Recommendations for Virginia Community Service Providers:
Re-Opening Specific to Residential Providers

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 apply to services specifically related to Behavioral Health and Substance Use Disorder Residential Placements. 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 it is likely that outbreaks of COVID-19 will continue. Additionally, all workplaces must adhere to the workplace standards as stated in the DOLI emergency standards. 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. As this is not possible in residential placements, please see below for specifics related to minimizing risks.

- 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 between persons not living in the same household.
- Physical contact or sharing of materials between persons should be kept at a minimum as much as possible.
- In-person treatment sessions should be limited to the minimum amount of time that the provider determines is clinically effective.

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. (This consideration may not be possible in residential placements; however, providers may consider assessments for services that are completed pre entry to the program as possibly being completed through telehealth.)
- 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 after 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 pandemic, without physical distancing, face coverings, cleaning and disinfecting items (e.g., chairs, signature pads), or other control measures.

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.

Resources and 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.

Residential Placement 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 of at least 6 feet between persons not living in the same household can be maintained.
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, encourage small groups of people to remain with each other throughout the day to limit interaction between persons not living in the same household.
5. Incorporate as many outdoor-based activities as possible.
6. Limit item sharing, clean, and disinfect all shared items between each use.
7. As providers provide food services to individuals receiving residential services, recommendations related to this topic can be found HERE from the CDC.

8. Residential providers can find COVID-19 guidance for shared or congregate housing from the CDC here, which may prove helpful in residential placements.
9. For group services in residential placements:
    a. Limit the size of gatherings, including groups, consistent with Executive Orders and impose strict physical distancing measures in group service spaces.
    b. Require cloth face coverings for those being served if it is determined they can reliably wear, remove, and tolerate masks.
    c. Face coverings should be washed after each use 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 individuals should be cleaned and disinfected after each use.

The following recommendation are pulled from recommendations for clinic-based services and should also be included in plans for residential 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/mitigation (e.g., determine how symptoms will be monitored, taking specific requirements from OSHA into account; create a plan for responding to COVID-19 positive tests; identify how exposure disclosures to staff, members and families will be performed; determine how confidentiality will be maintained.)
d. Develop a communications strategy that includes:
    i. Orientation and training for staff, individuals and supports on COVID-19 mitigation strategies;
    ii. Plans for communicating new policies to staff, individuals and supports;
    iii. Plans for how to communicate an outbreak or positive cases detected in the program to all parties as required by agency, locality, and state recommendations.
e. Confirm availability of PPE for providers;
f. Screen staff, potential visitors and members for COVID-19 symptoms upon arrival at the program.
    i. Employees can self-screen using this tool from VDH.
    ii. When screening non-employees consider these recommendations from VDH.
        (1) Individuals performing screening should follow appropriate infection control measures, described here in the "Should we be screening employees for COVID-19 symptoms (such as temperature checks)?" question.
    iii. Identify an area for the screening that allows for privacy and 6 feet of physical distance between persons not living in the same household, 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. If an individual reports COVID-19 symptoms upon arrival or while receiving services, the provider should activate their emergency protocol for COVID-19. 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, must wear cloth face coverings when unable to maintain physical distancing of at least six feet between persons not living in the same household.
      (2) Require cloth face coverings for those being served if it is determined they can reliably wear, remove, and tolerate masks.
      (3) Face coverings should be washed after each use 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.
e. Limiting the size of gatherings, including groups, consistent with Executive Orders and imposing strict physical distancing measures in clinic lobbies and group service spaces.

3) Maintaining Healthy Environments

a. Plan for daily health screenings 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.
    ii. Members and transport persons should consider wearing, at a minimum, cloth face coverings during transport (and when in public).
    iii. 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.
    iv. Provide hand sanitizer/handwashing stations.
    v. 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, according to the manufacturer's instructions.
    vi. 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. Ensure that water systems and features are safe to use after a prolonged facility shutdown. Consider these recommendations from the CDC related to water and HVAC systems.
e. Staff and individuals should be encouraged to bring water bottles labeled with their names to reduce contact with shared water fountains.
    i. Given the current workplace recommendations, water fountain usage and cleaning needs to be addressed by the program/building owner with them either being made inaccessible, with alternative water sources provided, or by cleaning between use.

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. Information related to transportation of individuals being served can be found HERE.
d. Train back-up staff to ensure continuity of operations.

5) Protecting vulnerable individuals (e.g., persons aged 65+, persons with 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 a healthcare facility.
   c. Implement cleaning and disinfection procedures of areas used by sick individuals.
   d. Develop a communications plan with the 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 staff with COVID-19 to return to the program. A link to the VDH screening tool can be found here. (Further information related to this topic has been provided by the CDC and VDH.)
   f. Due to the nature of residential environments, providers should consider separate policies for staff verses individuals being served. As staff members are able to isolate at home during their illness and individuals being served in residential placements are living at the facility. Considerations for isolation and concerns related to cross contamination within the residential environment will need to be considered carefully as part of these policies and may include differences for different units within the same organization as each residential environment is different.

7) **Planning to close down if necessary, due to severe conditions.**
   a. Determine which conditions will trigger limitations in number of referrals accepted to the program. More information is available related to these concerns in CDC COVID-19 guidance for shared or congregate housing.
   b. Determine which conditions will trigger complete program closure. For example, VDH defines and outbreak as 2 or more cases in a 14 day period with an epidemiological link. If these circumstances occur, a provider may consider closing.
   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