



COVID-19 RESPONSE PROCEDURES FOR ADULTS IN RESIDENTIAL CARE

20 APRIL 2020

These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect. If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal (jsegal@socialfinance.org) or Sean Burpoe (sburpoe@socialfinance.org).

With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.

▶ AGGREGATED COVID-19 RESPONSE PROCEDURES FOR ADULTS IN RESIDENTIAL CARE (1/2)

The below procedures have been aggregated from various health resources to outline initial response procedures upon presentation of COVID-19 symptoms

<p>CLIENT PRESENTING SYMPTOMS</p>	<ul style="list-style-type: none"> • “When a client in the residential program develops symptoms that could indicate a COVID-19 infection, the client should be asked to stay in their room. If possible, the client should be assigned a single room. The client should be asked to wear a surgical or cloth mask. Meals should be taken in the room.”²
<p>LOCAL HEALTH DEPARTMENT</p>	<ul style="list-style-type: none"> • Contact local health department immediately on how to proceed with testing (If the client is critically ill, it may be necessary to transport by ambulance—EMS should be alerted of client’s condition)¹
<p>HEALTH CARE PERSONNEL (HPC)</p>	<ul style="list-style-type: none"> • Staff should don PPE when entering client apartment (resources for proper PPE linked here (CDC))⁴ • HPC should be assigned to care only for patients with COVID-19 or suspected COVID-19 during shift⁴ • When carrying laundry, staff should maintain distance from their own clothes and face¹
<p>ROOMMATES/ ROOM-SHARING</p>	<ul style="list-style-type: none"> • Roommates have been exposed to PUI* should be quarantined for 14 days¹ • If room sharing is necessary, roommates of symptomatic residents might already be exposed, and it is generally not recommended to separate them (local health authority can assist with roommate placement)¹ • <u>ONLY</u> patients with the same respiratory pathogen (e.g. COVID-19) may be housed in the same room; patients with other respiratory viruses may be housed in the same unit⁴

*PUI—Person Under Investigation (i.e. person presenting COVID-19 symptoms)

¹⁻⁴ All footnotes refer to numerical references in subsequent slide

▶ AGGREGATED COVID-19 RESPONSE PROCEDURES FOR ADULTS IN RESIDENTIAL CARE (2/2)

The below procedures have been aggregated from various health resources to outline initial response procedures upon presentation of COVID-19 symptoms

BATHROOMS	<ul style="list-style-type: none">• If multiple bathrooms are available, one should be designated for PUI or persons testing positive – should be disinfected after use¹• If possible, there should be 3-hour stagger between showers with sufficient ventilation and windows open. If it is not possible to designate a bathroom, sponge baths and in-room commodes are preferable¹
TRANSFER OF CLIENTS	<ul style="list-style-type: none">• Limit transport and movement of the patient to medically essential purposes--patients should wear a facemask or covering/tissues (if facemask is not available) to contain secretions during transport ⁴• If client can be discharged to home, consult should be made with the client’s behavioral health team to determine appropriate ongoing treatment¹
NICOTINE REPLACEMENT	<ul style="list-style-type: none">• Sufficient Nicotine Replacement Therapy should be planned and available to eliminate withdrawal and need to leave a room to smoke¹
DISINFECTANT PROCEDURES	<ul style="list-style-type: none">• Once discharged, HCP and others should avoid entering the vacated room until sufficient time has elapsed for air changes – review environmental control procedures (CDC) for further detail on disinfection protocol⁴

¹⁻⁴ All footnotes refer to numerical references in subsequent slide

▶ ADDITIONAL DETAIL ON RECOMMENDATIONS

Many resources have detailed recommendations around quarantine, discharge and other protocol

QUARANTINE RECOMMENDATIONS

- According to CDC guidance, it is appropriate to designate an **"area at the facility ... or identify a location within the area to be a 'respiratory virus evaluation center' where patients with fever or COVID-19 symptoms can seek evaluation and care."**⁴
- In addition, according to CDC guidance, **"As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these patients during their shift."**⁴
 - Only patients with the same respiratory pathogen should be in the same room. Those with other respiratory viruses can be housed in the same unit.⁴

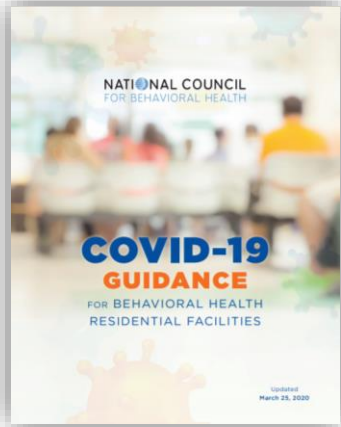
DISCHARGE RECOMMENDATIONS

- We have identified the following discharge guidance from the National Council for Behavioral Health, **"If the resident does not require hospitalization, they can be discharged to home (in consultation with state, tribal, local and territorial public health agencies/ departments) if deemed medically and socially appropriate. For behavioral health residential facilities, the resident's care team (case manager, psychiatrist, therapist) should be consulted. Pending transfer or discharge, place a facemask on the resident and isolate them in a room with the door closed."**¹
- **Note:** This guidance is generally geared toward Behavioral Health Residential Facilities

▶ KEY RESOURCES

Top resources were utilized in aggregated procedures in previous slides, additional resources are detailed towards the bottom

1



National Council for Behavioral Health

[COVID 19 Guidance For Behavioral Health Residential Facilities](#)

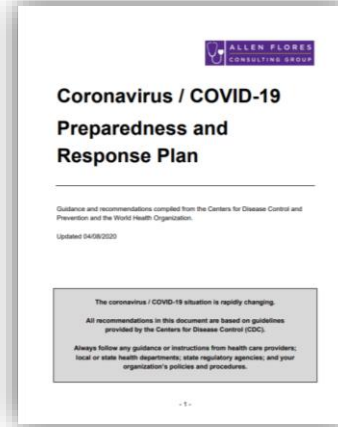
2



Office of Mental Health--State of New York (**Note: New York resource**)

[Revised: COVID-19 Infection Control Guidance for OMH Residential and Site Based Programs](#)

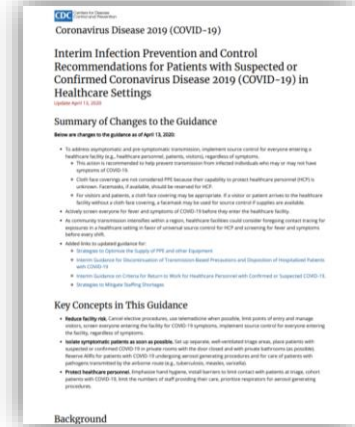
3



Allen Flores Consulting Group (compiled from CDC and WHO)

[Coronavirus/ COVID-19 Preparedness and Response Plan](#)

4



Center for Disease Control and Prevention

[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

Source

Resource Link

Los Angeles County Department of Public Health

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

State of California -- Health & Human Services Agency

[Guidance for behavioral health programs regarding ensuring access to health and safety during the COVID-19 public emergency](#)

American Society of Addiction Medicine

[Infection Control and Mitigation Strategies in Residential Treatment Facilities](#)