2021

Safe Start

Recommendations and Requirements

Behavioral Health Administration (BHA) 24/7 Facilities

Revised 5/03/2022

Washington State Department of Social & Health Services

Transforming lives

Revisions:

10/8/2020
Revised 10/23/2020
Revised 11/30/2020
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Revised 3/2/2021
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.
Revised 12/08/2021: Changed format eliminating phases to align with WA State Roadmap to Recovery. Emphasis placed on companion document "BHA Statement of Practice for COVID-19" for further detail.
Revised 5/3/2022: Changed Outbreak definition to align with WA DOH guidelines

Contents

Introduction

Safe Start for BHA 24/7 Facilities Guidelines

The Department of Social and Health Services' (DSHS) Behavioral Health Administration (BHA) is recommending all BHA 24/7 facilities use the BHA Safe Start Plan. The Safe Start Plan provides general recommendations. More defined protocol is provided in the BHA Statement of Practice for COVID.

Given the critical importance of limiting COVID-19 exposure in facilities which provide 24/7 care to patients, residents and clients, considerations for allowing additional programming, treatment and facility access will 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.

BHA 24/7 Facilities' Safe Start Guidelines

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.

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

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

    - Capacity to conduct ongoing testing of patient/clients and staff

    - A response plan to communicate infection control measures

- A plan to actively screen all staff and visitors per DOH guidance.

- 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 (See BHA Statement of Practice for COVID).

- 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 the facility.

Section 1: Normal Operations During COVID-19 Pandemic

Core Principles of COVID-19 Infection Prevention for all BHA 24/7 Facilities

- Infection prevention core principles apply to all who enter BHA 24/7 facilities to include, but not limited to, staff, contractors, and visitors
- Screening of all who enter the facility for signs and symptoms of COVID-19 using current DOH screening protocol.
- Hand hygiene (use of alcohol-based hand disinfectant is preferred).
- Appropriate use of personal protective equipment (PPE) – See BHA 24-7 Facility PPE Guidance COVID-19
- Physical distancing at least six feet between people when appropriate.
- 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 frequently, as well as designated visitation areas after each visit.
- Effective cohorting of patients/clients who are COVID-19 positive.
- All staff, contractors, and medically necessary providers will be fully vaccinated against COVID-19 or have a reasonable accommodation approved through Human Resources.

Admission

Admissions will proceed as normal with the following recommendations:

- Screen all incoming patients/residents for COVID-19 symptoms
    - Facilities will include testing of new admits prior to releasing into general patient population

- See BHA Statement of Practice for COVID for more detailed admission recommendations

Group Therapy

While adhering to the core principles of COVID-19 infection prevention, group therapy is encouraged as a vital form a treatment for all BHA patients/clients.

- Patients/clients with known or suspected COVID-19 illness will not participate in group therapy
- Patients will wear facemasks when participating in group therapy, when participating with patients who are not from their assigned living unit
- Participants will sanitize their hands when they enter the session and before they leave
- Non-vaccinated individuals may only participate in group therapy with their home unit
- Fully vaccinated patients/clients may participate in activities with other wards/units
- Physical environment will be cleaned and disinfected using a disinfectant listed on EPA's list N
- Do not include individuals in group therapy who do not follow infection control rules

Communal and Group Activities

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. For example, patients/clients may eat in the same room with physical distancing (e.g., limited number of people at each table and with at least six feet between each person). 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). Examples of communal activities include but are not limited to:

- Dining – patients/clients may eat at the same room with physical distancing

- Salon and barber services – maintain physical distancing of 6 feet between stations, clean capes, and stations between patients/clients

- Group activities such as religious or celebration gatherings – modify activities to avoid high volume or congregate gathering. Only vaccinated patients/clients can attend gatherings with other wards/units

- On-site dental services – continue physical distancing of at least 6 feet between patients. Use appropriate PPE and incorporate approved respirators for providers when aerosol generating procedures are being performed

Offsite Visits and Risk Assessment

Court-ordered authorized leaves as well as non-urgent medical appointments are permitted.

Providers must use the Risk Assessment Template to assess each patient's/client's COVID-19 exposure risk prior to and after returning from offsite visits to determine the patient's/client's level of risk. Automatic quarantine will not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a patient/resident will be a result of the assessment and must be documented in the resident's care plan. See Risk Assessment . Offsite visits include medical, social, and work visits.

Section 2: Outbreak Operation Criteria

Outbreak Definition

A COVID-19 outbreak indicates potentially extensive transmission within a setting or organization. An outbreak is a situation that is consistent: Interim COVID-19 Outbreak Definition for Healthcare Settings

- 2 or more cases of COVID-19 in patients who have been in a facility for at least 7 days and are epi-linked to the same source
    - Epi-linkage among patients is defined as overlap on the same unit or ward or having the potential to have been cared for by common HCP within a 14-day period of each other.

OR

- 3 or more staff members with epi-linked COVID-19 AND no other more likely sources of exposure for at least 2 of the cases
    - Epi-linkage among HCP is defined as having the potential to have been within 6ft for 15 minutes or longer while working in the facility during the 14 days prior to prior to the onset of symptoms; for example, worked on the same unit during the same shift.

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

Outbreak Operations

When a COVID-19 outbreak has been confirmed (see outbreak definition above) facilities will consider amending visitation, group activities, and communal dining based on status of COVID-19 infections at the facility. Facilities will use discretion as to what restrictions need to be implemented based on current COVID-19 activity. For example, if a COVID-19 outbreak is isolated to specific wards or living units, restrictions may be isolated to the impacted living areas only.

Outbreak Restrictions

- Admission:
    - When the outbreak is not on the admitting ward/unit, admissions will continue as normal

- Each facility will develop strategies to allow admissions will the outbreak occur on the admission ward/unit. This could include strategies such as masking newly admitted individuals or asking them to remain in their

rooms for the duration of the outbreak, or temporarily moving admissions to a ward that is not impacted by active COVID-19 activity.

- Group therapy, and communal/group activities
  - Patients/clients on wards/units involved in an outbreak will not attend group therapy sessions or other communal/group activities with other units regardless of vaccination status for the duration of the outbreak

- Offsite visits
  - When doing so does not interfere or unduly delay patient's/client's ongoing care for those patients/clients who reside on wards/units experiencing an outbreak, consider canceling non-emergent medical and non-medical visits for unvaccinated patients/clients.
  - 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 visits are restricted from occurring on the identified outbreak areas until end of outbreak criteria has been met. Visits will occur in identified areas off the unit.
  - Visitors will be made aware of the potential risk of visiting during an outbreak investigation and will wear masks during the visit regardless of vaccination status.

Section 3: 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 in part on resident's/visitor's COVID-19 vaccination status and COVID-19 activity within the facility.

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.

Guidance within this section is general. More defined protocols regarding visitation can be found in the BHA Statement of Practice for COVID .

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 will be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual patient's/client's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation will be facilitated as often as practical. Facilities will 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 will 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 will 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 in the specific ward/unit;

- Visitors will be able to adhere to the core principles of infection prevention and staff will provide monitoring for those who may have difficulty adhering to core principles of infection prevention, such as children;

- Facilities will 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 will consider scheduling visits for a specified length of time to help ensure all residents are afforded the opportunity to receive visits.

NOTE: *Visits for residents who share a room will 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 will 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 will 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 will only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities will work with patients/clients, families, caregivers, resident representatives, and the ombudsman program to identify the need for compassionate care visits.

At all times, visits will be conducted using social distancing and visitors will wear PPE appropriate to the situation. Visitors will 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).

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.