

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidelines for Residential Substance Use Disorder Treatment Settings

The County of Los Angeles Department of 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 by following the conditions laid out in the checklist provided below.

We strongly recommend that all residential substance use disorder (SUD) treatment settings review and update their emergency plans, take specific actions to help slow the spread of respiratory infections such as COVID-19, and consider ways to continue essential services if onsite operations must be reduced temporarily.

Please note that this document may be updated as additional information and resources become available so be sure to check the LA County website regularly for any updates to this document:
<http://www.ph.lacounty.gov/media/Coronavirus/>.

This checklist covers steps required to assure the safe operation of residential SUD treatment settings. These settings are required to comply with public health guidance applicable to those settings and activities concerning employee and client/participant safety, use of physical distancing, and infection control measures. The practices listed below must be implemented in addition to those measures.

A. POLICIES AND PRACTICES TO PROTECT EMPLOYEE AND CLIENT HEALTH

- Residential SUD treatment agency has a plan or protocol in place to:
 - Ensure employees and clients are aware of and trained on COVID-19 related precautions to minimize transmission risks.
 - Ensure proper PPE is utilized by staff and clients at all times.
 - Ensure appropriate quarantine and isolation processes for both employees and clients, as needed.
 - Ensure a process for conducting contact investigations and providing access to COVID-19 testing consistent with public health guidance on [Targeted Testing in Congregate Settings](#).
- Immediate medical attention is initiated by calling 911 for any of these COVID-19 emergency warning signs* in staff or clients:
 - Trouble breathing
 - Pain or pressure in the chest
 - New confusion
 - Difficulty waking up or staying awake
 - Bluish lips or face
- Sick leave policies for employees are non-punitive, flexible, and consistent with public health guidance.
- Case Reporting
 - In the event that 3 or more COVID-19 cases are identified within the residential SUD treatment facility within a span of 14 days, these cases are reported to the Department of Public Health at (888) 397-3993 or (213) 240-7821. If an outbreak is identified at a worksite, the Department of Public Health will initiate a cluster response which includes providing infection control guidance and recommendations, technical support and site-specific control measures. A public health case manager will be assigned to the cluster investigation to help guide the facility response.

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- Signage
 - Guidance is posted in waiting rooms/common areas to help educate clients about COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>.
 - Signs are posted to remind clients to alert staff immediately if they have COVID-19 like symptoms including cough, shortness of breath or difficulty breathing, and/or fever or chills.
 - Signs are posted for clients and staff regarding the importance of handwashing and hand sanitizing.
 - Signs are posted at the entry and exit of isolation and quarantine areas so it is clear to clients when they are entering and exiting such areas and what infection control and personal protective equipment (PPE) precautions must be taken.
 - COVID-19 related materials offered in translation on the County's DPH Coronavirus Website are provided to participants in their own languages, when available.

Clients

- Clients are required to wear masks at all times while at the residential SUD treatment facility. Clients who have been instructed by their medical provider that they should not wear a face covering should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves should not be used.
- Steps are taken to identify patients who may have COVID-19 before or upon arrival at the site and to isolate them from the general population at the site.
 - When possible, scheduled clients are pre-screened by phone for symptoms consistent with COVID-19 (cough, shortness of breath or difficulty breathing, fever or chills), a positive COVID-19 test in the past 10 days, recent contact with anyone who tested positive for COVID-19, or close contact with others who have symptoms of COVID-19 but have not yet been tested. Clients that prescreen positive for COVID-19 risk are instructed to remain at home and have their visit transitioned to telehealth, or delayed, if clinically appropriate.
 - Patients arriving at the facility without prescreening, are screened on arrival, If the result is positive, they are moved as quickly as possible to a private room with the door closed. Staff use appropriate PPE when in contact with the patient. After the patient is seen and evaluated, the room should be cleaned with EPA-registered disinfectants.
- Clients entering the residential SUD treatment setting are required to wear appropriate face coverings at all times. For most clients, a cloth face covering is appropriate. For those who have screened positive for COVID-19 risk, a mask is provided if available. In the event that a client has been expressly instructed by their medical provider that they should not wear a face covering the client is required to wear a face shield with a drape on the bottom edge to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Clients are instructed that masks with one-way valves should not be used.
- To the extent feasible, all clients are assessed at least once a day for symptoms compatible with COVID-19. Clients are regularly reminded to report any new symptoms to staff.
- To the extent feasible, temperatures for all clients are assessed at admission and daily with a scanning or disposable thermometer. A fever (a temperature of 100.4 F or higher) is considered a possible symptom of COVID-19.
- Isolation precautions are followed for all residents who are either symptomatic or are non-symptomatic but have had a positive COVID-19 test in the past 10 days.

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- All clients with symptoms consistent with COVID-19 are tested.
- Symptomatic and Non-Symptomatic COVID-19 positive Clients
 - All clients are isolated if they have symptoms consistent with COVID-19.
 - Clients who present with any symptoms associated with COVID-19 or who are non-symptomatic but COVID-19 positive are rapidly moved into a separate sick area that is isolated from the rest of the facility. It should be a separate building, room, or designated area, away from non-isolated clients, ideally with a separate bathroom.
 - If there is no way for symptomatic or non-symptomatic COVID-19 positive clients to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) are constructed to create as much of a barrier as possible between isolated and non-isolated clients.
 - A designated restroom is identified and reserved for use by symptomatic or non-symptomatic COVID-19 positive individuals only. If this is not possible, cleaning is carried out after the room has been used by a patient who is in isolation.
 - If symptomatic or non-symptomatic COVID-19 positive clients need to move through areas with uninfected clients and/or staff, they wear surgical masks and minimize the time in these areas.
 - Symptomatic and non-symptomatic COVID-19 positive clients eat meals separately from clients who are not in isolation.
 - If dining space must be shared, meals are staggered so clients in isolation are not eating with clients not in isolation, and shared dining spaces are cleaned after use by each group to reduce transmission risks.
 - The number of staff members who have face-to-face interactions with clients in isolation is minimized.
 - All staff are provided instructions on preventing transmission.
 - Staff keep a daily log of all clients in isolation to monitor symptoms and determine termination of isolation.
 - Client isolation may be discontinued when the following conditions are met: At least 10 days has passed *since symptoms* first appeared AND at least 24 hours *since "recovery," defined as resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath).*
 - Clients in isolation that fit into a high-risk group (over 65, has a chronic condition) are encouraged to call their primary care provider (PCP) early during the course of their symptoms.
- Exposed Clients
 - Clients who have come in close contact with symptomatic or non-symptomatic COVID-19 positive individuals are placed in quarantine for 14 days.
 - Close contact is defined as contact within 6 feet of either a non-symptomatic but COVID-19 positive person or a symptomatic person (whether or not COVID-19 has been confirmed by test) for 15 minutes or more.
 - Anyone who has had contact with body fluids and/or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils or saliva) or provided direct clinical care to a symptomatic or non-symptomatic COVID-19 positive individual without wearing a surgical mask or gloves, is also placed 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.

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- Staff keep a daily log of all clients in quarantine to monitor symptoms and determine termination of quarantine.
 - Client quarantine may be discontinued when at least 14 days have passed since 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 isolation period must be counted from the start of symptoms rather than the start of their quarantine period.
- Non-Symptomatic but High-Risk Clients
 - When possible, a separate area for non-symptomatic clients who are also high-risk (age over 65, chronic medical problem, pregnant) is offered to protect the person at high-risk from infection.
 - If separate areas are not possible, partitions or other means of separation are used to keep high-risk individuals separate from others.

Employees

- Residential SUD treatment setting employees who have contact with other staff or clients are offered, at no cost, at least two appropriate face coverings that cover the nose and mouth. Employees are instructed that the face covering is to be worn at all times during the workday when the staff person is in contact or is likely to come into contact with others. Employees who have been instructed by their medical provider that they should not wear a face covering should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves should not be used. Employees need not wear a face covering when alone in a private office or a cubicle with a solid partition that exceeds the height of the employee when standing.
- Employees are instructed to wash or replace their face coverings daily.
- Employee screenings are performed either remotely or in-person **before** employees enter the workspace.
 - Checks include screening for cough, fever or chills, shortness of breath, difficulty breathing, and if the employee has had contact with a person known to be infected COVID-19 in the last 14 days.
 - Temperature checks are performed at the worksite, as feasible.
- Staff monitor their symptoms daily. Those with symptoms of COVID-19 or who have tested positive for COVID-19 in the past 10 days are provided with [home isolation instructions](#) and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen and as necessary.
- Staff who are directed to care for themselves at home may discontinue home isolation only when the following conditions are met: At least 10 days has passed *since symptoms* first appeared AND at least 24 hours *since "recovery," defined as resolution of fever* without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath).
- All employees with symptoms consistent with COVID-19 are tested.
- Exposed Employees
 - Staff who have come in close contact with symptomatic or non-symptomatic COVID-19 positive individuals are 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 above).

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- In times of extreme workforce shortage, however, non-symptomatic staff who were exposed and test negative for COVID-19 can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days.
 - Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19 twice daily – once before coming to work and again approximately twelve hours later.
 - Optional – Describe other measures to protect employee and client health:
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B. MEASURES TO ENSURE PHYSICAL DISTANCING

- Any client or staff who has screened positive for COVID-19 symptoms or known/possible exposure does not participate in any group activities or have contact with others at the facility without use of appropriate physical distancing/isolation measures (such as use of telehealth) and appropriate PPE.
 - Alternatives to in-person group activities like individual sessions, telehealth, or other non-group activities are utilized to minimize in-person activities to the extent appropriate and feasible while also enabling clients to continue these activities.
 - If weather permits, activities are performed in outdoor areas to provide the benefits of ventilation and allow for physical distancing.
 - The total number of participants in any meeting/group/shared space, including clients, counselors and/or group facilitators, does not exceed 10.
 - To the extent feasible, groups are scheduled at times and in a manner that will not lead to overcrowding as clients arrive at site entryways and exits.
 - Meals are staggered so mealtime groups can be kept small. Meals are served with same group of clients participating in each meal cohort to reduce transmission risk.
 - Chairs, sofas and other seating in shared meeting spaces are arranged to permit at least 6 feet of space between any two participants.
 - Beds are placed at least 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
 - All group participants must comply with site guidance concerning occupancy limits in restrooms and in any common areas, including smoking areas, near the meeting room or space.
 - Optional – Describe other measures to ensure physical distancing:
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C. MEASURES FOR INFECTION CONTROL

- Residential SUD treatment agency has written protocols to ensure proper PPE is utilized by staff and clients at all times, to minimize interaction between clients in isolation or quarantine from clients not in isolation or quarantine, and to minimize exposure of staff interacting face-to-face with clients in isolation or quarantine.
- To the extent possible, residential SUD treatment agency ensures that the same staff work with client cohorts (e.g., isolation, quarantine, and general population groups) to minimize transmission risks, as opposed to having staff work with various client cohorts.
- Residential SUD treatment agency keeps a daily log of all staff and clients in isolation and quarantine in order to track when termination of isolation or quarantine is appropriate.
- Visitors are restricted to only essential visits and are reminded to wear a face covering at all times while in

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the facility or on the grounds of the establishment. To support the safety of your employees and others, a face covering should be made available to those who arrive without them.

- Cleaning
 - High touch surfaces and objects, including reading materials, and other communal objects are regularly cleaned in accordance with [CDC disinfection guidelines](#).
 - After a client in isolation or quarantine leaves the facility, his or her room is cleaned with EPA-registered disinfectants.
 - 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 > 60% alcohol and contact time is per label instructions.
 - Meals
 - If dining space must be shared between isolated and non-isolated clients, mealtimes are staggered, and dining areas are cleaned with EPA-registered disinfectants after use by each group.
 - The number of clients and staff at group meals is minimized.
 - Meals are staggered so groups can be kept small.
 - Meals are served with same group of clients each meal to reduce transmission risk.
 - If weather permits, meals are served outdoors to allow for improved ventilation and physical distancing.
 - No sharing of food/utensils/drink/cigarettes/etc. is permitted.
 - All clients/group participants must sign in using their own pens or using a pen that is sanitized between users, or electronically using personal devices or devices that are sanitized between users.
 - The HVAC system is in good, working order; to the maximum extent possible, ventilation has been increased.
 - Installation of portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas have all been considered as options.
 - Optional – Describe other measures to promote infection control:
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D. MEASURES TO PREVENT AND REDUCE SPREAD BETWEEN FACILITIES

- Transportation of clients is limited to essential outside visits only.
- Drivers take appropriate precautions, including wearing personal protective equipment, including face mask, gloves, eye protection and gown.
- All individuals being transported wear surgical masks during transport.
- Symptomatic and non-symptomatic COVID-19 positive clients are not transported with non-symptomatic clients who are either untested or COVID-19 (-).
- To the extent possible, efforts are made to minimize the transport of multiple symptomatic or non-symptomatic COVID-19 positive clients together.
 - When multiple clients need to be transported simultaneously, appropriate physical distancing (at least 6 feet) is practiced both for clients and the driver. For example, the client is placed on the

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opposite side of the car from the driver in the seat farthest away from the driver's seat.

- Vehicle windows are rolled down during transport to improve ventilation in the car.
 - Transporting vehicles are outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
 - Transport vehicles are stocked with supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.
 - If a client requires transport to a hospital or clinic with symptoms consistent with COVID-19, EMS or other transporter is notified in advance that the client has an undiagnosed respiratory infection and the client being transported wears appropriate face covering.
 - Optional: Describe additional measures to reduce spread between facilities and during transport:
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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](#)