



Transforming Lives. Building Community Well-Being.

SCREENING/MONITORING GUIDANCE FOR BH RESIDENTIAL FACILITIES

The Centers for Disease Control (CDC) and the National Council for Behavioral Health make the following recommendations for screening and monitoring individuals residing in a Behavioral Health Facility.

- ▲ All residents and staff should be monitored for fever and respiratory symptoms.
- ▲ All staff should self-check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- ▲ Facilities may consider screening staff for fever or respiratory symptoms before entering the facility. When doing so, actively take their temperatures and document absence of shortness of breath, new or change in cough and sore throat.
- ▲ If they are ill, have them put on a facemask and self-isolate at home.
- ▲ Staff should stay home if they are sick.
- ▲ Staff members who have had direct contact with individuals who tested positive for COVID-19 or who are designated a person under investigation for COVID-19 should self-quarantine for 14 days and not come to the residential program. If, after 14 days following the last contact, they have not developed symptoms, they may return to work.
- ▲ Clients and staff should be instructed to report symptoms as soon as possible.
- ▲ Facilities should review and revise how they interact with vendors and receive supplies, agency staff, emergency medical services (EMS) personnel and equipment, transportation providers taking residents to offsite appointments, etc. and other non-health care providers, including food delivery, etc., and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility; supplies should be dropped off at a dedicated location, like a loading dock. All nonessential vendors such as salespeople and drug representatives should be prohibited.
- ▲ Behavioral health residential facilities are advised to increase maintenance standards at all public access points throughout the facility as well as all other programs under your agency. New disinfection frequency protocols are needed. Staff who manage maintenance in the facility should ensure more thorough cleansing of tables, counters and all other surfaces.

Frequently touched surfaces, like tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, etc., should be disinfected daily with cleaning products labeled to be effective against rhinoviruses or human coronaviruses. This includes ensuring that clean water is used when mopping floors based on typical maintenance standards and that supplies, including, soap, water and towels/ proper drying equipment, are available in all staff and patient bathrooms.

- ▲ In addition to posted handwashing protocols, there should be adequate availability of hand sanitizer throughout the facility. Federal, state and local advisories should also be conspicuously displayed for residents, staff and visitors. Be certain to have sufficient cleaning supplies in your inventory.
- ▲ To the extent possible, programs should work with individuals' health care providers to institute telemedicine appointments. Most payers are removing barriers to this allowing billing if medically necessary and documenting it as if they were in the office.
- ▲ For behavioral health residents, treatment teams should consider increased frequency of engagement, including therapy, using alternatives to in-person meetings.
- ▲ CDC guidance currently recommends suspending all groups and activities with more than 10 people. Communal dining and all group activities with more than 10 people, such as internal and external group activities, should be canceled.
- ▲ Facilities should utilize non-face-to-face meeting options, such as phone, video communications, etc., to the extent possible.
- ▲ In shared bedrooms for individuals who have not developed symptoms, ensure that beds are at least 6 feet apart when possible and require that clients sleep head-to-toe.

SCREENING QUESTIONS FOR RESIDENTIAL PROGRAMS

- 1. Have you had any known exposures to Covid-19?**
- 2. Do you live in or have you visited an area where COVID-19 is spreading?**
- 3. Have you experienced a fever recently?**
 - a. If yes- Were you able to measure the temperature with a thermometer?
 - b. If yes- What was the temperature and when was it measured?
 - c. If No- Are you/they experiencing shaking, chills, or sweating? Do you/they feel very warm to the touch?
- 4. When did the fever/feverishness start?**
- 5. Was fever-reducing medication given?**
 - a. If Yes: Ask "How long ago was the medication taken?"

6. Are you/they having shortness of breath?

- a. If Yes: Ask if they are experiencing severe shortness of breath.

7. Are you/they having difficulty talking without catching your/their breath?**8. Do you/they need to stop to catch your/their breath when walking across the room?**

- a. Advise the person to call 911 or go to the ED if shortness of breath is severe.

9. Do you/they have a cough?

- a. If Yes: Ask if client has coughed up any blood.
- b. If Yes: How much blood have you/they coughed up? Have you/they coughed up more than a teaspoon of blood?
- c. If person reports coughing up more than 1 teaspoon of blood (hemoptysis), advise them to go to the Emergency Room.

10. Have you been practicing social distancing?

- a. Please describe:

ADDITIONAL GUIDANCE FOR RESIDENTIAL PROGRAMS

Behavioral health residential facilities should consider the following additional efforts to protect members and staff in these programs:

1. Facilities should post educational information from trusted health sources throughout the building, including signage on how to properly wash your hands, signs and symptoms of early detection and outdoor signage to halt visitors or inform health care workers of access restrictions. Tools can be found on the CDC website. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
2. Members should be educated to stay in the residence as much as possible. If they do go out, they should keep a distance of at least 6 feet away from anyone else, including relatives who do not live in the residence, and avoid touching their faces. Programs should cancel all planned social or recreational outings. Upon returning home, they should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Cell phones and other frequently handled items should be sanitized daily. Screening questions should be asked upon return.
3. Facilities should restrict visitation of all nonresidents (visitors and non-essential health care personnel) unless it is deemed necessary to directly support a resident's health

and wellness or for certain compassionate care situations, such as young children in residential treatment or end-of-life care. In those cases, visitors should be limited to only a specific room. Facilities are expected to notify potential visitors to defer visitation until further notice through the facilities' websites, door signage, calls to family members, letters, etc. Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements.

4. Prior to entering the residence, visitors should be asked if they have had a new cough, a new sore throat, shortness of breath, if they have had a fever or if they recently traveled on an airplane or on a cruise. If the response to any of these questions is "yes," the visitor should not be allowed into the residence.

For full details regarding the CDC and the National Council for Behavioral Health's Guidance for Behavioral Health Facilities visit:

- ▲ [COVID-19 For Behavioral Health Residential Facilities Guidance](#)
- ▲ [Phone Advice Line Tool for possible COVID-19 patients](#)