)

**7) Planning to close down if necessary, due to severe conditions.**

a. Determine which conditions will trigger movement to telehealth delivery of services only.
b. Determine which conditions will trigger complete program closure. For example, if a provider has an individual or staff with a laboratory-confirmed COVID-19 case identified along with other cases (at least 1 other case) of acute respiratory illness within two incubation periods (28 days) in the same program, a COVID-19 outbreak might be occurring, and the program may consider closing or providing telehealth only services for 14 days.
c. Report program closures and\modifications to DBHDS, Office of Licensing.

*References:*

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
https://www.vdh.virginia.gov/coronavirus/covidcheck/
https://www.virginia.gov/coronavirus/forwardvirginia/
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html