Date: 7.15.2020

Recommendation for Virginia Licensed Therapeutic Day Treatment (TDT) Providers: Re-Opening Face-to-Face Services

The following recommendation has been adapted from the Virginia Department of Education (VDOE) guidance "RECOVER, REDESIGN, RESTART 2020".

This recommendation is geared towards the efforts of TDT providers re-opening for summer programs in schools and clinics. During this time, TDT providers shall continue to deliver telehealth services, when appropriate. Telehealth may remain appropriate for certain individuals who may be challenged with adherence to the strict social distancing and safety guidelines. If the TDT provider was delivering services in the home due to COVID-19, the provider should start transitioning from providing services in the home, to providing services in the clinic or in a school location, if the school is re-opening.

Per an order from the Virginia Public Health Commissioner, each private school and public school division must develop a plan for implementing COVID-19 mitigation strategies before reopening in accordance with the *Virginia Phase Guidance for Schools*. Plans must be submitted to the Virginia Department of Education (VDOE). Therapeutic Day Treatment providers who contract or partner with school districts should be in communication with administration at those districts to assure that they are aligned and in compliance with school plans for phased re-opening, which will vary based on the needs of each district and school.

Note that those schools which have been previously issued a variance to operate by the State Superintendent of Public Instruction, may continue to operate under the terms of such variance. They have until July 15, 2020 to submit a plan to VDOE under this order for those existing programs. They must also submit plans for expansion of program offerings under the Phase II or Phase III guidance. If schools begin offering programs in Phase II, they must submit their plan before opening in Phase II. If schools do not offer programs in Phase II but reopen in Phase III, they must submit before opening in Phase III. Plans must be posted online and submitted to the VDOE before schools reopen under the Phase II or Phase III guidance.

TDT school-based providers should be working with the school to provide services within the boundaries of the approved plan. For School-Based TDT services, providers must maintain the appropriate license of a Therapeutic Day Treatment Service License for school-based services. Each school location where the provider is delivering services must be on their license. For clinic-based TDT services, providers must have the appropriate Therapeutic Afterschool Mental Health Service License. Each office-based location must be on the license.

Key Elements of School Plans that should also be considered for TDT Programs:

Referencing CDC guidance and the *Virginia Phase Guidance for Schools*, schools 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. TDT programs must report cases and outbreaks to their local health department, the Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing, and consult with their respective local health department regarding management of outbreaks, dismissals or similar decisions such as a shutdown of school activities.

Guiding Principles

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

- Lowest Risk: Members and TDT providers engage in virtual-only service delivery and participation.
- More Risk: Individual or small, in-person service delivery. Groups of members stay together and with the same provider throughout/across service days/hours and groups do not mix. Members remain at least 6 feet apart and do not share objects. It is recommended that group sizes remain small enough to allow for 6 feet apart.
- Highest Risk: Full-sized, in-person service delivery where providers are integrated into the school environment including classes, activities, and events. Members are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

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 presents with symptoms. TDT providers offering services in the school should follow school guidance from the CDC, including physical distancing, enhanced cleaning and disinfection, and other mitigation strategies. Additionally, planning for possible exposure scenarios is also suggested. Further information related to this topic is available from the CDC and VDH.

The following should be included in plans for TDT providers for service delivery:

1) **Planning to reopen face-to-face group delivery**
   a. Establish a COVID-19 team within the provider agency.
   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),
d. Develop a communications strategy that includes:
    i. Orientation and training for staff, members and families specific to new COVID-19 mitigation strategies;
    ii. Plans for communication with staff, members and families of new policies;
    iii. Plans for how to communicate an outbreak or positive cases detected at the program.
e. Confirm availability of personal protective equipment (PPE) for staff as well as individuals being served;
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.

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. Staff should be sent home or advised to have someone transport them home, to be tested, or to the hospital.

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) It is recommended that children ages 2-12 should only wear a face covering if a parent or caregiver supervises.
        (2) Staff and children over the age of two, when feasible, should consider wearing cloth face coverings when unable to maintain social distancing of at least six feet.

(3) Consider cloth face coverings for children over the age of two if it is determined they can reliably wear, remove, and handle masks following CDC guidance.
(4) Face coverings should be cleaned following CDC guidelines, or a new disposable face covering should be used each day.

iii. Staying home when sick,
iv. Encouraging physical distancing.

b. Provide age appropriate and clear signs and messaging to promote healthy hygiene.
c. Promote physical distancing by:
   i. Modifying layouts of service delivery spaces, communal areas and transportation to ensure social distancing is maintained.
   ii. Developing strategies for food/snacks; these should be consistent with plans to optimize physical distancing.
   iii. Limiting the size of groups consistent with Executive Orders and imposing strict physical distancing during gatherings.

3) Maintaining Healthy Environments

a. Plan for daily health screening questions of members.
b. Hygiene Practices:
c. 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 use/storage of all cleaning agents.
   i. Members and transport persons should wear cloth face coverings during transport (and when in public).
   ii. Physical distance should be created between children on school buses or vans (e.g., seat children one per seat, every other row), limiting capacity as needed to optimize distance between passengers.
   iii. Provide hand sanitizer/handwashing stations.
   iv. Ensure adequate supplies to minimize sharing to the extent possible (e.g., dedicated member supplies, lab equipment, computers). All shared items should be disinfected between uses.
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. Staff and individuals can 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.

f. Partner with the school, if applicable, to confirm that they will be cleaning and disinfecting restrooms daily or more often, if possible.

4) Maintaining Healthy Operations

a. Implement protections for staff and children at higher risk for severe illness from COVID-19.
b. Implement sick leave policies and practices that enable faculty, staff and members 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 learning 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 for all individuals. (Further information related to this topic has been provided by the CDC and VDH.)

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 for 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.

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:

http://www.doe.virginia.gov/support/health_medical/covid-19/recover-redesign-restart.shtml

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

https://www.dss.virginia.gov/cc/covid-19.html

http://www.dbhds.virginia.gov/covid19/providerfaq