

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Residential Substance Use Disorder 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 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 residential 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?

COVID-19 causes symptoms consistent with a respiratory illness. Symptoms include:

- Cough
- Fever
- Shortness of breath or difficulty breathing

Most clients with mild to moderate symptoms can be managed in a residential substance use setting. However, about 20% of clients will need to be hospitalized during their illness. The symptoms of more serious illness include severe difficulty breathing (inability to walk more than a few steps or speak words without becoming short of breath), persistent chest pain, confusion or inability to arouse, bluish lips or face, profound weakness, inability to eat or drink for one or more days, or inability to care for self in the residential substance use setting.

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.

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 residential substance 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/>.

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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 residents 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 residents 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 residents 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.
- Beds should be placed at least 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- 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 visits. 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.
- Cancel all in-person group activities. Explore alternatives like individual sessions, telehealth, or other non-group activities to enable clients to continue these activities.

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<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: feeling feverish or alternating sweats and chills, new cough, or difficulty breathing.- 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 preform laboratory testing to confirm diagnosis in most cases.- Ensure universal isolation precautions for all sick residents.
<p>3. <i>What to do when a client has symptoms</i></p>	<p>Isolate Symptomatic Clients</p> <ul style="list-style-type: none">- Isolate all clients with symptoms, whether or not they have been tested for COVID-19<ul style="list-style-type: none">• Rapidly move clients who present with any respiratory symptoms into a separate sick area that is isolated from the rest of the facility<ul style="list-style-type: none">○ It should be a separate building, room, or designated area, away from non-symptomatic clients., ideally with a separate bathroom○ Place clear signage outside all isolation areas so staff and clients○ If there is no way for symptomatic clients to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic clients.• A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.• If symptomatic clients need to move through areas with clients without symptoms, they should wear a surgical mask and minimize the time in these areas.• Symptomatic clients should eat meals separately from clients without symptoms.<ul style="list-style-type: none">○ If dining space must be shared, stagger meals so symptomatic clients are not eating with non-symptomatic clients and clean after use by each group to reduce transmission risks.• Mobile screens (or other ways to form partitions – linens, etc.) should be used to encourage compliance with separation in shared spaces.• Minimize the number of staff members who have face-to-face interactions with clients with symptoms. Provide instructions to all staff to prevent disease spread. Section 8 provides guidance on use of Personal Protective Equipment for staff who have contact with a symptomatic client.• Client isolation may be discontinued when the following conditions are met:

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	<ul style="list-style-type: none"> ○ At least 7 days has passed since symptoms first appeared AND at least 3 days (72 hours) since symptoms have improved and fever is resolved (without the use of fever reducing medications). ● Staff should keep a daily log of all clients in isolation to monitor symptoms and determine termination of isolation. ● If a symptomatic resident fits into a high-risk group (over 65, has a chronic condition, pregnant) encourage them to call their primary care provider (PCP) if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this client has COVID-19 symptoms. <p>If Symptoms are Severe</p> <ul style="list-style-type: none"> - If you identify any client with severe symptoms, call 911. Before transfer, notify the transfer team and medical facility if the client is suspected for COVID-19. Severe symptoms include: <ul style="list-style-type: none"> ● Extreme difficulty breathing (not being able to speak without gasping for air) ● Bluish lips or face ● Persistent pain or pressure in the chest ● Severe persistent dizziness or lightheadedness ● New confusion, or inability to arouse ● New seizure or seizures that won't stop <p>If Possible, Separate Clients at High-Risk Even if They Have Not Been Exposed</p> <ul style="list-style-type: none"> - When possible, designate a separate area for non-symptomatic clients who are also high-risk (age over 65, chronic medical problem, pregnant). This is intended to protect the person at high risk from infection. However, if separate areas are not possible, use partitions or other means to keep high risk individuals separate from others. - This area would be separate from low-risk non-symptomatic, non-symptomatic quarantine, and symptomatic clients. - Consider placing high-risk clients in separate rooms or shared rooms with a maximum of 10 beds even when there are no suspected or confirmed cases of COVID-19 at the site.
<p>4. <i>What to do if someone on staff has 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 and 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 7 days since symptoms first appeared AND

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	<ul style="list-style-type: none"> • At least 3 days (72 hours) since improvement in symptoms and since resolution of fever (without the use of fever reducing medications) <ul style="list-style-type: none"> ○
<p>5. <i>Dealing with Exposure</i></p>	<p>Quarantine Exposed Clients</p> <ul style="list-style-type: none"> - Residents who have come in <u>close contact</u> with a symptomatic person exposed must be placed in 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) or provided direct clinical care to a symptomatic person without wearing a surgical mask or 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. <ul style="list-style-type: none"> ○ 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. <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 Quarantine Exposed Clients, above). - However, 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. They should self-monitor for symptoms twice daily, once before coming to work and the second, twelve hours later.
<p>6. <i>Returning to work</i></p>	<p>Returning to Work after Isolation or Quarantine</p> <ul style="list-style-type: none"> - If a staff or client person is sent home, guidelines for transportation (below) must be followed and the person should be given DPH Guidelines for Self-Isolation or quarantine. - A staff person or client who is sent home may return to the site after:

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	<ul style="list-style-type: none"> • At least 7 days since symptoms first appeared, AND • At least 3 days (72 hours) since improvement in symptoms and since resolution of fever (without the use of fever reducing medications). Some examples of what this means: <ul style="list-style-type: none"> ○ A staff person who had lunch with another member of the staff on Friday and then learned that their lunch partner had called in sick Monday because of COVID-19 symptoms that had started on Sunday, would have to be in quarantine until two Fridays after the day of contact. ○ A client who was sent home and then had symptoms including fever for 8 days, could return to the program after 11 days since the onset of symptoms. ○ A staff person who began their quarantine period and after 5 days became symptomatic, would have to be at home for 12 days, plus 3 days from the time symptoms improved and the had their fever was gone without use of fever-reducing medicines. The twelve day minimum is based on the 5 days they spent in quarantine plus the 7 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 7 days from the start of symptoms.
<p>7. <i>Reporting requirements</i></p>	<p>When Should Cases Be Reported?</p> <ul style="list-style-type: none"> - To report 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. - Notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator) if three or more clients or staff who have had close contact become sick with acute respiratory illness within 72 hours. - If you have symptomatic clients who cannot be isolated onsite during their illness, consider transfer to the 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. Non-medical face coverings should be worn by staff and clients in settings where other people are present. It is important to note that face coverings are not a substitute for always practicing social distancing and frequent handwashing. For guidance 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 whenever they are around other people.

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	<ul style="list-style-type: none">- Quarantined individuals (clients or staff) should also be given surgical face masks to wear whenever they around other people.- If there are circumstances in which staff provide direct clinical care to isolated or quarantined clients (delivering meals to bedside, administering medications, or performing a physical exam or procedures), they should put on a surgical mask, gloves, eye protection and gown.- 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.
9. <i>Best practices for sanitation and housekeeping</i>	<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.- Linens, 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. <p>Supplies</p> <ul style="list-style-type: none">- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).- 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.

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- 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:
 - Symptomatic clients should NOT be transported with non-symptomatic clients.
 - Have symptomatic clients wear surgical masks.
 - 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.
 - Vehicle windows should be rolled down to improve ventilation in the car.
 - Transporting vehicles should be outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
 - 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.
 - If you plan to transfer the client to higher level of care due to worsening respiratory status, notify EMS or other transporter that the client has an undiagnosed respiratory infection.
- **Guidance for Drivers**
 - 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 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 \(Infographic\)](#)
- [Environmental Health \(Infographic\)](#)
- [Mental Health](#)
- [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 2-1-1 which is available 24 hours a day.

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

