



## COVID 19 Plan

Compass Health will monitor information regarding updates from the Centers for Disease Control (CDC), Department of Health (DOH) and local County Public Health Agencies regarding the Coronavirus (COVID 19). Members of the Chief's team will share information via email as determined is appropriate to keep employees informed as to the status and if action is required in preparation or prevention.

### Communication Plan

1. Individual staff who suspect they may be ill should follow standard procedures for notifying their supervisor of an absence due to illness.
2. If site closures are being considered, follow the Emergency Closure Policy.
3. Managers and supervisors should notify their director of any confirmed employee or client case of COVID 19; Directors will notify CHRO of confirmed employee cases and the CMO and COO of confirmed client cases.
4. Executive Leadership will communicate updates, plans, and strategies including this plan to all staff.

### Symptoms of COVID 19

Screening questions:

"YES or NO, since your last visit to this facility, have you had any of the following:"

- A new fever (100°F or higher), or a sense of having a fever?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
- Recent loss of sense of smell or taste?

### Client Care

Outpatient programs will call clients in advance of their office-based appointments to let clients know we are defaulting to phone or telehealth appointments except when absolutely necessary. If client indicates their need to be seen in person, or is scheduled for a psychiatric evaluation and the ability for in-home telehealth is not available, ask the above screening questions and direct them to stay home if they answer yes to any of these questions. Notify the provider so phone follow up can be provided. Manager level exceptions can be made in accordance with the No Show/Engagement Policy regarding the attendance requirements and

alternative scheduling plans. Medical providers may also do brief phone sessions with their patients and refill medications without having an ill patient come in.

#### Workflow for screening arriving outpatient clients for COVID-19

- Post symptoms sign next to the reception
- When patient presents, ask:
  - Have you read our sign?
  - Do you have any of these symptoms?
- If the answer is no, proceed with the service.
  - Whenever possible, in-face sessions should occur in a location that allows for 6' of distance between provider and client.
  
- If the answer is yes:
  - Direct the individual to please wait outside for someone to come speak with them.
  - Notify clinician or MA as appropriate that we have a client waiting outside who is symptomatic and needs a risk screening.
  - Clinician/MA meets briefly with the individual outside
    - Maintain a 6' distance
    - Complete a risk screening
    - If client is not at risk, send client home to receive their services remotely by phone or telehealth.
    - If there is risk, develop a safety plan with the client before they leave.
    - Document the turn-away and risk screening/safety planning in the clinical record.

Risk assessment in this context should include both standard behavioral health related risks based on client history and also their ability to follow through with medical self-care strategies. If provider cancels a scheduled appointment based on client illness, follow up phone contact should occur within one business day for clients who have access to a phone.

Facility-based programs such as residential, Triage, and E&T will monitor clients and take necessary precautions or steps to protect employees and other clients if a client is sick or symptomatic of flu like symptoms. These programs may isolate a client to their room and/or transfer them to a medical facility if deemed appropriate. Additional screening prior to admission may be implemented. See the facility-specific COVID-19 Plan Addendums for more information.

All offices and facilities should provide clients and their families with tissues and trash receptacles, and with a place to wash or disinfect their hands.

#### **Routine Outreach Appointments**

Let clients know we are defaulting to phone or telehealth appointments except when absolutely necessary. Prior to conducting an outreach, team members will attempt to contact the client/family by telephone before conducting any face-to-face visits. Clients will be screened prior to any outreach visit to determine if they have had any of the symptoms noted above or have recently travelled to a high impact outbreak area.

Specific teams may be directed to complete no outreaches due to the vulnerable nature of the clients or the facilities in which they live or based on other directives from authorities. In those cases, phone or telehealth services should be provided whenever possible.

Staff will document the call and the response to the screening questions in the medical record.

- If the client has any of the risk factors noted, team member will explain that the visit will be conducted telephonically to address public health concerns. Encourage the client/family to follow published guidelines to seek care.
- If the client is in a high-risk group, as listed below, team member will explain that the visit will be conducted telephonically to protect them.
  - Individuals age 60 and above
  - Individuals with co-morbidities or weakened immune systems.
  - Others who are at higher risk for complications from respiratory diseases, such as pregnant women.
- If the client/family does NOT have any of the above noted risk factors, staff may proceed with the appointment and follow universal precautions.

If clients cannot be reached prior to home visit for a phone screening, the visit may proceed but screening should occur upon arrival. Outreach visits should follow the same protocol as office-based visits, in that if the client is exhibiting symptoms, the appointment should be cut short if risk issues can be addressed. Physical distance should be maintained, which could include not entering the home but doing a check-in at the doorway, and staff are advised to wash or sanitize hands before and after each home visit.

## **Walk ins**

We may still get walk ins during this time. In those cases, please respond as you would if having to turn someone away from open access, which is to have a clinical person screen the individual for imminent risks. The questions on the Open Access Information sheet may be a helpful guide. If necessary, develop a plan for response to those risks. Encourage the individual to call our Access line to get in the queue for an assessment, and Access can contact them once we are ready to resume assessments.

## **Employees**

Employees are responsible to take the appropriate action necessary to protect other employees and clients if they are sick or symptomatic of flu-like symptoms.

Employees should follow CDC and Public Health recommendations:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Cover your coughs and sneezes with a tissue, or cough/sneeze into your upper sleeve if tissues are not available.

Keep work surfaces, telephones, computer equipment and other frequently touched surfaces and office equipment clean.

Employees should monitor themselves for symptoms. If you experience symptoms of COVID 19, it's important that you do everything you can to reduce exposure to the general public. Please call your primary healthcare provider before going to their office to discuss your symptoms and any necessary precautions.

All employees will be screened before working. See the 24/7 Facility Employee Screening Protocol and the Employee Self-Attestation Protocol for details.

### **Return to Work After Illness**

Following CDC guidelines, workforce members who have experienced symptoms of COVID-19, whether diagnosed through testing or not, should remain in self-quarantine and not return to a work location or perform any outreach until they have had no fever for 72 hours without the use of medication to reduce fever; *and* other symptoms have improved; *and* at least 7 days have passed since symptoms first appeared.

Whether it is possible for workforce members to work remotely during the remainder of their self-quarantine will depend on a variety of factors including their position and whether there is an approved Workforce Planning Checklist and Work From Home Agreement on file.

Please coordinate with your supervisor prior to returning to work.

### **Personal Protective Equipment (PPE)**

Currently there are shortages of supplies. Within available resources, the following guidelines apply.

All sites will have a supply of hand sanitizer/disinfectant and tissues available for employee and client use. All sites should have proper sanitizing products to adequately disinfect surfaces and will follow instructions on the proper use of these products.

As deemed necessary by the program Manager or Director surgical masks will be available at sites to be utilized by clients when appropriate.

### **Minimum Staffing**

Program Manager and Director will determine minimum staffing needs and prioritize critical services based on functional limitations and essential facility operations. The Program Manager will conduct a daily assessment of staffing status and needs during the COVID 19 outbreak and report to the director.