

2020

Safe Start Recommendations and Requirements

Behavioral Health
Administration 24/7 Facilities

09/24/2020

Introduction

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

The Department of Social and Health Services' Behavioral Health Administration 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 and residents, 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, residents and staff healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, 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), Department of Health (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/residents. Communicate facility outbreaks with local health jurisdictions.*
3. *Follow this DSHS and DOH phased reopening plan which is based on the Governor's Safe Start phased plan.*
4. *Follow the "[Washington Phased Approach for Modifying Physical Distancing](#)" and Governor Proclamations: [Safe Start Plan](#).*
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 Safe Start Plan.*

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 Safe Start Phase 1, cannot move beyond phase 1 of the BHA reopening plan until the county enters Safe Start 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 residents 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. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>
5. Dedicated space for cohorting and managing care for residents with COVID-19 or if unable to cohort residents, have a plan which may include transferring a person to another care setting;
6. A plan in place to care for residents with COVID-19, including identification and isolation of residents. The facility or agency plans describing the identification, care and isolation of residents or 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 resident and client rights while following standards of infection control practices including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility.

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	<i>See Section II</i>
Admissions	<p><i>Proceed with the following admission activities:</i></p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ✓ Quarantine ward/units in place ✓ Isolation ward/units in place ✓ All staff and visitors wearing required face coverings ✓ Modified protocols for patient admissions and discharges ✓ Tele-court continues

<p>Treatment</p>	<p>Guidance for Individual Therapy:</p> <ul style="list-style-type: none"> • 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 if six feet or more separation cannot be accommodated. <ul style="list-style-type: none"> ○ Teletherapy is 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. <p>Guidance for Group Therapy</p> <ul style="list-style-type: none"> • For group therapy sessions held in person: <ul style="list-style-type: none"> ○ 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 N. • For group therapy sessions done via teletherapy: <ul style="list-style-type: none"> ○ Use a HIPAA-compliant video program.
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- 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.
- For further recommendations regarding maintaining confidentiality during group teletherapy sessions, see Appendix B of the DOH COVID-19 guidance (<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19GuidanceforBHA.pdf>, page 9).

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 covering or 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.

	<ul style="list-style-type: none"> • You can discuss actions that would reduce a patient’s infection risk within the context of their own treatment goals. For example, you can frame social distancing as maintaining healthy boundaries with other patients and staff. • Consider including infection control guidelines as part of your facility rules and standard participation rights. <ul style="list-style-type: none"> ○ This helps encourage patients to follow the guidelines in order to earn incentives or additional privileges for supporting a safer environment. • Do not include patients in the group that do not follow infection control rules, as with any patient that does not follow group rules. <p>*All patients will have access to a face mask and will wear them as tolerated/needed.</p>
Telework	<ul style="list-style-type: none"> • 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

<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Necessary medical and dental appointments approved by the facility CMO (Chief Medical Officer) or designee • Face coverings required for all passengers and driver • 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: <ul style="list-style-type: none"> ○ The resident must wear a cloth face covering or 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 cloth face covering or 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 <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p>
<p>Dental/Orthodontic/Endodontic Services</p>	<ul style="list-style-type: none"> • Emergent only • Aerosol generating procedures in place when adequate PPE is available
<p>Optometry</p>	<ul style="list-style-type: none"> • Emergent optometry only • Face coverings required for patients/residents
<p>Communal Dining</p>	<ul style="list-style-type: none"> • 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
<p>Authorized Leaves External Trips (Non-medical)</p>	<ul style="list-style-type: none"> • Mandatory, authorized leaves only per instruction • 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.)

On Campus Additional Services	<ul style="list-style-type: none"> No on-campus additional services (i.e. group religious services, group recreational activities, etc.)
Salon and Barber Services	<ul style="list-style-type: none"> No services
Patient/resident outside Employment	<ul style="list-style-type: none"> Limited assignments as determined by administration
Staff outside Employment	<ul style="list-style-type: none"> Authorized by the appointing authority
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> All facility staff, regardless of their position, must wear a cloth face covering or 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	<ul style="list-style-type: none"> Actively screen patients/residents 2 times a day
Screening staff	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

<p>Isolation and Quarantine (Cohorting & Dedicated Staff)</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ New admissions and readmissions with an unknown COVID- 9 status ○ Consult with LHJ on need for 14-day quarantine period after a client returns from medical and non-medical visits
<p>Group Activities</p>	<ul style="list-style-type: none"> • 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
<p>Testing</p>	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance • The facility must maintain access to COVID-19 testing for all residents and staff
<p>Direct Care/Non-Direct Care Personnel</p>	<ul style="list-style-type: none"> • 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 covering 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:*

- The facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that moderate transmission is occurring in the community. Moderate transmission is defined as 25-75 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected patient/resident or staff case 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 <u>AND</u> adequate hospital surge capacity <u>AND</u> sufficient PPE supplies)
Visitation	<i>See Section II</i>
Admissions	<p><i>Proceed with the following admission activities:</i></p> <ul style="list-style-type: none"> • 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 at reduced admissions capacity due to need for physical distancing and quarantine will gradually expand types of admissions <ul style="list-style-type: none"> ✓ Quarantine ward/units in place ✓ Isolation ward/units readily available to implement through patient transfers ✓ All staff and visitors wearing face coverings/ masks ✓ Modified protocols for patient admissions and discharges ✓ Limited in-person court

<p>Treatment</p>	<p>Guidance for Individual Therapy:</p> <ul style="list-style-type: none">• 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 if six feet or more separation cannot be accommodated.<ul style="list-style-type: none">○ Teletherapy is 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. <p>Guidance for Group Therapy</p> <ul style="list-style-type: none">• For group therapy sessions held in person:<ul style="list-style-type: none">○ 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.
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- Disinfect all high-touch surfaces after the session according to CDC guidelines using a disinfectant found on EPA's list N.
- 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.
 - For further recommendations regarding maintaining confidentiality during group teletherapy sessions, see Appendix B of the DOH COVID-19 guidance (<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19GuidanceforBHA.pdf>, page 9).

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.

	<ul style="list-style-type: none"> ○ Wear a cloth face covering or 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. • You can discuss actions that would reduce a patient’s infection risk within the context of their own treatment goals. For example, you can frame social distancing as maintaining healthy boundaries with other patients and staff. • Consider including infection control guidelines as part of your facility rules and standard participation rights. <ul style="list-style-type: none"> ○ This helps encourage patients to follow the guidelines in order to earn incentives or additional privileges for supporting a safer environment. • Do not include patients in the group that do not follow infection control rules, as with any patient that does not follow group rules. <p>*All patients will have access to a face mask and will wear them as tolerated/needed.</p>
<p>Telework</p>	<ul style="list-style-type: none"> • 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
<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Non-emergent medically necessary trips resume • Face coverings required for all passengers and driver • Telemedicine should be utilized whenever possible. • Patients/residents must at a minimum be observed for 14 days.

<p>Dental/Orthodontic/ Endodontic services</p>	<ul style="list-style-type: none"> • Resume dental, orthodontic, and endodontists if PPE is available • Dental with reduced capacity • Aerosol generating procedures in place when adequate PPE is available
<p>Optometry</p>	<ul style="list-style-type: none"> • Resume optometry appointments • Face coverings required for patients/residents
<p>Communal Dining</p>	<ul style="list-style-type: none"> • 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 coverings
<p>Authorized Leaves External Trips (Non- medical)</p>	<ul style="list-style-type: none"> • 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
<p>On Campus Additional Services</p>	<ul style="list-style-type: none"> • On campus religious services and recreation activities resume with groups of less than 5 at any given time while maintaining physical distancing (6 feet)

<p>Salon and Barber Services</p>	<ul style="list-style-type: none"> • 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 must wear PPE at all times • 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
<p>Patient/resident outside Employment</p>	<ul style="list-style-type: none"> • Off campus work opportunities are restored for residents while physical distancing is maintained
<p>Staff outside Employment</p>	<ul style="list-style-type: none"> • Staff may resume outside employment in alternate health care environments if authorized by the appointing authority

<p>Universal Source Control & Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • All facility staff, regardless of their position, must wear a cloth face covering or 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
<p>Screening patients/residents</p>	<ul style="list-style-type: none"> • Actively screen patients/residents 2 times a day
<p>Screening staff</p>	<ul style="list-style-type: none"> • 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

<p>Environmental Services</p>	<ul style="list-style-type: none"> • 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
<p>Isolation and Quarantine (Cohorting & Dedicated Staff)</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ✓ New admissions and readmissions with an unknown COVID- 19 status ✓ Residents who routinely attend outside medically-necessary appointments (e.g., dialysis)
<p>Group Activities</p>	<ul style="list-style-type: none"> • 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
<p>Testing</p>	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance • The facility must maintain access to COVID-19 testing for all residents and staff

<p>Direct Care/Non-Direct Care Personnel</p>	<ul style="list-style-type: none">• All direct care personnel are allowed to continue to enter facility• Allow entry of a limited number of non-direct care personnel as defined by the Governor’s Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and face coverings• 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 covering for the duration of the visit
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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** the following criteria:*

- The facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined minimal transmission is occurring. Minimal transmission is defined as 10-25 cases/ 100,000 population for two weeks.
- 28 days have passed since the last positive or suspected patient/resident or staff case was identified in the facility **OR** any timeline required by DOH or 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 patients/residents and clients;
- There is assurance by DOH and the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility is capable of cohorting residents with dedicated staff in the case of suspected or positive cases and there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

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

Consideration	Phase 3 (Low COVID-19 activity <u>AND</u> adequate hospital surge capacity <u>AND</u> sufficient PPE supplies)
Visitation	<i>See Section II</i>
Admissions	<p><i>Proceed with the following admission activities:</i></p> <ul style="list-style-type: none"> • 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 with reduced admissions capacity due to need for physical distancing and quarantine <ul style="list-style-type: none"> ✓ Quarantine ward/units in place ✓ Isolation ward/units readily available to

	<ul style="list-style-type: none"> implement through patient transfers ✓ All staff and visitors wearing face coverings/masks ✓ Return to normal admission and discharge protocols ✓ Court operations resume per court protocol
Treatment	<p><i>Proceed with the following treatment activities:</i></p> <ul style="list-style-type: none"> • Full activity resumes • Follow PPE guidance • Active treatment groups in full capacity • Outside fresh air activity / break with mixed population
Telework	<ul style="list-style-type: none"> • Staff return to workplace as directed • Follow PPE guidance • 100% of COVID-19-related teleworkers return on site with physical distancing
Medically and Non-Medically Necessary Trips	<ul style="list-style-type: none"> • Elective medical trips resume • Permitted within the boundaries of Governor’s Safe Start Plan and DOH direction • All parties must practice maintaining 6 feet of physical distancing, use proper hand hygiene and wear face coverings when out of the facility • Upon return to the facility, follow entry screening policies • Consult with DOH and LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk • Patients/residents must be at a minimum be observed for 14 days
Dental/Orthodontic/Endodontic services	<ul style="list-style-type: none"> • Continue dental, orthodontic, and endodontists if PPE is available • Dental clinic on full capacity
Optometry	<ul style="list-style-type: none"> • Continue optometry appointments
Communal Dining	<ul style="list-style-type: none"> • Permitted if 6 ft. social distancing can be maintained, staff/patients/residents/visitors have access to hand hygiene and they wear face coverings when not eating, as tolerated, and while traveling to and from the dining area • Providers must separate residents in COVID-19 positive units from dining with residents in COVID-19 negative units, as well as residents suspected to be COVID-19 positive

	<ul style="list-style-type: none"> • Limit the number of people at tables and space tables at least 6 feet apart • All staff must wear face coverings
<p>Authorized Leaves External Trips (Non-medical)</p>	<ul style="list-style-type: none"> • 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 BHA Branch 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 • NGR community program to resume unsupervised authorized leave
<p>On Campus Additional Services</p>	<ul style="list-style-type: none"> • Campus life returns to normal and resident groups can mingle while physical distancing is maintained and in groups of no more than 25 people <ul style="list-style-type: none"> ✓ Religious services ✓ Gym activities ✓ Art/Recreation events ✓ On campus movies ✓ On campus group sporting events
<p>Salon and Barber Services</p>	<ul style="list-style-type: none"> • 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 must wear PPE at all times • Capes - Each client should be draped with a clean

	<p>cape. Capes should be laundered following the fabric recommendations between each client.</p> <ul style="list-style-type: none"> • Neck strips – Employees must use protective neck strips/towel around the neck of each hair-cut client
Patient/resident outside Employment	<ul style="list-style-type: none"> • Off campus work opportunities are restored for residents while physical distancing is maintained
Staff outside Employment	<ul style="list-style-type: none"> • Staff may resume outside employment in alternate health care environments if authorized by the appointing authority
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted • All visitors must wear cloth face coverings or masks • Staff must wear appropriate PPE when applicable, to the extent PPE is available and consistent with CDC, DOH, and LHJ’s guidance on optimization of PPE • Follow DSHS 24/7 Facility PPE matrix
Screening patients/residents	<ul style="list-style-type: none"> • Actively screen patients/residents 2 times a day
Screening staff	<ul style="list-style-type: none"> • Remains the same as other phases. Screening 100% of all persons, patients/residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensuring all people entering the facility have cloth face coverings or face masks.

	<ul style="list-style-type: none"> The facility will maintain a log of all visitors which must be kept for 30 days.
Environmental Services	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> ✓ New admissions and readmissions with an unknown COVID-19 status ✓ Residents who routinely attend outside medically-necessary appointments (e.g., dialysis)
Group Activities	<ul style="list-style-type: none"> Permitted with facility discretion Modify activity restrictions; schedule to avoid high volume or congregate gathering. Patient/resident outdoor activities on facility grounds require physical distancing, and facility monitoring
Testing	<ul style="list-style-type: none"> Follow CDC, DOH and LHJ direction for any required testing The facility must maintain access to COVID-19 testing for all residents and staff
Direct Care/Non-Direct Care Personnel	<ul style="list-style-type: none"> 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 covering for the duration of the visit Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan, facilities are permitted

	<p>to allow direct care and non-direct care medical personnel</p> <ul style="list-style-type: none">• Facilities will use discretion following policies for universal face coverings, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk
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Phase 4

Entry Criteria:

If the county in which a facility is located has entered Phase 4, the facility may relinquish all restrictions and return to a regular course of business after meeting all the following criteria:

- The facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that sporadic transmission is occurring in the community. Sporadic transmission is less than 10 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the facility **OR** any timeline required by DOH and the LHJ, whichever is greater;
- The facility has adequate staffing levels 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 DOH and the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **and** there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

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

Until the COVID public health threat has ended facilities will:

- Screen 100% of all persons, patients/residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensuring all people entering the facility have cloth face coverings or face masks;
- Maintain a log of all visitors which must be kept for 30 days;
- Use PPE, as determined or recommended by CDC, DOH, and CMS guidelines as warranted;
- Maintain access to COVID-19 testing for all residents 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 status of an individual or the facility. This access and accommodation may be by phone, remote video technology, outside visits, or some combination of access, dependent on the phase of the county or facility/agency. Any equipment shared among residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Once a facility has met the entry criteria outlined for a phase in Section I, the facility may then follow the visitation criteria for each corresponding phase below:

Phase	Facility Mitigation Steps
<u>Phase 1</u>	<p>Visitation prohibited, except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end- of-life and professional visitors; and • Under limited and controlled conditions, coordinated by the facility, in consideration of physical distancing and universal source control. Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated, but rather at the discretion of the facility; • Compassionate care visitors and professional visitors (advocacy groups, legal representative, interpretive services, and discharge related visits) are screened upon entry and additional precautions are taken, including physical distancing and hand hygiene. All visitors must wear a cloth face covering or face mask for the duration of their visit. The facility must provide a cloth face covering to the visitor, in the event they do not have one, to ensure universal source control. • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days* • Facilities should have policies in place for remote visitation, whenever possible, to include: <ul style="list-style-type: none"> ○ Access to communication with friends, family, and their spiritual community ○ Access to the <p>Ombudsman. Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per resident during each visit;

Phase	Facility Mitigation Steps
	<ul style="list-style-type: none"> • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance
<p><u>Phase 2</u></p>	<p>Visitation is limited to the following activities:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end- of-life and professional visitors; <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of physical distancing and universal source control. Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated, but rather at the discretion of the facility. ○ Compassionate care visitors and professional visitors (advocacy groups, legal representative, interpretive services, and discharge related visits) are screened upon entry and additional precautions are taken, including cloth face coverings, physical distancing and hand hygiene. • Outdoor visits under controlled conditions with all precautions taken including use of face coverings, appropriate hand hygiene, and physical distancing <p>Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.*</p> <p>All visitors must wear a cloth face covering or face mask for the duration of their visit. The facility must provide a face covering to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Facilities should have policies in place for remote visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community • Access to the Ombudsman.

Phase	Facility Mitigation Steps
<u>Phase 3</u>	<ul style="list-style-type: none"> • All residents have the ability to have limited visitation • The facility policy will describe visitation schedule, hours and locations • Infection control practices including hand hygiene, universal source control for resident and visitors, and overall facility supervision of safe practices related to visitors and physical distancing (at least 6 feet apart) • Facilities may limit the number of visitors for each resident • Preference should be given to outdoor visitation opportunities. • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days* <p>After visits, all areas must be disinfected</p>
<u>Phase 4</u>	Resume regular visitation

***Visitor Log Information**

Visitor’s log information will include date, time in and time out, name of visitor and their contact information, including phone number and email address if available.