BHA 24/7 Facilities Revitalization Plan

The Department of Social and Health Services’ Behavioral Health Administration, in collaboration with the Washington State Department of Health (DOH) and health care system partners, has established a data-driven approach to safely restart Washington’s DSHS BHA 24-7 facilities. Developmental Disabilities Administration facilities will follow the long-term care guidelines as they are regulated by Residential Care Services and have different Centers for Medicare & Medicaid Services’ standards of operations.

PHASED APPROACH TO SAFELY STARTING NORMAL OPERATIONS AT BHA 24/7 FACILITIES

BHA will implement a deliberate approach to resuming normal admissions, daily activities and operations, and expanded treatment activities and discharges from state 24/7 facilities within the Behavioral Health Administration. This plan is aligned with the DOH-approved approach to resuming operations that were previously suspended.

Phases of Readiness. The phases will be facility-specific due to different risk levels existing in different regions of Washington state and will be aligned with the DOH authorized phase for the county in which the facility is located, based on the COVID-19 activity in that county. The HQ EOC may direct the change in activities if disease activity changes within counties and supplies and capacity fluctuate.

- **Phase 1**
  - Rapidly increasing or high COVID-19 activity, OR
  - Outbreaks in multiple communities or in a congregate setting from which patients/residents may come OR
  - Prolonged critical staffing shortages OR
  - Insufficient PPE supplies throughout the health care system defined as any health care sector using “extreme strategies” for PPE use, according to DOH’s Conservation Strategies for PPE:

- **Phase 2**
  - Decreasing COVID-19 activity for 14 days, OR slowly increasing, but overall low COVID-19 activity, AND
  - No known outbreaks in a congregate care facility from which patients/residents or residents may come, AND
  - Sufficient PPE supplies throughout the entire health care system defined as no health care sector* using “extreme strategies” for PPE use, according to DOH’s Conservation Strategies for PPE:

- **Phase 3**
  - Low COVID-19 activity, AND
  - No known outbreaks in a congregate setting from which patients/residents or residents may come, AND
  - Sufficient PPE supplies throughout the entire health care system defined as the health care sector* being mostly in the “Standard Recommended Use of PPE,” according to DOH’s Conservation Strategies for PPE:
• Phase 4
  o Minimal or no COVID-19 activity, AND
  o No known outbreaks in a congregate setting from which patients/residents or residents may come, AND
  o Sufficient PPE supplies throughout the entire health care system

* Health care sectors include hospitals, and residential treatment facilities within the Behavioral Health Administration

DATA USED TO DEFINE PHASES

COVID-19 Disease Activity
BHA will coordinate with DOH to use the following data sources to determine COVID-19 activity in Washington:
• Number, rate and trend of COVID-19 cases, hospitalizations and deaths in WA
• Modeling data, including Institute for Disease Modeling on Puget Sound area rates of COVID-19 spread, University of Washington Institute for Health Metrics and Evaluation modeling, and Youyang Gu modeling. (Some of these links open better in Chrome than Internet Explorer.)

Outbreaks in congregate settings:
• Since some patients/residents are admitted to a BHA 24/7 facilities from county jails and referring hospitals, outbreaks in these settings will be monitored to determine potential risk of admitting a patient with an active COVID-19 infection.

PPE Supplies
DSHS with DOH input will use the following data sources to determine PPE supplies in Washington:
• Number of days’ supply of PPE at BHA 24/7 facilities
• Number of days’ supply of PPE in hospitals (WA Health)
• Number of days’ supply of PPE in long-term care facilities including intermediate care facilities and nursing facilities
• Number of days’ supply of PPE in other health care settings (i.e. residential treatment facilities)
• Health care worker reporting on conservation strategies being used by facilities
• Ability of the state to fill high-priority PPE requests from local emergency management agencies

REQUIREMENTS FOR ALL PHASES

Until there is an effective and widely available vaccine, effective treatment, or verified/significant herd immunity and until supply chains for PPE return to pre-pandemic status, it is crucial to maintain due diligence about the risk of newly admitted patients/residents bringing the virus into the facility and to prudently use PPE so that we can keep our healthcare workers safe and provide the needed health care to 24/7 facility patients/residents.

In all phases, the facilities must:
• Use clinical judgment to determine the need to deliver medical and psychiatric care in the context of the pandemic.
• Continuously monitor capacity in the system to ensure there are resources, including beds, PPE, and trained staff available to combat any potential surges of COVID-19.
• Follow DOH’s current PPE conservation guidance.
• Appropriately use telemedicine when possible. The appropriate use of telemedicine will facilitate access to care while helping minimize the spread of the virus to other patients/residents and/or health care workers.
• Use on-site fever screening and self-reporting of COVID-19 symptom screening for all patients/residents and staff prior to (preferred), or immediately upon, entering a facility.
• Implement policies for sick leave that adhere to CDC’s return-to-work guidance.
• Post signage that directs staff and patients/residents to wash hands with soap and water frequently or use hand sanitizer, avoid touching their face, and practice cough etiquette.
• Maintain strict social distancing in patient/resident scheduling, activities, positioning and movement within a facility. Set up patient/resident care areas to facilitate patients/residents and staff to maintain ≥6 feet of distance between them whenever possible.
• Limit visitors to those essential for the patient’s/resident’s well-being and care. (See chart below for specific visitors’ guidance.) Visitors should be screened for symptoms prior to entering a facility and ideally telephonically prior to arriving. Visitors, who are able, should wear a cloth face covering at all times while in the facility as part of universal source control when called for in the matrix below.
• Frequently clean and disinfect high-touch surfaces regularly using an EPA-registered disinfectant.
• Identify strategies for addressing ill employees, which should include requiring COVID-19 positive employees to stay at home while infectious, and potentially restricting employees who were directly exposed to the COVID-19 positive employee. Follow CDC cleaning guidelines to deep clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the work area until the location can be properly disinfected.
• Educate patients/residents about COVID-19 in a language they best understand. The education should include the signs, symptoms, and risk factors associated with COVID-19 and how to prevent its spread.
• Follow requirements in Governor Inslee’s Proclamation 20-46 High-Risk Employees – Workers’ Rights and any updates to that Proclamation.

PHASED APPROACH TO SAFELY STARTING DSHS-BHA FACILITY OPERATIONS
The following table is a phased approach to safely starting BHA facilities in Washington. The guidance in the table is meant to assist, not supplant a clinician’s overall clinical impression and judgement.
<table>
<thead>
<tr>
<th>Phases</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Substantial COVID-19 activity AND/OR inadequate hospital surge capacity AND/OR insufficient PPE supplies)</td>
<td>(Moderate COVID-19 activity AND adequate hospital surge capacity AND sufficient PPE supplies)</td>
<td>(Low COVID-19 activity AND adequate hospital surge capacity AND sufficient PPE supplies)</td>
<td>(Minimal COVID-19 activity AND adequate surge capacity AND sufficient PPE supplies)</td>
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<tr>
<td>Admissions</td>
<td>Proceed with the following admission activities:</td>
<td>Proceed with the following admission activities:</td>
<td>Proceed with the following admission activities:</td>
<td>• Resume all pre-COVID activity</td>
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<td></td>
<td>• Screen all incoming patients/residents including hospital returns. Facilities may also include testing at their discretion.</td>
<td>• Screen all incoming patients/residents. Facilities may also include testing at their discretion.</td>
<td>• Screen all incoming patients/residents. Facilities may also include testing at their discretion.</td>
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<tr>
<td></td>
<td>• Admissions proceed as normal with decreased capacity as needed for social distancing/isolation needs.</td>
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<td>• Admissions proceed as normal with decreased capacity as needed for social distancing/isolation needs.</td>
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<tr>
<td></td>
<td>• Quarantine sites or active monitoring locations will be established for all incoming persons</td>
<td>• Adult state psychiatric hospitals at reduced admission capacity due to need for social distancing and quarantine will gradually expand types of admissions.</td>
<td>• Adult state psychiatric hospitals with reduced admission capacity due to need for social distancing and quarantine.</td>
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<tr>
<td></td>
<td>• Adult state psychiatric hospitals at reduced admission capacity due to need for social distancing and quarantine may restrict types of admissions.</td>
<td>✓ Quarantine ward/units in place</td>
<td>✓ Quarantine ward/units in place</td>
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<tr>
<td></td>
<td>✓ Quarantine ward/units in place</td>
<td>✓ Isolation ward/units readily available to implement through patient transfers</td>
<td>✓ Isolation ward/units readily available to implement through patient transfers</td>
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<tr>
<td></td>
<td>✓ All staff and visitors wearing required face coverings</td>
<td>✓ All staff and visitors wearing face coverings/ masks</td>
<td>✓ All staff and visitors wearing face coverings/ masks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Modified protocols for patient admissions and discharges</td>
<td>✓ Modified protocols for patient admissions and discharges</td>
<td>✓ Modified protocols for patient admissions and discharges</td>
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</tr>
<tr>
<td></td>
<td>✓ Tele-court continues</td>
<td>✓ Limited in-person court</td>
<td>✓ Limited in-person court</td>
<td></td>
</tr>
</tbody>
</table>
| **Treatment** | **All facilities will limit treatment and activities in accordance with Emergency Operations Center-approved guidelines.**  
Facilities with COVID-19 patients will proceed with the following treatment activities:  
- One to one treatment permitted  
- No group activity  
- Treatment mall closed (active treatment continues)  
- External activity permitted in secured area  
- Therapeutic engagement activities | All facilities will limit treatment and activities in accordance with EOC-approved guidelines.  
Facilities will proceed with the following treatment activities:  
- One to one treatment permitted  
- No groups larger than 5 patients/residents and one staff (6 ft. social distancing required)  
- Treatment mall partially opened  
- Reduced census  
- Outside activity permitted in secured area  
- Active treatment groups of 5 or less | Proceed with the following treatment activities:  
- Full activity resumes  
- Follow PPE guidance  
- Active treatment groups in full capacity  
- Outside fresh air activity / break with mixed population | Proceed with pre-COVID treatment activities |

| **Telework** | Non-direct care staff who have meaningful work that can be performed from via telework are permitted to telework  
High-risk staff telework or use appropriate leave  
Select staff continue to telework | Secondary staff are permitted to return to work  
High-risk staff continue to telework or use appropriate leave  
High-risk staff can return to work voluntarily  
Select staff continue to telework | Staff return to workplace as directed  
Follow PPE guidance  
100% of COVID19-related teleworkers return on site with social distancing | Return to pre-COVID staffing |

| **Visitation** | Professional visitors or vendors only  
- Advocacy groups  
- Legal representatives  
- Visitation via video conference  
- Discharge-related visits  
- Face covering and social distancing required | Professional visitors or vendors only  
- Advocacy groups  
- Legal representatives  
- Visitation via video conference  
- Discharge-related visits  
- Face covering and social distancing required | Resume regular visitation  
- Follow PPE guidance  
- Visitation is normal  
- More than one family member/guardian and friend visits can occur while social distancing is maintained | Return to pre-COVID visitation |
| External Trips (Medical) | • Emergent medical only  
• Face coverings required for all passengers and driver | • Non-emergent medically necessary trips resume  
• Face coverings required for all passengers and driver | • Elective medical trips resume | • All pre-COVID trips resume |
|-------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------|-------------------------------|
| Dental/Orthodontic/Endodontic services | • Emergent only  
• Aerosol generating procedures in place when adequate PPE is available | • Resume dental, orthodontic, and endodontists if PPE is available  
• Dental with reduced capacity  
• Aerosol generating procedures in place when adequate PPE is available | • Continue dental, orthodontic, and endodontists if PPE is available  
• Dental clinic on full capacity | • All pre-COVID dental services resume |
| Optometry | • Emergent optometry only  
• Face coverings required for patients/residents | • Resume optometry appointments  
• Face coverings required for patients/residents | • Continue optometry appointments | • All pre-COVID optometry services resume |
| Communal Dining | • Communal dining (for COVID-19 negative or asymptomatic residents only); residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet) | • Communal dining (for COVID-19 negative or asymptomatic residents only); residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet) | • Communal dining (for COVID-19 negative or asymptomatic residents only); residents may eat in the same room with social distancing | • Resume pre-COVID dining style |
| Authorized Leaves External Trips (Non-medical) | • Mandatory, authorized leaves only per instruction  
• Staff-escorted leaves permitted, with EOC approval, for pre-placement visits and discharge-related trips (i.e. banks, DOL, etc.) | • Expanded authorized leaves per instruction  
• Staff-escorted leaves permitted for pre-placement visits and discharge-related trips (i.e. banks, DOL, etc.). These do not need EOC approval but do need case consult approval as required.  
• Resume on campus outings and resident work assignments at habilitative settings | • Normal authorized leaves (to include un-escorted leaves)  
• Staff-escorted leaves permitted for pre-placement visits and discharge-related trips (i.e. banks, DOL, etc.). These do not need EOC approval but do need case consult approval as required.  
• HMH and CSTC to resume all family outings to include overnight stays  
• Resume off-campus school  
• NGRI community program to resume unsupervised authorized leave | • All pre-COVID external trip/activity resumes |
### On Campus Additional Services

- No on-campus additional services
- On campus religious services and recreation activities resume with groups of less than 5 at any given time while maintaining social distancing (6')
- Campus life returns to normal and resident groups can mingle while social distancing is maintained and in groups of no more than 25 people
  - Religious services
  - Gym activities
  - Art/Recreation events
  - On campus movies
  - On campus group sporting events
- All pre-COVID campus services resume

### Salon and Barber Services

- No services
- All salons/shops must be thoroughly cleaned and disinfected prior to reopening
  - Disinfect all surfaces, tools, and linens, even if they were cleaned before the salon/shop was closed
  - Must use disinfectants that are EPA – registered and labeled as bactericidal, viricidal and fungicidal
  - Facilities must be cleaned and disinfected after each use to include all bowls, hoses, spray nozzles, foist handles, shampoo chairs and arm rests
  - Wipe down all back-bar products and shelves. Discard and replace any products that have not been stored in a closed container.
  - Spacing between persons in the salon/barber shop must be at least six feet, except when staff are servicing clients. Only one beautician/barber working at a time.
  - Beautician/ barber must wear PPE at all times
- All salons/shops must be thoroughly cleaned and disinfected prior to reopening
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  - Beautician/ barber must wear PPE at all times
- Regular services resume
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<th>Instructions</th>
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</table>
| Capes                           | • Capes - Each client should be draped with a clean cape. Capes should be laundered following the fabric recommendations between each client.  
• Neck strips – Employees must use protective neck strips/towel around the neck of each hair-cut client. |
| Patient/resident outside Employment | • Limited assignments as determined by administration                        |
| PPE Usage plan                  | • Cloth face coverings for all staff and visitors or PPE as indicated  
• Follow DSHS 24/7 Facility PPE matrix |
| Screening patients/residents    | • 2 times a day  
• 1 time a day  
• 1 time a day  
• As needed for individual medical needs |
| Screening staff                 | • Screening with temperature  
• Screening visitors and contractors  
• Attestation for all staff |
| Environmental Services          | • The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection |
| Isolation and Quarantine        | • Facility dedicates space for cohorting and managing care for residents with COVID-19  
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• Facility dedicates space for cohorting and managing care for residents with COVID-19 |
| All pre-COVID outside employment programs resume | • All pre-COVID outside employment programs resume |
| PPE use as directed from the Department of Health | • PPE use as directed from the Department of Health |
| Regular operations resume       | • The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection |
| Limited assignments as determined by administration | • The facility dedicates space for cohorting and managing care for residents with COVID-19  
• The facility dedicates space for cohorting and managing care for residents with COVID-19  
• The facility dedicates space for cohorting and managing care for residents with COVID-19 |
| Off campus work opportunities are restored for residents while social distancing is maintained | • Off campus work opportunities are restored for residents while social distancing is maintained  
• Staff may resume outside employment in alternate health care environments if authorized by the appointing authority  
• Staff may continue outside employment in alternate health care environments if authorized by the appointing authority |
| Cloth face coverings for all staff and visitors or PPE as indicated  
Follow DSHS 24/7 Facility PPE matrix | • Cloth face coverings for all staff and visitors or PPE as indicated  
• Follow DSHS 24/7 Facility PPE matrix |
| None                            | • None |
| Attestation for all staff       | • Attestation for all staff |
| Screening continues for visitors and contractors  
Attestation for all staff         | • Screening continues for visitors and contractors  
Attestation for all staff         |
| Screening with temperature      | • Screening with temperature |
| Screening continues for visitors and contractors  
Attestation for all staff         | • Screening continues for visitors and contractors  
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For Reference:
American College of Physicians: Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity