

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Non-Residential Substance Use Settings

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to slow the spread of the novel (new) coronavirus disease 2019 (abbreviated COVID-19) in Los Angeles County. There continues to be a growing number of people infected with this virus. According to the World Health Organization, the worldwide spread of COVID-19 now qualifies as a pandemic. We need to work together to slow the spread of this infection locally.

We strongly recommend that all non-residential substance use settings review and update their emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily. We would like to provide you with some general information about COVID-19, as well as specific actions you should take to help slow the spread of respiratory infections, including COVID-19.

The goals of this document are to help nonclinical substance use settings develop strategies to:

- Prevent and reduce the spread of COVID-19 within your facility.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

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General Information

What is novel coronavirus?

COVID-19 is caused by a virus that has never been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Since it has never infected humans before, none of us are immune to it.
- It can be spread from person to person more easily than some other viruses
- It can be spread by someone who doesn't have any symptoms and has no idea they are infected.



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- While it causes mild or moderate symptoms in most people, it can be very serious and even fatal for people in high-risk groups.

High-risk groups

High-risk groups for COVID-19 include people over age 65, people with chronic conditions, including those that affect heart, lungs or kidneys, people who have weakened immune systems due to disease, chemotherapy or other medical treatments or conditions and people who are pregnant.

What are common symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness.

Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list of symptoms is not all inclusive. Clients or staff should consult a medical provider about the need for testing and isolation for these or any other symptoms that are severe or concerning..

If a client or staff member develops fever, cough, or shortness of breath, or a health care provider tells them they are likely to have COVID-19, they should stay home for at least 10 days from when symptoms first appeared AND at least 3 days (72 hours) after recovery. "Recovery" means that fever has gone without the use of medications and respiratory symptoms (such as cough and shortness of breath) have improved.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

When calling 911, notify the operator that the individual who is sick might have COVID-19. The person should put on a cloth face covering before medical help arrives.

How are coronaviruses spread?

Like other respiratory illnesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.



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Please note: In preparation for situations that might arise within your site or in the broader community as we confront COVID-19, we strongly recommend that all nonclinical substance use treatment settings update emergency plans and consider ways to continue essential services if onsite operations should need to be reduced temporarily.

COVID-19 is new and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed. We encourage you to visit the DPH Novel Coronavirus webpage for resources including Guidance for Business and Employers, Frequently Asked Questions, and infographics: <http://publichealth.lacounty.gov/media/Coronavirus/>.

Steps to Protect the Health and Safety of Clients and Staff

Prevent and Reduce Spread of COVID-19 Within Your Facility

1. Steps to reduce risk of infection

Signage

- Post signs for clients and staff on the importance of handwashing and hand sanitizing.
- Provide signs and remind clients to alert staff if they have new fever, cough and/or shortness of breath.

Hygiene

- Make it easy for staff and clients to practice good hand hygiene. Make sure bathrooms are well stocked with soap and disposable towels.
- Post reminders to wash hands with soap and water for at least 20 seconds and to dry hands on a single-use or personal towel.
- If handwashing is not feasible, staff and clients should use hand sanitizer containing at least 60% alcohol.
- It is especially important to clean hands after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Tissues should be widely available, and staff and clients should be reminded to cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If tissues are not available, they should sneeze or cough into an elbow, rather than a hand.
- Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink.

Social Distancing

- Promote social distancing: no handshakes, no hugs, no close-up conversations. Clients and staff need to stay at least 6 feet away from each other.
- Re-arrange common areas, including waiting rooms, to avoid having more than 10 seats in an enclosed space and so seats are at least 6 feet apart and facing away from one another.



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	<ul style="list-style-type: none"> - Stop large group meals. Stagger meals so groups can be kept small. Serve meals with same group of clients each meal to reduce transmission risk. If weather permits, serve them in outdoor areas that allow for social distancing. - Restrict visitors. Only essential staff should be going in and out of the facility. - Limit transportation of clients to essential outside visits only. Make sure they know how to practice safe distancing when they must leave. - Explore alternatives to in-person group activities like individual sessions, telehealth, or other non-group activities to enable clients to continue these activities. In-person group activities should follow guidance as indicated in SAPC Information Notices.
<p>2. <i>Screen clients for symptoms of COVID-19</i></p>	<p>Screen Clients</p> <ul style="list-style-type: none"> - Assess all clients at admission for symptoms of acute respiratory illness like those of a cold or the flu. - If able, assess ALL clients at least once a day for new symptoms of acute respiratory illness. Remind clients to report any new respiratory symptoms to staff. - If able, assess client temperatures at admission and daily with a scanning or disposable thermometer. A fever is a temperature of 100.4 F or higher. - Given the current outbreak, any client with symptoms of respiratory illness can be presumed to have COVID-19. It is not necessary to perform laboratory testing to confirm diagnosis in most cases. - Ensure that all staff understand the importance of separating client who show symptoms immediately, whether they are newly arrived or already receiving services.
<p>3. <i>When clients have symptoms</i></p>	<p>Symptomatic Clients</p> <ul style="list-style-type: none"> - Clients who are symptomatic should be sent home to follow isolation guidelines until they are well. - Any symptomatic client should be provided with a surgical mask to wear while transportation from the site is being arranged. - Minimize the number of staff who have face-to-face interactions with clients with symptoms. Provide instructions to all staff on how to prevent disease spread. - Clients who have been sent home to self-isolate may return to the program when: <ul style="list-style-type: none"> • At least 10 days has passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath). - Staff should arrange for clients who are isolated at home to remain connected to treatment via telehealth or telephone, to the fullest extent possible. - Staff should keep a daily log of all clients in isolation to determine when they may return. - If a symptomatic client fits into a high-risk group (over 65, has a chronic condition) encourage them to call their primary care provider (PCP). If their symptoms worsen, they should call their PCP immediately or call 911 for transportation to a hospital.



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	<p>When calling 911 the client or a staff member should notify the dispatcher that they have symptoms of COVID-19.</p> <p>Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:</p> <ul style="list-style-type: none"> - Trouble breathing - Persistent pain or pressure in the chest - New confusion or inability to arouse - Bluish lips or face <p>When calling 911, notify the operator that the individual who is sick either has or thinks they might have COVID-19. The person should put on a cloth face covering before medical help arrives.</p>
<p>4. <i>When staff have symptoms</i></p>	<p>Symptomatic Staff</p> <ul style="list-style-type: none"> - Staff should monitor their symptoms daily and be encouraged to go home if they are ill. - Staff with symptoms of COVID-19 should be provided with <u>home isolation instructions</u> and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen or as necessary. - Symptomatic staff who were directed to care for themselves at home may discontinue home isolation only when the following conditions are met: <ul style="list-style-type: none"> • At least 10 days has passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath).
<p>5. <i>Dealing with Exposures</i></p>	<p>Send Exposed Clients Home to Self-Quarantine</p> <ul style="list-style-type: none"> - Clients who have come in <u>close contact</u> with a symptomatic person must be sent home to self-quarantine for 14 days. <ul style="list-style-type: none"> • Close contact is defined as contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for 10 minutes or more. • Anyone who had contact with body fluids and/or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils or saliva, etc.) or provided direct clinical care to a symptomatic person without wearing a surgical mask and gloves, also needs to be in quarantine. • The contact may have been with a newly infected staff person or client, a staff person who has worked while infected, or someone outside the facility. • The contact may have occurred while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms. • Self-quarantine must be for 14 days from the time of contact. • If a client begins to show symptoms during the quarantine period, the guidelines for isolation described above apply. The client’s home isolation period must be

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	<p>counted from the start of symptoms rather than the start of their quarantine period.</p> <ul style="list-style-type: none"> - Clients who are quarantined at home should remain connected to treatment via telehealth or telephone, to the fullest extent possible. <p>Quarantine Exposed Staff</p> <ul style="list-style-type: none"> - Staff who have come in close contact with symptomatic clients or staff must be sent home to quarantine or placed in onsite quarantine for 14 days. - The guidelines for staff quarantine are the same as those for clients (see Send Exposed Clients Home to Self-Quarantine, above). - <u>However</u>, in times of <u>extreme workforce shortage</u>, non-symptomatic staff who were exposed can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days. <ul style="list-style-type: none"> • Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19 twice daily, one time before coming to work and again 12 hours later.
6. <i>Returning to work</i>	<p>Returning to Work After Isolation or Quarantine</p> <ul style="list-style-type: none"> - If a staff person is sent home, guidelines for transportation (below) must be followed and the person should be given DPH Guidelines for Self-Isolation or quarantine. <ul style="list-style-type: none"> • A staff person or client who is sent home may return to the site after: <ul style="list-style-type: none"> ○ At least 10 days have passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath). Some examples of what this means: <ul style="list-style-type: none"> ➤ A staff person who began their quarantine period and after 5 days became symptomatic, would have to be at home for 15 days, plus 3 days from the time symptoms improved and the had their fever was gone without use of fever-reducing medicines. The 15 day minimum is based on the 5 days they spent in quarantine plus the 10 required days of isolation once they became sick. ➤ A client or staff person sent home with symptoms that were mild and only lasted a day, would still need to remain in isolation for the minimum 10 days from the start of symptoms.
7. <i>Reporting requirements</i>	<p>When Should Cases Be Reported?</p> <ul style="list-style-type: none"> - If three or more clients or staff who have had close contact with each other become sick with acute respiratory illness within 72 hours or if your site has a confirmed case of COVID-19 call the Department of Public Health Acute Communicable Disease Program at 213-240-7941 during daytime hours or 213-974-1234 (After Hours Emergency Operator). For the first case of a confirmed COVID-19 case, a Public Health Nurses (PHN) may visit the site to consult on additional measures for separation and to screen close contacts.

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	<ul style="list-style-type: none"> - If you have clients who do not have a place to go for either self-isolation when sick or quarantine when exposed, they may be eligible for temporary Office of Emergency Management quarantine/isolation housing. Call DPH's referral line at 833-596-1009.
<p>8. <i>Guidelines for use of PPE</i></p>	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> - Under most circumstances, neither staff nor clients are required to use PPE in a Substance Use Services setting. Staff and clients should use face coverings (such as a scarf, neck gator or fabric covering) when in the presence of other people. For information on use of face coverings, see: http://publichealth.lacounty.gov/media/coronavirus/GuidanceClothFaceCoverings.pdf - Symptomatic individuals (clients or staff) should be given surgical face masks to wear while they are on the site prior to departure for self-isolation. - Quarantined individuals (clients or staff) should also be given surgical face masks to wear whenever they around other people. - Necessary PPE should be available in clinical care areas for staff performing clinical duties. - Ensure that all employees clean their hands, including before and after contact with clients, after contact with contaminated surfaces or equipment, and after removing PPE items. - Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing. Hand sanitizer should be available to staff and clients where soap and water washing is not feasible.
<p>9. <i>Best practices for sanitation and housekeeping</i></p>	<p>Cleaning Practices</p> <ul style="list-style-type: none"> - Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones. - Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time. <i>Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)</i> <ul style="list-style-type: none"> • If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water. • Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions. - Eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately but should not be shared without thorough washing. Instruct cleaning staff to avoid "hugging" or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

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Supplies

- Provide adequate supplies for good hygiene: soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms). Assure easy access to clean and functional handwashing stations.
- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, especially at the entrances of the facility.
- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.
- Educate and remind clients to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Position a trash can near the exit inside any client rooms to make it easy for employees to discard items such as gloves, surgical masks, and gowns.

NOTE: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling Environmental Health Program at (626) 430-5201.

Prevent and Reduce Spread of COVID-19 Between Facilities

Transportation

- Limit transport of all clients to essential purposes only. Non-essential transportation should be postponed or cancelled.
- When transportation of symptomatic clients is necessary:
 - o Symptomatic clients should NOT be transported with non-symptomatic clients.
 - o Have symptomatic clients wear surgical masks during transport.
 - o Avoid transporting multiple symptomatic clients together. When multiple clients need to be transported simultaneously, appropriate social distancing (at least 6 feet) should be practiced both for clients and the driver. The client should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
 - o Vehicle windows should be rolled down to improve ventilation in the car.
 - o Transporting vehicles should be outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
 - o Include supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer in vehicles used to transport clients.
 - o If a client requires transport to a hospital or clinic, notify EMS or other transporter that the client has an undiagnosed respiratory infection.
- **Guidance for Drivers**
 - o Drivers of symptomatic clients should take appropriate precautions, including wearing personal protective equipment, including 1 mask, gloves, eye protection and gown.

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Additional Specific Guidance for Opioid Treatment Programs (OTP)

Take-home Medications

- During the National Emergency related to COVID-19, OTPs do not need to submit exceptions through the SAMHSA OTP extranet website for blanket take-home medication exceptions.
- To obtain blanket exceptions, OTPs must submit a letter of need to the California Department of Health Care Services (DHCS) for review and approval.
 - o DHCS will review each letter of need, and approve, as appropriate, blanket exceptions for take-home medications as follows:
 - Stable patients: A blanket exception for all stable patients in an OTP to receive 28 days of take-home doses.
 - Less stable patients: A blanket exception for all stable patients in an OTP to receive 14 days of take-home doses.

Urinalysis (UA)

- If approved for a blanket UA exception, OTPs must still provide adequate drug testing or analysis, including at least eight random drug tests per year per patient in maintenance treatment.

Medication Delivery

- During the National Emergency related to COVID-19, the DEA granted an exception to 21 CFR 1301.74(i). The delivery of the medications to the patient's home or place of residence may be conducted by an authorized OTP staff member, law enforcement officer, or National Guard personnel.
- OTPs must have a chain of custody documentation on file for take-home deliveries.

Additional Specific Guidance for Driving Under the Influence (DUI) Programs

Preparedness for Potential Program Suspension

- If a DUI program has suspended all services, and is unable to provide staffing for response to email or phone inquiries from program participants, the program should make every effort to maintain communication with program participants and the general public and communication, including:
 - Ensure outgoing phone and email messages identify a contact number where someone can be reached.
 - Place signs at program facility entrances indicating the program is temporarily closed and provide a contact number where someone can be reached.
 - Provide program status updates to the county and the state.
 - DUI programs that are capable of delivering telehealth services may do so immediately, see The COVID-19 Behavioral Health Information Notice, DHCS telehealth website and the DHCS Telehealth FAQs.
 - DUI program can complete face-to-face sessions and preenrollment process by telephone per DHCS Covid-19 FAQs: DUI programs.

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Participant Leave of Absence (LOA)

- It is appropriate for the DUI program to offer and approve a no-cost LOA to an individual who is symptomatic.
- It is appropriate for DUI programs to offer and approve a no-cost LOA to those who may not be symptomatic but are expressing concerns about attending program services relating to COVID-19.
- Ensure the participant understands taking a LOA will delay their program completion date.

Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Guidance on Cleaning](#)
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)
- [What to Do If I Am Exposed](#)

If you have questions and would like to speak to someone call the Los Angeles County Information line at 2-1-1 which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.

