2021

Safe Start

Recommendations and Requirements

Behavioral Health Administration (BHA) 24/7 Facilities

Revised 8/10/2021

Washington State Department of Social & Health Services

Transforming lives

Revisions:

10/8/2020
Revised 10/23/2020
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Revised 3/25/2021: Defined criteria for outbreak and updated visitation requirements in section II
Revised 5/5/2021: Revised visitation language on page 46
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Revised 5/13/2021: Revised criteria for outbreak
Revised 5/19/2021: Revised outbreak definition and outbreak restrictions
Revised 7/14/2021: Amended Phase 3 to remove the 50% room capacity requirement
Revised 7/28/2021: Amended patient symptoms checks and group therapy guidelines for fully vaccinated patients.
Revised 8/10/2021: Amended outbreak definition.

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Introduction

Safe Start for BHA 24/7 Facilities Reopening Recommendations and Requirements

The Department of Social and Health Services' (DSHS) Behavioral Health Administration (BHA) is presenting the following phased reopening plan for BHA 24/7 facilities. Given the critical importance of limiting COVID-19 exposure in facilities which provide 24/7 care to patients, residents and clients, decisions on relaxing restrictions should be made:

- With careful review of various unique aspects of the different facilities and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This phased approach will help keep patients, clients and staff healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, Department of Health (DOH) and the Governor's Office should regularly monitor the factors for reopening and adjust the Washington reopening plans accordingly.

BHA 24/7 Facilities' Safe Start Requirements

1. *Follow the Centers of Disease Control and Prevention (CDC), DOH, and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.*

2. *Follow the DOH guidance during the conduct of outbreak investigations, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of patients/clients. Communicate facility outbreaks with local health jurisdictions.*

Outbreak Definition: (Based on DOH Outbreak Definition) A COVID-19 outbreak indicates potentially extensive transmission within a setting or organization. An outbreak is a situation that is consistent:

a) Hospitals [Western State Hospital (WSH), Eastern State Hospital (ESH), Child Study and Treatment Center (CSTC), and Special Commitment Center (SCC)]
    - 2 or more cases of COVID-19 in patients who have been in a facility for at least 7 days and are linked to the same source **OR**,
    - 3 or more staff members with COVID-19 linked to the same source **OR**,
    - A combination of 3 or more cases of COVID-19 in staff members and patients linked to the same source.
b) Residential treatment facilities (RTFs) [Fort Steilacoom Competency Restoration Program (FSCRP), and Maple Lane Competency Restoration Program (MLCRP)]
    - One case among residents/patients or staff

Outbreak end: 28 days from the date of the last onset of symptoms OR from the last positive test of an asymptomatic person, whichever is longer

3. *Follow this DSHS and DOH phased reopening plan which is based on the Governor's Healthy Washington Roadmap to Recovery.*

4. *Follow Governor Proclamations related to COVID-19 as they apply to BHA: Proclamations*

5. *The BHA Branch Emergency Operations Center and DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services defined by the Governor's Healthy Washington-Roadmap to Recovery.*

6. *The facility or agency cannot move into the next re-opening phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county. For example, facilities located in counties in the Roadmap to Recovery Phase 1, cannot move beyond phase 1 of the BHA reopening plan until the county enters Roadmap to Recovery phase 2 or greater. The facility or agency must*

then meet the BHA reopening phase criteria included in this document before moving forward.

Examples that may require a facility to return to a more restrictive phase of reopening include new outbreaks of COVID-19 in their facility or the county returning to a more restrictive phase of reopening, as determined by DSHS (BHA) or DOH.

All facilities and agencies must be prepared for an outbreak and make assurances they have:

1. Access to adequate testing: The facility must maintain access to COVID-19 testing for all patients and staff;

2. Capacity to conduct ongoing testing of patient/clients and staff;

3. A response plan to inform cohorting and other infection control measures;

4. A plan to actively screen all staff and visitors per DOH guidance. Daily Guidance for COVID-19 Staff and Visitor Screening.

5. Dedicated space for cohorting and managing care for patients/clients with COVID-19 or if unable to cohort patients/clients, have a plan which may include transferring a person to another care setting;

6. A plan in place to care for patients/clients with COVID-19, including identification and isolation of patients/clients. The facility or agency plans describing the identification, care and isolation of patients/clients may be requested by DSHS, DOH or the LHJs to conduct an outbreak investigation. Technical assistance for development of these plans can be received from DOH.

7. Protected and promoted patients'/client's rights while following standards of infection control practices including when a patient, resident or client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility.

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms.

- Hand hygiene (use of alcohol-based hand disinfectant is preferred).
- Face mask (covering mouth and nose).
- Social distancing at least six feet between persons.
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face mask, specified entries, exits and routes to designated areas, hand hygiene).
- Cleaning and disinfecting high-touch surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of personal protective equipment (PPE).
- Effective cohorting of patients/clients (e.g., separate areas dedicated COVID-19 care).

Personal Protective Equipment (PPE)

- Providers will ensure designated visitors and those providing compassionate care wear proper PPE, which includes masking and facial shields/eye protection and full PPE when appropriate. Refer to BHA 24/7 Facility PPE Guidance.

Visitation Core Principles

For more detailed visitation guidelines, see Section II.

- Visitation, in conjunction with BHA Safe Start recommendations, can be conducted through different means based on a facility's structure and patients'/clients' needs, such as in patient/client rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission.

Outdoor Visitation Principles

- While adhering to both a person-centered approach and to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be

conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual patients'/client's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available and safe to do so. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).

Indoor Visitation Principles

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There have been no new COVID-19 outbreaks in the last 28 days at the facility;
- Visitors should be able to adhere to the core principles of infection prevention and staff should provide monitoring for those who may have difficulty adhering to core principles of infection prevention, such as children;
- Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

NOTE: *Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.*

Compassionate Care Principles

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A patient/client, who was living with their family before recently being admitted to a psychiatric facility, is struggling with the change in environment and lack of physical family support.
- A patient/client who is grieving after a friend or family member recently passed away.
- A patient/client who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A patient/client, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of "compassionate care situations." In addition to family members, compassionate care visits can be conducted by any individual who can meet the patient's/client's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with patient/client, families, caregivers, resident representatives, and the ombudsman program to identify the need for compassionate care visits.

At all times, visits should be conducted using social distancing and visitors will wear PPE appropriate to the situation. Visitors should coordinate visits with the provider, thus allowing the provider the ability to take the compassionate care visit into consideration when applying the facility policies and procedures for visitation during that period of time (i.e. how many people overall are in the building, how long visitors are in the building, how much PPE is required).

Outbreaks Restrictions

When a COVID-19 outbreak has been confirmed (see Outbreak Definition) facilities should consider amending visitation, group activities, and communal dining based on status of COVID-19 infections at the facility. Facilities have flexibility to determine what is best for resident and staff safety. The facility will take into consideration the scope of the patients/clients in isolation/quarantine. For example, the facility may suspend communal dining, group activities, visitors, and designated visitors if COVID-19 is active throughout

the entire physical plant. Or, they may restrict these activities and visitation on particular units/wards with COVID-19 spread and allow them on non-COVID units/wards.

When a COVID-19 outbreak is active, only units/wards identified by the facility will revert to Phase 1 until end of outbreak criteria has been met.

- Only fully vaccinated patients on units/wards identified with a COVID-19 outbreak may continue off-site non-urgent medical and non-medical visits, subject to Risk Assessment tool review for post visit quarantine.
- Indoor visitation is restricted from occurring on the identified outbreak areas until/ward the end of outbreak criteria has been met. For further instructions see Indoor Visitations during a COVID-19 Outbreak.

Medically Necessary Providers

Health care workers who are not employees of the facility but provide direct care to the facility's patients/clients, such as allied healthcare professionals, must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. Note that EMS personnel do not need to be screened so they can attend to an emergency without delay. All staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining Principles

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Patients/clients may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on the status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for patients/clients who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of face masks. Facilities may be able to offer a variety of activities while also taking necessary precautions.

Offsite Visits and Risk Assessment

Providers must use the Risk Assessment Template to assess each patient/client for any COVID-19 exposure prior to and after returning from offsite visits to determine if the resident is low or high risk. Automatic quarantine should not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the resident's care plan.
DOH link: Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits

Outside Safety Related to Structures

Providers must follow state fire marshal requirements for safety related to tent use or other temporary shelter structures: proper installation and suitable anchoring; flame resistant product use; protection of residents; tents and surrounding grounds must be free of combustible materials, not obstruct fire hydrants, smoke free and equipped with smoke free signs; comfortable temperatures; fire marshal-approved only heater use; no open fires/flames within or around tents; fire marshal-approved only lighting sources; clear unobstructed path for egress; easily opened doors and zippers; hard-packed walking surfaces with no tripping hazards; and illumination of operating in dark hours. Providers must ensure patients/clients wear proper clothing for outdoor climate, and promote outside safety and comfortable temperatures via a structured shelter, parking lot, patio, or courtyard venue.

Section I – Safe Start for Facilities

Phase 1

COVID 19 Risk Assessment Dashboard

Phase 1 is designed for aggressive infection control during periods of heightened virus spread in the community and potential healthcare system limitations, which may include factors such as staffing, facility capacity, personal protective equipment (PPE), and testing. Heightened virus spread (high COVID-19 activity) is defined as >75 cases/100,000 population for two weeks.

Check this dashboard to see what the metric is for your county. If your county is currently meeting the definition of heightened virus spread, the facility will remain phase 1.

Consideration	Phase 1 (Substantial COVID-19 activity AND/OR inadequate hospital surge capacity AND/OR insufficient PPE supplies)
Visitation	***See Section II***
Admissions	*Proceed with the following admission activities:* • Screen all incoming patients/ residents including hospital returns. Facilities may also include testing at their discretion. • Admissions proceed as normal with decreased capacity as needed for physical distancing/isolation needs. • Quarantine sites or active monitoring locations will be established for all incoming persons. • Adult state psychiatric hospitals at reduced admissions capacity due to need for physical distancing and quarantine may restrict types of admissions. ✓ Quarantine ward/units in place ✓ Isolation ward/units in place ✓ All staff and visitors wearing required face masks ✓ Modified protocols for patient admissions and discharges ✓ Tele-court continues

Treatment	**Guidance for Individual Therapy:** • Stagger the time providers schedule therapy sessions to avoid close contact between patients while in waiting areas. • Both the patient and provider should wear a *mask. • Teletherapy is a good option in general for everyone's safety. It is also a good option for patients who struggle with wearing masks or are uncomfortable speaking with someone wearing a mask. • After each visit and before the next patient arrives, clean and disinfect all surfaces touched by both the patient and provider according to CDC guidelines using a disinfectant listed on EPA's list. • Educate patients on safety measures that reduce their risk of infection. • Discuss with patients how they are coping with the stress and changes due to the pandemic. Always stay recovery-oriented to help patients see themselves as capable of managing the changes. *If patients have difficulties focusing during teletherapy, consider offering multiple shorter sessions as an accommodation. **Guidance for Group Therapy** For group therapy sessions held in person: • Stagger group sessions and consider shorter sessions. For example, you can hold two smaller group sessions for 30 minutes, instead of a larger group session for 60 minutes. • Place chairs at least six feet apart. • Bring together participants in a space free of distractions. Close the day room to group participants only. • Make sure participants wash or sanitize their hands when they enter the session and before they leave.

Treatment	• Disinfect all high-touch surfaces after the session according to CDC guidelines using a disinfectant found on EPA's list For group therapy sessions done via teletherapy: • Use a HIPAA-compliant video program. • Assign a staff member to be the telehealth staff onsite. This person should be available to address any technical problems. For remote group therapy sessions, staff can lead the group from another room on-site or remotely from their homes. Broadcast the session to patients on TV monitors or other electronic devices in day rooms. • If needed, a provider can have video sessions running in several rooms for psychoeducational groups, recreational therapy groups, or question and answer groups. • Assign staff to establish the virtual connection at a designated time while the case manager, recreation therapist, yoga instructor, or psychologist lead the group remotely. • Make sure group leaders have a secure, reliable internet connection and other resources required to meet the needs of the group remotely. o For further recommendations regarding maintaining confidentiality during group teletherapy sessions, see Appendix B of the Guidance for Milieu Therapy • Post signs with current COVID-19 information and educational materials. Display signs in multiple languages and place them throughout facilities and units. Allow patients to discuss these topics during group and individual sessions. • Lead by example and follow these infection prevention guidelines yourself. Educate and support patients to do the same. • Wear a cloth face mask, maintain social distancing, and wash or sanitize your hands. • Encourage social distancing practices. For example, remove chairs from day rooms and put tape on floors to mark appropriate distancing within the space. • Discuss actions that would reduce a patient's infection risk within the context of their own treatment goals. For example, framing social distancing in the context of maintaining healthy boundaries with other patients and staff.

	*Do not include patients in the group that do not follow infection control rules, as with any patient who does not follow group rules. *Consider including infection control guidelines as part of your facility rules and standard participation rights. This helps encourage patients to follow the guidelines in order to earn incentives or additional privileges for supporting a safer environment. *All patients will have access to a face mask and will wear them as tolerated/needed.
Telework	• Non-direct care staff who have meaningful work that can be performed from via telework are permitted to telework • High-risk direct care staff choose to work, telework (if meaningful work is available that can be performed via telework) or use appropriate leave • Select staff as approved by CEO continue to telework

Medically and Non-Medically Necessary Trips	• Necessary medical and dental appointments must be approved by the facility CMO (Chief Medical Officer) or designee • Telemedicine should be utilized whenever possible • Non-medically necessary trips outside the building should be avoided. • For medically and non-medically necessary trips away from of the facility: ✓ The resident must wear a face mask unless medically contraindicated. ✓ The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the ✓ appointment ✓ Transportation staff, at a minimum, must wear a face mask; additional PPE may be required ✓ Transportation equipment shall be sanitized between transports ✓ Consult with LHJ on need for 14- day quarantine period after a client returns from medical and non-medical visits ✓ Residents who are fully vaccinated will not be required to quarantine when they return to the facility for medical and non-medical reasons <u>unless</u> they have prolonged contact with someone who is COVID positive. ○ Fully vaccinated refers to a person who is >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine ○ Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period

Dental/Orthodontic/ Endodontic Services	• Non-Urgent dental procedures allowed. Review Proclamation 20-24.2 Requirements for Non-Urgent Medical and Dental Procedures. • Aerosol generating procedures allowed when appropriate PPE is available
Optometry	• Emergent optometry only • Face masks required for patients/residents
Communal Dining	• Patients/residents may eat in the same room with physical distancing • Limit the number of people at tables and space tables at least 6 feet apart
Authorized Leaves External Trips (Non-medical)	Court-ordered authorized leaves and staff-escorted leaves permitted, with BHA Branch Emergency Operations Center (EOC) approval, for pre-placement visits and discharge-related trips (i.e. banks, Department of Licensing (DOL), etc.) • Residents who are fully vaccinated will not be required to quarantine when they return to the facility for non-medical reasons unless they have prolonged contact with someone who is COVID positive. ✓ Fully vaccinated refers to a person who is >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine ✓ Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period

On-Campus Additional Services	• No on-campus additional services (i.e. group religious services, group recreational activities, etc.)
Salon and Barber Services	*(Client services will not be allowed for patients residing on COVID positive or restricted wards)* • 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 approved– 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 and client must wear PPE at all times • Minimize the amount of time the client's face mask is removed during the service (e.g. trimming around ears) • 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
Staff outside Employment	Authorized by the appointing authority
Universal Source Control & Personal Protective Equipment (PPE)	• All facility staff, regardless of their position, must wear a face mask while in the facility • All facility staff and essential healthcare personnel must wear appropriate PPE when applicable, to the extent PPE is available, and in accordance with CDC PPE optimization strategies • Additional universal source control recommendations can be found throughout this document (e.g., visitors, direct/non-direct medical personnel) • Follow the BHA guidelines for new admissions or readmissions from a hospital setting • Follow DSHS 24/7 Facility PPE matrix
Screening patients/residents	• Actively screen patients/residents 2 times a day
Screening staff (Per DOH/CDC guidance)	• Screening with temperature • Screening visitors and contractors • Attestation for all staff • Do not screen EMTs or law enforcement responding to an emergent call
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 **(Cohorting & Dedicated Staff)**	• See *COVID-19 Guidelines for Infection Prevention, Screening, and Expanded Testing in Washington State Behavioral Health Administration Facilities.* • Facility dedicates space for cohorting and managing care for residents with COVID-19 • Identify the space in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19 • Plans must be in place to manage: ✓ New admissions and readmissions with an unknown COVID- 19 status
Group Activities	• Engagement through technology is preferred to minimize opportunity for exposure • Facilities should have procedures in place for residents to engage remotely or virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.) • Patient/resident outdoor activities on facility grounds require physical distancing and facility monitoring if outside of a secure location. Those approved for and who have a court order that allows for unescorted grounds privileges will receive education on hospital requirements for safety protocol while on hospital grounds. Monitoring by staff for those with unescorted privileges may occur per hospital policy for unescorted grounds privileges to ensure safety protocols are maintained.
Testing	• Testing will occur based on CDC, DOH, and LHJ guidance • See *COVID-19 Guidelines for Infection Prevention, Screening, and Expanded Testing in Washington State Behavioral Health Administration Facilities.* • The facility must maintain access to COVID-19 testing for all residents and staff

Direct Care/Non-Direct Care Personnel	• All direct care personnel are allowed to continue to enter the facility • The number of non-direct care personnel per day is based on the facility or agency ability to manage infection control practices • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit

Phase 2

Entry Criteria:

*If the county in which a facility is located has entered Phase 2, the facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following criteria:*

- 28 days have passed since the last outbreak was identified in the facility **OR** any timeline required by DOH/LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019- ncov/hcp/ppe-strategy/burn-calculator.html;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility is capable of cohorting patients/residents with dedicated staff in the case of suspected or positive cases.
- Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through BHA Branch EOC, internal policies **and** in conjunction with the LHJ, even if they have moved to this phase.

Consideration	Phase 2 (Moderate COVID-19 activity AND adequate hospital surge capacity AND sufficient PPE supplies)
Visitation	***See Section II***
Admissions	*Proceed with the following admission activities:* Screen all incoming patients/ residents. Facilities may also include testing at their discretion. • Admissions proceed as normal with decreased capacity as needed for physical distancing/isolation needs • Adult state psychiatric hospitals and residential treatment facilities at reduced admissions capacity when required due to need for physical distancing and quarantine will gradually expand types of admissions Quarantine ward/units in place ✓ Isolation ward/units readily available to implement through patient transfers ✓ All staff and visitors wearing face masks ✓ Modified protocols for patient admissions and discharges ✓ Limited in-person court
Treatment	**Guidance for Individual Therapy:** • Stagger the time providers schedule therapy sessions to avoid close contact between patients while in waiting areas. • Both the patient and provider should wear a *mask. • Teletherapy is a good option in general for everyone's safety. It is also a good option for patients who struggle with wearing masks or are uncomfortable speaking with someone wearing a mask.

Treatment	• After each visit and before the next patient arrives, clean and disinfect all surfaces touched by both the patient and provider according to CDC guidelines using a disinfectant listed on EPA's list N. • Educate patients on safety measures that reduce their risk of infection. • Discuss with patients how they are coping with the stress and changes due to the pandemic. Always stay recovery-oriented to help patients see themselves as capable of managing the changes. • If patients have difficulties focusing during teletherapy, consider offering multiple shorter sessions as an accommodation. **Guidance for Group Therapy** • For group therapy sessions held in person: ✓ Stagger group sessions and consider shorter sessions. For example, you can hold two smaller group sessions for 30 minutes, instead of a larger group session for 60 minutes. ✓ Place chairs at least six feet apart. ✓ Bring together participants in a space free of distractions. Close the day room to group participants only. ✓ Make sure participants wash or sanitize their hands when they enter the session and before they leave. • Disinfect all high-touch surfaces after the session according to CDC guidelines using a disinfectant found on EPA's list. For group therapy sessions done via teletherapy: • Use a HIPAA-compliant video program. • Assign a staff member to be the telehealth staff onsite. This person

Treatment	should be available to address any technical problems. • For remote group therapy sessions, staff can lead the group from another room on-site or remotely from their homes. Broadcast the session to patients on TV monitors or other electronic devices in day rooms. • If needed, a provider can have video sessions running in several rooms for psychoeducational groups, recreational therapy groups, or question and answer groups. • Assign staff to establish the virtual connection at a designated time while the case manager, recreation therapist, yoga instructor, or psychologist lead the group remotely. • Make sure group leaders have a secure, reliable internet connection and other resources required to meet the needs of the group remotely. • For further recommendations regarding maintaining confidentiality during group teletherapy sessions, see Appendix B of the Guidance for Milieu Therapy • Post signs with current COVID-19 information and educational materials. Display signs in multiple languages and place them throughout facilities and units. Allow patients to discuss these topics during group and individual sessions. • Lead by example and follow these infection prevention guidelines yourself. Educate and support patients to do the same. • Wear a face mask, maintain social distancing, and wash or sanitize your hands. • Encourage social distancing practices. For example, remove chairs from day

Treatment	rooms and put tape on floors to mark appropriate distancing within the space. • Discuss resident actions that would reduce the resident's infection risk within the context of their own treatment goals. For example: ✓ Social distancing as maintaining healthy boundaries with other patients and staff. ✓ Consider including infection control guidelines as part of facility rules and standard participation rights. ✓ Do not include patients in the group that do not follow infection control rules, as with any patient who does not follow group rules. *All patients will have access to a face mask and will wear them as tolerated/needed.

Telework	• Secondary staff are permitted to return to work • High-risk staff continue to telework (if meaningful work is available that can be performed via telework) or use appropriate leave • High-risk staff can return to work voluntarily • Select staff approved by CEO continue to telework
Medically and Non-Medically Necessary Trips	• Non-emergent medically necessary trips resume • For medically and non-medically necessary trips away from of the facility: ✓ The resident must wear a face mask unless medically contraindicated. ✓ The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment ✓ Transportation staff, at a minimum, must wear a face mask; additional PPE may be required

	✓ Transportation equipment shall be sanitized between transports ✓ Vaccinated residents no longer must quarantine when they return to the facility for medical or non- medical reasons unless known exposure or are assessed as high risk through the community visit risk assessment process. ✓ Residents who are fully vaccinated will not be required to quarantine when they return to the facility for medical and non-medical reasons unless they have prolonged contact with someone who is COVID positive. ○ Fully vaccinated refers to a person who is >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine ○ Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period
Dental/Orthodontic/ Endodontic services	• Resume dental, orthodontic, and endodontists if PPE is available • Dental with reduced capacity • Aerosol generating procedures in place when adequate PPE is available
Optometry	• Resume optometry appointments • Face masks required for patients/residents
Communal Dining	• Residents may eat in the same room with physical distancing. • Limit the number of people at tables and space tables at least 6 feet apart • All staff must wear face masks.

Authorized Leaves External Trips (Non-medical)	• Expanded authorized leaves requires approval by the appointing authority • Staff-escorted leaves permitted for pre-placement visits and discharge- related trips (i.e. banks, DOL, etc.). These do not need BHA Branch EOC approval but do need case consult approval as required. • Resume on-campus outings and on-campus resident work assignments.
On-Campus Additional Services	• On-campus religious services and recreation activities resume with groups of less than 5 (from the same unit) at any given time while maintaining physical distancing (6 feet).
Salon and Barber Services **Salon and Barber 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 approved–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 and patient must wear PPE at all times • Minimize the amount of time the client's face mask is removed during the service (e.g. trimming around ears) • 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	• Off-campus work opportunities are restored for fully vaccinated residents while physical distancing is maintained.
Staff outside Employment	• Staff may resume outside employment in alternate health care environments if authorized by the appointing authority.
Universal Source Control & Personal Protective Equipment (PPE)	• All facility staff, regardless of their position, must wear a face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when applicable, to the extent PPE is available, and in accordance with CDC PPE optimization strategies • Additional universal source control recommendations can be found throughout this document (e.g., visitors, direct care medical personnel) • Follow the DOH guidelines for new admissions or readmissions from a hospital setting • Follow DSHS 24/7 Facility PPE matrix
Screening patients/residents	• Actively screen patients/residents for COVID-19 symptoms daily • During an outbreak (see definition) patients/residents will be actively screened for COVID-19 symptoms twice a day for the duration of the outbreak
Screening staff	• Screening with temperature • Screening continues for visitors and contractors • Attestation for all staff • Do not screen EMTs or law enforcement responding to an emergent call **Visitor screening: See Section II**

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 (Cohorting & Dedicated Staff)	• Facility dedicates space for cohorting and managing care for residents with COVID-19 • Identify the space and staff in the facility for cohorting and managing care for patients/residents who are symptomatic or testing positive with COVID-19 • Plans must be in place to manage: ✓ New admissions and readmissions with an unknown COVID- 19 status ✓ Residents who routinely attend outside medically-necessary appointments (e.g., dialysis)
Group Activities	• Modify activity restrictions; schedule to avoid high volume or congregate gathering. • Create policy for physical distancing, flexible scheduling, number of visitors, locations, and minimize resident risk • Resident outdoor activities on facility grounds require physical distancing, and facility monitoring. Those approved for and who have a court order that allows for unescorted grounds privileges will receive education on hospital requirements for safety protocol while on hospital grounds. Monitoring by staff for those with unescorted privileges may occur per hospital policy for unescorted grounds privileges to ensure safety protocols are maintained.
Testing	• Testing will occur based on CDC, DOH, and LHJ guidance • The facility must maintain access to COVID-19 testing for all residents and staff

Phase 3

Entry Criteria:

*If the county in which a facility is located has entered Phase 3 the facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following criteria:*

- 28 days have passed since the last outbreak was identified in the facility **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator.
- The facility performs and maintains an inventory of disinfection and cleaning supplies for patients/clients
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility is capable of cohorting patients/residents with dedicated staff in the case of suspected or positive cases.

*Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through BHA Branch EOC, internal policies **and** in conjunction with the LHJ, even if they have moved to this phase.*

Consideration	Phase 3 (Low COVID-19 activity AND adequate hospital surge capacity AND sufficient PPE supplies)
Visitation	***See Section II***
Admissions	*Proceed with the following admission activities:* • Screen all incoming patients/ residents. • Facilities may also include testing at their discretion. • Admissions proceed as normal with decreased capacity as needed for physical distancing/isolation needs • Adult state psychiatric hospitals and residential treatment facilities at reduced admissions capacity when required due to need for physical distancing and quarantine will gradually expand types of admissions Quarantine ward/units in place: ✓ Isolation ward/units readily available to implement through patient transfers ✓ All staff are to wear facility provided PPE. ✓ Visitors will be provided proper PPE. ✓ Modified protocols for patient admissions and discharges ✓ Fully vaccinated newly admitted residents do not require quarantine unless they have had prolonged contact to a known COVID-19 positive individual within the past 14 days o Fully vaccinated refers to a person who is >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following

	receipt of one dose of a single-dose vaccine ○ Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period
Treatment **Treatment**	**Guidance for Individual Therapy:** • Stagger the time providers schedule therapy sessions to avoid close contact between patients while in waiting areas. • Both the patient and provider should wear a facemask. • Teletherapy is a good option in general for everyone's safety. It is also a good option for patients who struggle with wearing masks or are uncomfortable speaking with someone wearing a mask. • After each visit and before the next patient arrives, clean and disinfect all surfaces touched by both the patient and provider according to CDC guidelines using a disinfectant listed on EPA's list N. • Educate patients on safety measures that reduce their risk of infection. • Discuss with patients how they are coping with the stress and changes due to the pandemic. Always stay recovery-oriented to help patients see themselves as capable of managing the changes. • If patients have difficulties focusing during teletherapy, consider offering multiple shorter sessions as an accommodation. **Guidance for Group Therapy** • For group therapy sessions held in person: ✓ Fully vaccinated patients/clients may participate in activities with other units. ✓ If all patients/residents participating in the group therapy are fully vaccinated, physical distancing is not required. The

Treatment	wearing of source control is still encouraged. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination ✓ When all participants are not fully vaccinated, group therapy meetings can be utilized from the same unit while at the same time maintaining six feet physical distancing ○ Stagger group sessions and consider shorter sessions. For example, you can hold two smaller group sessions for 30 minutes, instead of a larger group session for 60 minutes. ○ Place chairs at least six feet apart. ○ Bring together participants in a space free of distractions. ○ Close the day room to group participants only. ✓ Make sure participants wash or sanitize their hands when they enter the session and before they leave. • Disinfect all high-touch surfaces after the session according to CDC guidelines using a disinfectant found on EPA's list. For group therapy sessions done via teletherapy: • Use a HIPAA-compliant video program. • Assign a staff member to be the telehealth staff onsite. This person should be available to address any technical problems. • For remote group therapy sessions, staff can lead the group from another room on-site or remotely from their homes. Broadcast the session to patients on TV monitors or other electronic devices in day rooms.

Treatment	• If needed, a provider can have video sessions running in several rooms for psychoeducational groups, recreational therapy groups, or question and answer groups. • Assign staff to establish the virtual connection at a designated time while the case manager, recreation therapist, yoga instructor, or psychologist lead the group remotely. • Make sure group leaders have a secure, reliable internet connection and other resources required to meet the needs of the group remotely. • For further recommendations regarding maintaining confidentiality during group teletherapy sessions, see Appendix B of the Guidance for Milieu Therapy • Post signs with current COVID-19 information and educational materials. Display signs in multiple languages and place them throughout facilities and units. Allow patients to discuss these topics during group and individual sessions. • Lead by example and follow these infection prevention guidelines yourself. Educate and support patients to do the same. • Wear a face mask, maintain social distancing, and wash or sanitize your hands. • Encourage social distancing practices. For example, remove chairs from day rooms and put tape on floors to mark appropriate distancing within the space. • Discuss resident actions that would reduce the resident's infection risk within the context of their own treatment goals. For example: ✓ Social distancing as maintaining healthy boundaries with other patients and staff.

	✓ Consider including infection control guidelines as part of facility rules and standard participation rights. ✓ Do not include patients in the group who do not follow infection control rules, as with any patient who does not follow group rules. *All patients will have access to a face mask and will wear them as tolerated/needed.

Telework	• Telework staff are permitted to return to work in accordance with facility needs.
Medically and Non-Medically Necessary Trips	• Non-emergent medically necessary trips continue. • For medically and non-medically necessary trips away from of the facility: ✓ The resident must wear a face mask unless medically contraindicated. ✓ The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the ✓ appointment ✓ Transportation staff, at a minimum, must wear a face mask; additional PPE may be required ✓ Transportation equipment shall be sanitized between transports ✓ Vaccinated residents no longer must quarantine when they return to the facility for medical or non- medical reasons unless known exposure or are assessed as high risk through the community visit risk assessment process. ✓ Residents who are fully vaccinated will not be required to quarantine when they return to the facility for medical and non-medical reasons unless they have prolonged contact with someone who is COVID positive. ○ Fully vaccinated refers to a person who is >2 weeks following receipt of the

	second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine ○ Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period

Dental/Orthodontic/ Endodontic services	• Continue dental, orthodontic, and endodontists if PPE is available. • Dental with reduced capacity. • Aerosol generating procedures in place when adequate PPE is available.
Optometry	• Continue optometry appointments • Face masks required for patients/residents
Communal Dining	• Residents may eat in the same room with physical distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • All staff must wear face masks.
Authorized Leaves External Trips (Non-medical)	• Staff-escorted leaves are permitted. • Resume on-campus outings and on-campus resident work assignments. • Patients/clients who have received the COVID-19 vaccine and shown adherence to PPE use and infection prevention practices will resume their privileges as normal. • Fully vaccinated client/patients do not require quarantine after community outings unless they have prolonged contact with someone with COVID-19. ✓ Use the: Risk Assessment Template to assess COVID -19 Exposure Risk for Residents/Clients after Community Visits ✓ Residents/clients assessed with high risk based on activities conducted while out in the community require 14 day quarantine.

On-Campus Additional Services	• On-campus activities resume while maintaining physical distancing (6 feet) • Patients/clients who have received the COVID-19 vaccine and shown adherence to PPE use and infection prevention practices will resume their privileges as normal.
Salon and Barber 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 approved–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. • Beautician/barber facilities can run at full occupancy • Beautician/ barber and patient must wear PPE at all times • Minimize the amount of time the client's face mask is removed during the service (e.g. trimming around ears). • 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	• Off-campus work opportunities are restored for fully vaccinated residents while physical distancing is maintained.

Staff outside Employment	• Staff may resume outside employment in alternate health care environments if authorized by the appointing authority.
Universal Source Control & Personal Protective Equipment (PPE)	• All facility staff and essential healthcare personnel must wear appropriate PPE when applicable, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Follow the DOH guidelines for new admissions or readmissions from a hospital setting. • Follow DSHS 24/7 Facility PPE matrix
Screening patients/residents	• Actively screen patients/residents for COVID-19 symptoms daily. • During an outbreak (see definition) patients/residents will be actively screened for COVID-19 symptoms twice a day for the duration of the outbreak
Screening staff	• Do not screen EMTs or law enforcement responding to an emergent call. • Remains the same as other phases. Screening 100% of all persons, clients, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility are provided proper PPE. • The facility will maintain a log of anyone entering the building which must be kept for 30 days. **Visitor screening: See Section II**

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 (Cohorting & Dedicated Staff)	• Facility dedicates space for cohorting and managing care for residents with COVID-19. • Identify the space and staff in the facility for cohorting and managing care for patients/clients who are symptomatic or testing positive with COVID-19. • Plans must be in place to manage: ✓ New admissions and readmissions with an unknown COVID- 19 status ✓ Patients/clients who routinely attend outside medically-necessary appointments (e.g., dialysis) Fully vaccinated client/patients do not require quarantine after community outings unless they have prolonged contact with someone with COVID-19.
Group Activities	• Modify activity restrictions; schedule to avoid high volume or congregate gathering. • Group activities can be conducted from the same unit while at the same time maintaining six feet physical distancing. • Resident outdoor activities on facility grounds require physical distancing, and facility monitoring. Those approved for and who have a court order that allows for unescorted grounds privileges will receive education on hospital requirements for safety protocol while on hospital grounds. • Monitoring by staff for those with unescorted privileges may occur per hospital policy to ensure safety protocols are maintained.

	• Patients/clients who have received the COVID-19 vaccine and shown adherence to PPE use and infection prevention practices will resume their privileges as normal.
Testing	• Testing will occur based on CDC, DOH, and LHJ guidance • The facility must maintain access to COVID-19 testing for all patient/clients and staff.

Section II – Visitation

All facilities and agencies are required to provide accommodations to allow access for visitation for all patients/residents, even if visitation is not allowed in-person due to the COVID-19 status of an individual or the facility. This access and accommodation may be by phone, remote video technology, outside visits, or indoor visits.

The decision as to what type of visitation to allow is person-centered and based on resident/visitor's COVID-19 vaccination status.

Outdoor visitation continues to be the safest form of person-to-person visitation due the greater ability to maintain physical distancing, particularly when either party is not fully vaccinated.

	Facility Mitigation Steps
In-Person Visit (Indoor or Outdoor)	**Policy and Procedure:** The facility must establish policies and procedures outlining how the number of visitors per patient/client at one time and how the total number of visitors in the facility at one time may affect the ability to maintain the core principles of infection prevention: • The facility must take into consideration work schedules of visitors and include allowances for evening and weekend visits. • The facility must determine where outdoor and indoor visits will occur. • For indoor visits, the facility will post at the entrance, and with the visitor log, vaccination requirements for visitation, as well as a notice that visitors should not visit if they are unvaccinated and the resident is unvaccinated. COVID-19/Coronavirus Announcement • If necessary, the facility should consider scheduling visits for a specified length of time. • Visitor movement about the facility should be limited with visitors going directly to the designated visiting space. • Visitors must be screened for COVID-like symptoms and they must acknowledge they have reviewed the notice about unvaccinated visitors. This information will be documented on the visitor log along with visitor contact information. The visitor log must be maintained for 30 days. **Social Distancing and PPE:** Visitors and residents should wear a well-fitted mask and practice hand hygiene before and after the visitation, and the safest approach, particularly if either party has not been fully vaccinated, is for the patient/client and their visitors to maintain 6-foot distance from other. • Exception: If a patient/client is fully vaccinated, the patient/client can choose to have close contact (including touch) with their visitor

	while wearing a well-fitting mask and performing hand-hygiene before and after. • Exception: Patient/clients who are not eligible to receive the COVID-19 vaccine due to age limitations may still have close-contact visitors if the visitors are fully vaccinated. If the visitor is fully vaccinated, the resident can choose to have close contact (including touch) with their visitor while wearing a well-fitting mask and performing hand-hygiene before and after. Compassionate Care Visits, such as an end-of-life situation or when a patient/client is in decline or distress, should be allowed at all times for any patient/client (vaccinated or unvaccinated). In addition, facilities and visitors should continue all infection prevention and control practices. All visitors must wear a face mask for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. **Cleaning Schedule:** Equipment and space must be cleaned and disinfected after each visitation with emphasis place on high-touch surfaces.

Phase	Facility Mitigation Steps
Outdoor visits	Outdoor visits under controlled conditions with all precautions taken (including use of face masks, appropriate hand hygiene, and physical distancing) remain preferable to indoor visits due to lower risk of transmission, which is largely attributable to increased space and airflow.
Indoor visits	Facilities should allow responsible indoor visitation at all times and for all patients/clients unless certain scenarios arise that would limit visitation such as: • Unvaccinated patient/clients if visitor is not fully vaccinated • Patient/clients with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or • A client/patient in quarantine who has not been vaccinated, may not have visitors until they have met the criteria for release form quarantine. Facilities should consider where visits should take place. For patient/clients who share a room, visits should take place outside of the room if possible.
Indoor Visitation During a COVID-19 Outbreak	While outbreaks increase the risk of COVID-19 transmission, a facility should not restrict visitation for all patient/clients as long as there is evidence the transmission of COVID-19 is contained to a single area (e.g., unit/ward) of the facility. • Facilities should continue outbreak investigation testing and quarantine as outlined in the BHA ✓ *COVID-19 Guidelines for Infection Prevention, Screening, and Expanded*

	Testing in Washington State Behavioral Health Administration Facilities. • When a new case of COVID-19 among patient/clients or staff is identified, a facility should immediately suspend indoor visitation on the involved unit(s) until the outbreak investigation can determine if an outbreak exists. • An outbreak is considered over when there has been 28 days since a new case of COVID-19 has been identified.

Visitor Log Information

Visitor's log information will include date, time in and time out, name of visitor, acknowledgment of understanding and meeting visitation COVID-19 criteria, and their contact information, including phone number and email address if available.