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COVID-19 Guidance for Behavioral Health Inpatient and Residential Facilities

This document outlines COVID-19 infection prevention and control procedures for behavioral health inpatient and residential care facilities. Information on maintaining quality behavioral health treatment while reducing the spread of COVID-19 is included. Other group living facilities that offer behavioral health treatment, such as Oxford or sober houses, can also benefit from these recommendations.

Background

Patients and staff in inpatient behavioral health facilities have a higher risk of getting COVID-19. This risk comes from living and working in close-quarters and providing in-person treatment to patients. Recent outbreaks of COVID-19 in these inpatient facilities highlight the need for better infection prevention and control procedures. It is crucial that you help your staff take precautions to protect their patients and themselves at this time, while making sure staff provide ongoing, effective treatment.

Key Considerations

- Plan and put in place infection control procedures as outlined in this document and:
    - Make sure your facility follows the CDC Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19.
    - Make sure these measures promote a safe environment for patients who are suicidal or aggressive.
- Provide all patients with accurate COVID-19 information regularly, including updates on any new cases in the facility, health risks, and ways to help keep themselves and others safe.
    - Explain any new treatment changes and visitor restrictions.
    - Talk with patients about their stress as it relates to COVID-19.
- Modify how you deliver care. Help staff conduct individual and group therapy remotely. Teletherapy can meet the needs of your patients and reduce infection risk.[1,2]
- Guidance for substance use disorder facilities with parent-child units is provided in Appendix A.
- More information on preventing infection in behavioral health facilities is available in the CDC Infection Prevention FAQ.

Protecting Patients

Take the following actions to reduce the risk of COVID-19 in your facility:

- Perform daily temperature and symptom screenings for everyone entering the facility.
- Restrict visitation, unless it is for a critical situation or necessary for a resident's health.
    - Provide an alternate way for patients to stay in touch with family, such as by phone or video chat.
- Create smaller patient groups (cohorts) in common locations like wings, wards, units, floors, recreation rooms, communal dining halls, workstations, breakrooms, and sleeping quarters.
    - Avoid switching patients between groups.
    - Minimize movement of providers between patient groups. If possible, assign provider teams to a single group.
- Minimize all staff movement between facilities or sites, including non-medical staff and contractors.

Protecting Staff

- Train staff on standard, contact, and droplet precautions.
- Provide staff with appropriate personal protective equipment (PPE) and training on proper usage, including putting on and taking off PPE.
    - Follow DOH's transmission-based precautions when working with a patient with confirmed or suspected COVID-19 and use this PPE:
        - Gown
        - Gloves
        - Face mask (NIOSH-approved and fit-tested N95)
        - Eye protection
    - If PPE supplies are running low or absent, refer to the CDC Strategies to Optimize the Supply of PPE and Equipment Guidance.
- Communicate with staff regularly about COVID-19 and provide any relevant updates.
    - Inform staff on policies for flexible medical leave. Instruct them on who to tell if they believe they are sick with COVID-19. Sick staff should stay home.
    - Staff at higher risk for severe COVID-19 should work from home, if possible.
- Inform staff if there have been any new cases in the workplace.
- Establish a space staff can use as a retreat during times of increased stress.
- Organize daily staff huddles to discuss successes, lessons learned, and any concerns.
- Establish a relationship with an independent behavioral health consultant or Employee Assistance Program (EAP) to support staff members who are experiencing adverse impacts in their professional or personal life.

Addressing Staffing Shortages and Concerns

Due to job demands and required training of behavioral health facility staff, staffing resources may be limited. Losing staff because of illness or quarantine creates shortages that may not be easy to fill.

- For staff that were in contact with someone that may be ill with COVID-19, follow CDC's guidance on how to assess risk and determine work restrictions for healthcare workers that were potentially exposed to COVID-19.
    - Staff may be concerned about their own exposure to infection, access to adequate PPE, or potentially exposing their families to COVID-19. These concerns have psychological impacts.
- To determine when staff can return to work safely, CDC also provides return to work criteria for healthcare personnel with suspected or confirmed COVID-19.
    - Staff may experience fear around returning to work after recovering from COVID-19.
- Make a plan for staff absences and shortages. Refer to these strategies to mitigate healthcare personnel staffing shortages.

Addressing Patient Concerns

Staffing changes create problems for patients who need stability and depend on consistency in the staff members they trust. Assure patients that your facility is minimizing their risk of infection and their treatment will continue even under unusual or challenging circumstances.

In order to best address patient concerns, staff should do the following:

- Provide all patients with accurate COVID-19 information regularly, including when there are new cases in the facility.
- Discuss the health risks of COVID-19 and ways they can help keep themselves and others safe.
- Notify patients about how COVID-19 will be affecting their daily life, including explanations for treatment changes and visitor restrictions.
    - Stay recovery-focused by including patients in discussions about procedure changes.
    - Avoid making assumptions about whether patients will cooperate.
- Talk with patients about their stress as it relates to COVID-19.
    - Notice psychosocial or economic impacts of the COVID-19 pandemic that could also affect patient treatment or suicide risk.

Risk Factors to Behavioral Health Outcomes

The risk factors affecting a patient's behavioral health outcomes may be complicated or difficult to determine. When assessing a patient's risk factors, include both their risk for COVID-19 according to CDC criteria and their barriers to behavioral health recovery. To make sure the care provided is safe and effective, follow infection control measures. Changes to routine care may be necessary to protect patients. Additionally, implement protocols for cleaning and disinfecting, social and physical distancing, use of PPE, and any other important infection control measures.

Screening New Patients for COVID-19 and Procedures for Testing

Screen all new patients for symptoms of COVID-19 and the risk of exposure to COVID-19 at the previous location.[3] Your facility should develop a testing strategy in coordination with your local health department. Report positive test results to the health department so they can identify and quarantine close contacts. Place those who test positive in isolation according to CDC's standard contact and droplet precautions.

Guidance for Behavioral Health Treatment

Infection control guidelines can vary between different types of treatment such as individual therapy, group therapy, and milieu therapy. Anytime in-person therapy is provided, screen participants and staff for COVID-19 symptoms. Anyone who is ill should not attend.

Offering therapy remotely, such as teletherapy by videoconference, can effectively meet patient needs and prevent infection of both patient and provider.[1,2] Staff and patients may be hesitant to accept changes in treatment approach. With support, most patients and staff can adapt to these changes. The American Psychological Association provides further information on the ethical and practice requirements of teletherapy. For additional training tools and resources on transitioning to teletherapy, refer to CDC's Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic and this telehealth learning series.

Guidance for Individual Therapy

- Stagger the time providers schedule therapy sessions to avoid close contact between patients while in waiting areas.
- Both the patient and provider should wear a mask and remain at least six feet apart during in-person sessions.
    - Teletherapy is a good option for patients who struggle with wearing masks or are uncomfortable speaking with someone wearing a mask.
- After each visit and before the next patient arrives, clean and disinfect all surfaces touched by both the patient and provider according to CDC guidelines using a disinfectant listed on EPA's list N.
- Educate patients on safety measures that reduce their risk of infection.

- Discuss with patients how they are coping with the stress and changes due to the pandemic. Always stay recovery-oriented to help patients see themselves as capable of managing the changes.
- If patients have difficulties focusing during teletherapy, consider offering multiple shorter sessions as an accommodation.

Guidance for Group Therapy

- For group therapy sessions held in person:
    - Stagger group sessions and consider shorter sessions. For example, you can hold two smaller group sessions for 30 minutes, instead of a larger group session for 60 minutes.
    - Place chairs at least six feet apart. All participants should wear cloth face coverings.
    - Bring together participants in a space free of distractions. Close the day room to group participants only.
    - Make sure participants wash or sanitize their hands when they enter the session and before they leave.
    - Disinfect all high-touch surfaces after the session according to CDC guidelines using a disinfectant found on EPA's list N.

- For group therapy sessions done via teletherapy:
    - Use a HIPAA-compliant video program.
    - Assign a staff member to be the telehealth staff onsite.[4,5] This person should be available to address any technical problems.
    - For remote group therapy sessions, staff can lead the group from another room on-site or remotely from their homes. Broadcast the session to patients on TV monitors or other electronic devices in day rooms.
    - If needed, a provider can have video sessions running in several rooms for psychoeducational groups, recreational therapy groups, or question and answer groups.
    - Assign staff to establish the virtual connection at a designated time while the case manager, recreation therapist, yoga instructor, or psychologist lead the group remotely.
    - Make sure group leaders have a secure, reliable internet connection and other resources required to meet the needs of the group remotely.
    - For further recommendations regarding maintaining confidentiality during group teletherapy sessions, see Appendix B.

Guidance for Milieu Therapy

- Post signs with current COVID-19 information and educational materials. Display signs in multiple languages and place them throughout facilities and units. Allow patients to discuss these topics during group and individual sessions.
- Lead by example and follow these infection prevention guidelines yourself. Educate and support patients to do the same.
    - Wear a cloth face covering or mask, maintain social distancing, and wash or sanitize your hands.
- Encourage social distancing practices. For example, remove chairs from day rooms and put tape on floors to mark appropriate distancing within the space.
- You can discuss actions that would reduce a patient's infection risk within the context of their own treatment goals. For example, you can frame social distancing as maintaining healthy boundaries with other patients and staff.
- Patients should wear cloth face coverings while in common areas indoors.
- Consider including infection control guidelines as part of your facility rules and standard participation rights.
    - This helps encourage patients to follow the guidelines in order to earn incentives or additional privileges for supporting a safer environment.
- Do not include patients in the group that do not follow infection control rules, as with any patient that does not follow group rules.

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. Stigma will not help fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions about COVID-19? Call our hotline: **1-800-525-0127.** For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.

Appendix A: Special Considerations for Substance Use Disorder Facilities with Parent-Child Units

One in eight children in the U.S. live with a parent who has a substance use disorder.[6] A common barrier to parents accessing care for their substance use is fear that their children will be removed from the home.[7] Allowing children to remain with parents in residential treatment settings decreases the risk of disruption to parent-child bonding. This also allows for wraparound services to include therapy for children in addition to parent training for parents.

FAMILY TREATMENT

Family Therapy

You can provide family therapy remotely through teletherapy. If needed, you should provide loaner mobile devices to family members outside of the facility, such as extended family and older children. This will enable them to participate in family sessions as well. Sanitize these devices between uses if they are shared outside of a single household.

Child Therapy

Young children may not adapt well to one-on-one, virtual treatment. You can modify or eliminate play therapy. While following these guidelines for infection prevention, staff can also adjust treatment to better serve their patients. This could include:

- Training and coaching young children in wearing cloth face coverings.
- Helping children gradually adapt to providers who are wearing masks or cloth face coverings.
- Adding themes for play therapy around COVID-19.
- Developing social stories about COVID-19.

Parent Training

Parent training can be effectively delivered with a technology platform. You can teach parenting skills using videoconferencing within an enclosed space. Doing this allows staff to remotely coach parenting skills, such as active listening, directed attention, specific praise, and positive discipline. Parent training can also include helping children older than two years adapt to wearing cloth face coverings and become more comfortable around adults wearing face masks

Appendix B: Group Teletherapy Privacy Considerations

CONFIDENTIALITY CONSIDERATIONS

APA Ethics Code 10.03 states that psychologists should "describe at the outset the roles and responsibilities of all parties and the limits of confidentiality" in group therapy. While the group leader must legally maintain confidentiality, a group member (in most states) does not. While great for reducing infection risk, video platforms could also put a client's confidentiality at greater risk.

Potential breaches to confidentiality may include, but are not limited to:

- Members attending group therapy in an unsecure location where a nonmember (such as a family member or roommate) can see or hear the group during session.
- A member recording or taking a screenshot of the group members.
- A member using recorded material to share the identity of or blackmail the group or a specific member.

Risks

When a group member's privacy is compromised, there may be significant risks to the individual member as well as the therapeutic nature of the group. The therapist should present the potential benefits of the group and contrast them with the potential for harm.

Group leaders using teletherapy should warn all members about the increased risk to confidentiality through the informed consent process. Group leaders should have clients read and sign informed consent forms for group telehealth before the first session. This ensures that clients are aware of the risks, benefits, and limits to confidentiality. It is the group leader's responsibility to adhere to and uphold the highest privacy standards possible for the group.

OPTIONS FOR PATIENTS

During a group teletherapy session, you should present group members with voluntary options that will help maintain their confidentiality, such as:

- Wearing masks to block their faces (using non-threatening, pre-approved masks or cloth face coverings that still convey speech).
    - Note: Depending on insurance policies, psychologists may not be reimbursed if a patient blocks their face from the video feed.
- Using a different name or only an initial for on-screen identification.
- Leaving the group temporarily.
- Finding another method for treatment.

References

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