



Behavioral Health and Guidance for Therapeutic Group Homes and Residential Treatment Centers During the COVID-19 Outbreak

March 30, 2020

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) continues to develop coordinated prevention and response plans for the Coronavirus Disease 2019 (COVID-19). BHA will provide updates as they become available and accurate information for behavioral health providers, partners, and the greater community.

For the latest COVID-19 information and resources, visit the [BHA website](#) or [coronavirus.maryland.gov](#). For additional questions or concerns, contact your Local Behavioral Health Authority.

The purpose of this communication is to provide guidance to Residential Treatment Centers (RTC) and Therapeutic Group Homes (TGH). This guidance is based on what is currently known about COVID-19 from the Centers for Disease Control and Prevention (CDC).

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supersede, provisions from regulatory agencies that oversee congregate care programs.** Organizations may develop their own policies, in collaboration with their local health departments, but these policies should be based on current science and facts, not fear, and they should never compromise a client's or employee's health.

What should a program do to mitigate the risk of spreading COVID-19?

Screen all staff, vendors, and clients. Individuals with any of the conditions below should be restricted from entering the program site:

- Sick with fever (100.3), cough, or sneezing
- Recent travel (i.e., within the past 14 days) from a COVID-19-affected geographic area
- Close contact with a person diagnosed with COVID-19 in the past 14 days

Other precautions:

- Congregate care programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.
- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is onsite, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.
- Keep a daily log of names and contact information for employees, clients, and vendors.

Follow Precautionary Steps to Keep Residents and Staff Healthy:

- Use [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#) to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars
- Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list
- Use alcohol wipes to clean keyboards, touchscreens, tablets and phones
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next resident

Residents, staff, and volunteers should:

- Wash hands often with soap and water for at least 20 seconds
- Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing
- If unable to wash, use alcohol-based hand sanitizers
- Avoid touching eyes, nose, and mouth
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands) and immediately throw the tissue in the trash
- Stay away from people who are sick and stay home when you feel sick

Other protective measures:

- Monitor and manage ill residents, including limiting participation in and transportation to outside activities. Eliminate all non-essential transportation of residents.
- Monitor staff/exposed personnel, including daily screenings for fever or other signs of respiratory illness.
- Implement strict infection control measures
- Adhere to reporting protocols to public health authorities

What should a program do if it suspects a case of COVID-19?

Any care program serving a resident with suspected or confirmed COVID-19 should immediately report to the local emergency department for instructions. Control measures include:

- Providing personal protective equipment (PPE), such as a face mask, for the resident exhibiting symptoms
- Isolating the resident in a private room with the door closed and private bathroom preferably cleaned by resident if functionally appropriate.
- Asking the individual about primary symptoms (fever, cough and/or difficulty breathing)
 - Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea
- If you are in the same room, wear a face mask and stand at least six feet away
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19

Directives for Staff Exhibiting Respiratory Symptoms

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact their health care provider. Staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by their local health department.

If the needs of the program exceed current staffing capacity or ability, contact your licensing or funding agency to prioritize service provision and planning.

Ongoing Management of Congregate Care Program Site

All congregate care programs should continue to:

- Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19
- Review emergency preparedness plans and assess for continued operation in case of an emergency
- Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms and the potential decrease in staffing availability
 - Develop plans to monitor absenteeism at the site
 - Cross-train personnel to perform essential functions so the site can operate even if key staff are absent

Also refer to the CDC's Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Other CDC resources:

<http://www.cdc.gov/infectioncontrol/basics/index.html>

<http://www.cdc.gov/handwashing/index.html>