

Introduction

Safe Start Recommendations and Requirements for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies

The Department of Health (DOH) and Health Care Authority (HCA) are presenting the following phased reopening plan for licensed and certified inpatient behavioral health facilities and agencies. Given the critical importance of limiting COVID-19 exposure in all healthcare facilities, including inpatient behavioral health facilities, which provide inpatient care to patients and other persons receiving services, decisions on relaxing restrictions should be made:

- With careful review of various unique aspects of the different facilities and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This phased approach will help keep patients, clients, and staff healthy and safe.

Safe Start Requirements for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies:

1. Follow the Centers for Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdiction (LHJ) (when applicable) infection control guidelines to slow COVID-19 spread.
2. Follow DOH and LHJ guidance during the conduct of outbreak investigations, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of patients/residents. Communicate facility outbreaks with the LHJ.
3. Follow this DOH and HCA phased reopening plan, which is based on the Governor's Safe Start phased plan. Refer to [Table 1](#) for specific considerations and recommendations based on the phase of reopening.
4. Follow [Washington's Phased Approach](#) and Governor Proclamations around the [Safe Start Plan](#).
5. DOH has the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing restrictions on non-essential visitors and services defined by the Governor's Safe Start Plan.

6. The facility or agency cannot move into the next reopening phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county or the Governor's office authorizes another approach to the Safe Start Plan. For example, facilities located in counties in Safe Start Phase 1 cannot move beyond phase 1 of the reopening plan until the county enters Safe Start Phase 2 or greater. The facility or agency must then meet the reopening phase criteria included in this document before moving forward.

Examples that may require a facility to return to a more restrictive phase of reopening include new outbreaks of COVID-19 in the facility or the county returning to a more restrictive phase of reopening, as determined by the LHJ or DOH. The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures. The definition of an outbreak in an inpatient behavioral health facility is the presence of one positive case of COVID-19 (in a person who was not admitted with a known diagnosis of COVID-19). Individual facility types have state statute or rules that require a facility to impose actions to protect the residents by activating their infection control plan.

All facilities and agencies must be prepared for an outbreak and make assurances they have:

1. Access to adequate testing. The facility must maintain access to COVID-19 testing for all patients, clients, and staff.
2. Capacity to conduct ongoing testing of patients, clients, and staff.
3. A response plan to inform cohorting and other infection control measures. For additional information on infection prevention and control, see DOH's [COVID-19 Guidance for Behavioral Health Inpatient and Residential Facilities](#).
4. A plan to actively perform screening for [COVID-19 symptoms](#) in all staff and visitors per [DOH screening guidance](#).
5. Dedicated space for cohorting and managing care for patients and clients with COVID-19. If unable to cohort patients and clients, have a plan which may include transferring a person to another care setting.
6. A plan in place to care for patients and clients with COVID-19, including identification and isolation of patients and clients. The facility or agency plans describing the identification, care, and isolation of patients or clients may be requested by DOH or the LHJ to conduct an outbreak investigation. Technical assistance for development of these plans can be received from the LHJ, or from DOH if the LHJ is unavailable.
7. Protected and promoted rights of patients and clients while following standards of infection control practices, including when a patient or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility.

Section I – Safe Start for Facilities

Phase 1

Phase 1 is designed for aggressive infection control during periods of heightened virus spread in the community and potential healthcare system limitations, which may include factors such as staffing, facility capacity, personal protective equipment (PPE), and testing. Heightened virus spread (i.e., high COVID-19 activity) is defined as >75 cases/100,000 population over two weeks. Check the [COVID-19 Risk Assessment Dashboard](#) to see what the metric is for your county. If your county is currently meeting the definition of heightened virus spread, the facility will remain in Phase 1.

Phase 2

Entry Criteria:

*When the county in which a facility is located has entered Phase 2, the facility may begin implementing the recommendations outlined in Phase 2 after meeting **all** the following criteria:*

- The facility has reviewed the key metrics for the county using the [COVID-19 Risk Assessment Dashboard](#), and determined that moderate transmission is occurring in the community. Moderate transmission is defined as 25-75 cases/100,000 population for two weeks.
- 14 days have passed since the last positive or suspected resident or staff case was identified in the facility **OR** the timeline required by the LHJ, whichever is greater.
- Adequate staffing levels are in place.
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the [CDC PPE burn rate calculator](#).
- The facility performs and maintains an inventory of disinfection and cleaning supplies for patients and clients.
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers who require inpatient healthcare.
- The facility/home is capable of quarantining and isolating residents according to CDC guidelines with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a facility for care and recovery of COVID-19 **OR** there is capacity within the inpatient behavioral health facility to manage both positive and negative cases while mitigating the spread of infection.

Phase 3

Entry Criteria:

*If the county in which a facility is located has entered Phase 3, the facility may begin implementing the recommendations outlined in the grid below after meeting **all** the criteria above and:*

- The facility has reviewed the key metrics for the county at the [COVID-19 Risk Assessment Dashboard](#), and determined minimal transmission is occurring. Minimal transmission is defined as 10-25 cases/100,000 population for two weeks.

Phase 4

Entry Criteria:

*If the county in which a facility is located has entered Phase 4, the facility may relinquish all restrictions and return to a regular course of business after meeting **all** the following criteria:*

- The facility has reviewed the key metrics for the county at the [COVID-19 Risk Assessment Dashboard](#), and determined that sporadic transmission is occurring in the community. Sporadic transmission is less than 10 cases/100,000 population for two weeks.
- 14 days have passed since the last positive or suspected resident or staff case was identified in the facility **OR** the timeline required by the LHJ, whichever is greater.
- The facility has adequate staffing levels in place.
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the [CDC PPE burn rate calculator](#).
- The facility performs and maintains an inventory of disinfection and cleaning supplies for patients and clients.
- There is assurance by DOH and the LHJ that local hospital(s) have the capacity to accept referrals/transfers.
- The facility is capable of cohorting patients with dedicated staff in the case of suspected or positive cases, **and** there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies and in conjunction with DOH and the LHJ, even if they have moved to this phase.

Until the COVID-19 public health threat has ended, facilities will:

- [Screen](#) 100% of all persons, patients/clients, and staff entering/re-entering the facility, including temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensuring all people entering the facility have cloth face coverings or face masks;
- Maintain a log of all visitors which must be kept for 30 days;
- Use PPE, as determined or recommended by CDC, DOH, and CMS guidelines, as warranted;
- Maintain access to COVID-19 testing for all patients, clients, and staff.

Table 1: Phased Reopening Considerations and Recommendations

Consideration	Recommendation
Visitation	<i>See Section II</i>
Admissions	<p><i>For all Phases</i></p> <p>Proceed with the following admission activities:</p> <ul style="list-style-type: none"> • Screen all incoming patients/clients for COVID-19 symptoms, including hospital returns. Facilities may also include testing at their discretion but should not require a test before accepting a patient for admission. • Admissions proceed as normal with decreased capacity as needed for social distancing and isolation needs. • Quarantine sites and/or active monitoring should be established for all incoming persons.
Treatment	<p>Guidance for therapy in all phases:</p> <ul style="list-style-type: none"> • Prioritize socially distanced, in-person care by the needs of the person receiving services. • Stagger the time providers schedule therapy sessions to avoid close contact between patients while in waiting areas. • 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. • Provider and participants should wash or sanitize their hands when they enter the session and when they leave. • Both the patient and provider should wear a face mask or cloth face covering and remain at least six feet apart during in-person sessions. <ul style="list-style-type: none"> ○ All patients should have access to a face mask or cloth face covering and wear them as tolerated. ○ The facility should provide face masks or cloth face coverings to those who do not have their own. ○ Telehealth may be a better 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.
- Be aware of psychosocial or economic impacts of the COVID-19 pandemic that could also affect treatment and suicide risk.
- If patients have difficulties focusing during telehealth, consider offering multiple shorter sessions as an accommodation.

Guidance for Individual Therapy:

- Follow guidance above for all therapy

Guidance for Group Therapy:

- In Phase 1, limit group therapy sessions to no more than 5 people including staff. In Phases 2 and 3, limit group therapy sessions to no more than 10 people including staff.
- For group therapy sessions held in person, follow guidance above for all therapy, and:
 - 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.
 - Consider holding sessions outdoors, weather and space permitting, or open windows if safe to do so to improve indoor air quality.
 - Place chairs at least six feet apart.
 - Bring together participants in a space free of distractions. Close the day room to group participants only.
- For group therapy sessions done via telehealth:
 - Use a HIPAA-compliant video program.
 - Assign a staff member to be the telehealth coordinator onsite. 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, counselor, recreation therapist, yoga instructor, or psychologist leads 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 telehealth sessions, see Appendix B of [Safe Start for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies: Recommendations for Adapting Behavioral Health Treatment to Reduce Risk of COVID-19 Transmission](#).

Guidance for Milieu Therapy:

- Providers should lead by example and follow all infection prevention guidelines and educate and support patients to:
 - Stay away from others if ill.
 - Wear a cloth face covering or face mask, including in break rooms and other common areas.
 - Maintain social distancing.
 - Wash or sanitize hands frequently.
- Providers should encourage social distancing practices. For example, remove chairs from day rooms and put tape on floors to mark appropriate distancing within the space.
- Providers should discuss actions that would reduce a patient’s infection risk within the context of their own treatment goals. For example, frame social distancing as maintaining healthy boundaries with other patients and staff.
- Patients should wear cloth face coverings while in common indoor areas and while outside if they cannot maintain 6 feet from others.
- Facilities should include infection control guidelines as part of facility rules and standard participation rights.
 - Patients who follow guidelines may earn incentives or additional privileges for supporting a safer environment.
- Patients who do not follow infection control rules should not be allowed to participate in therapy, as with any patient that does not follow group rules.

Guidance for Family Therapy

- In Phase 1, family therapy should be provided remotely through telehealth.
- If needed, loaner mobile devices should be provided to family members outside of the facility, such as extended family and older children.
- Clean and disinfect these devices between uses if they are shared outside of a single household.
- In Phases 2 and 3, limit family therapy sessions to no more than 10 people including staff, maintain social distancing, practice universal masking, and [screen](#) all incoming persons for [COVID-19 symptoms](#).

<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • In Phases 1 and 2: <ul style="list-style-type: none"> ○ Telemedicine should be utilized whenever possible. ○ Non-medically necessary trips outside the building should be avoided. • In Phases 2 and 3, use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits, which includes a template letter to families, when residents/clients are preparing for community activities. • In Phase 3, elective medical trips may resume as permitted within the boundaries of the Governor’s Safe Start Plan and DOH direction. • In all Phases, for trips away from of the facility: <ul style="list-style-type: none"> ○ The patient must wear a cloth face covering or face mask unless medically contraindicated. ○ The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. ○ Transportation staff, at a minimum, must wear a cloth face covering or face mask. Additional PPE may be required. ○ Transportation equipment should be disinfected between transports. • In all Phases, consult with the LHJ on need for 14-day quarantine period after a client returns from medical and non-medical visits. Residents must, at a minimum, be observed for COVID-19 symptoms for 14 days.
<p>Communal Dining</p>	<ul style="list-style-type: none"> • In Phase 1, communal dining is not recommended. • In all Phases: <ul style="list-style-type: none"> ○ If patients/clients eat in the same room, limit the number of people in the room and ensure 6 feet between them. ○ All staff must wear masks or cloth face coverings. ○ Patients must wear masks or cloth face coverings when not eating or drinking. ○ Disinfect all dining tables and eating surfaces before and after meals.
<p>On Campus Additional Activities</p>	<ul style="list-style-type: none"> • In Phase 1, on campus additional activities are not recommended. If allowed, limit them to no more than 5 participants including staff, and maintain all required infection control precautions. • In Phases 2 and 3, limit these activities to 10 participants including staff, while maintaining all required infection control precautions.

Universal Source Control & Personal Protective Equipment (PPE)	<p><i>For all Phases</i></p> <ul style="list-style-type: none"> • All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when applicable, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, direct care medical personnel).
Screening Patients/Clients	<p><i>For all Phases</i></p> <ul style="list-style-type: none"> • Actively screen patients/clients for COVID-19 symptoms 2 times a day.
Screening Staff, Visitors, and Contractors	<p><i>For all Phases</i></p> <ul style="list-style-type: none"> • Perform active screening for COVID-19 symptoms on all persons entering the facility. • Do not screen EMTs or law enforcement responding to an emergent call.
Environmental Services	<p><i>For all Phases</i></p> <ul style="list-style-type: none"> • The facility should establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable disease.
Isolation and Quarantine (Cohorting & Dedicated Staff)	<ul style="list-style-type: none"> • In all Phases, facilities should: <ul style="list-style-type: none"> ○ Identify a space for cohorting and managing care for patients and clients with COVID-19 with dedicated staff, if possible. ○ Identify a space in the facility for cohorting and managing care for patients and clients who are symptomatic or being tested for COVID-19, with dedicated staff. ○ Have a plan to manage new admissions and readmissions with an unknown COVID-19 status. • In Phases 2 and 3: <ul style="list-style-type: none"> ○ Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits, which includes a template letter to families, when residents/clients are preparing for community activities.

	<ul style="list-style-type: none"> ○ Consult with LHJ on need for 14-day quarantine period after a client returns from medical and non-medical visits.
Group Activities	<ul style="list-style-type: none"> ● In Phase 1, engagement through technology is preferred to minimize opportunity for exposure. ● Facilities should have procedures in place for patients and clients to engage remotely or virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.). ● For indoor activities: <ul style="list-style-type: none"> ○ In Phase 1, allow no more than 5 people including staff to participate at one time, if social distancing can be maintained ○ In Phases 2 and 3, allow no more than 10 people, if social distancing can be maintained. ● For outdoor activities: <ul style="list-style-type: none"> ○ In all phases, permitted on facility grounds with universal masking, social distancing, and facility monitoring.
Testing	<p><i>For all Phases</i></p> <ul style="list-style-type: none"> ● Testing will occur based on CDC, DOH, and LHJ guidance. ● The facility must maintain access to COVID-19 testing for all patients and clients and staff at an established commercial laboratory.

Section II – Visitation

All facilities and agencies are required to provide accommodations to allow access to visitation for all patients/residents, even if visitation is not allowed in person due to the COVID-19 status of an individual or the facility. This access and accommodation may be by phone, remote video technology, outside visits, or some combination of access, dependent on the phase of the county or facility/agency. Any equipment shared among residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Once a facility has met the entry criteria outlined for a phase in Section I, the facility may then follow the visitation criteria for each corresponding phase below:

Table 2: Facility Mitigation Steps for Visitation, by Phase

Phase	Facility Mitigation Steps
<u>Phase 1</u>	<p>Visitation prohibited, except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and professional visitors. • Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control. <ul style="list-style-type: none"> ○ Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated, but rather at the discretion of the facility. • Compassionate care visitors and professional visitors (e.g., advocacy groups, legal representative, interpretive services, and discharge-related visits) are screened upon entry, and additional precautions are taken, including social distancing and hand hygiene. All visitors must wear a cloth face covering or face mask for the duration of their visit. The facility must provide a cloth face covering to the visitor, in the event they do not have one, to ensure universal source control. • Visitors must sign in, which should include contact information. The log of visitors must be kept for 30 days.* • Facilities should have policies in place for remote visitation, whenever possible, to include: <ul style="list-style-type: none"> ○ Access to communication with friends, family, and their spiritual community. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per resident during each visit. • Under controlled conditions with all precautions taken, including use of face masks or face coverings, hand hygiene, and social distancing. • Facility will review and follow the Outdoor Visitation Guidance.

<p><u>Phase 2</u></p>	<p>Visitation is limited to the following activities:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and professional visitors. • Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control. <ul style="list-style-type: none"> ○ Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated, but rather at the discretion of the facility. • Compassionate care visitors and professional visitors (e.g., advocacy groups, legal representative, interpretive services, and discharge-related visits) are screened upon entry and additional precautions are taken, including face masks or cloth face coverings, social distancing, and hand hygiene. • Outdoor visits under controlled conditions with all precautions taken including face masks or cloth face coverings, social distancing, and hand hygiene. <p>Visitors must sign in, which should include contact information. The log of visitors must be kept for 30 days.*</p> <p>All visitors must wear a cloth face covering or face mask for the duration of their visit. The facility must provide a face covering to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Facilities should have policies in place for remote visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community.
<p><u>Phase 3</u></p>	<ul style="list-style-type: none"> • All residents have the ability to have limited visitation. • The facility policy will describe visitation schedule, hours, and locations. • Infection control practices, including hand hygiene, universal source control for resident and visitors, and overall facility supervision of safe practices related to visitors and social distancing (at least 6 feet between all individuals). • Facilities may limit the number of visitors for each resident. • Preference should be given to outdoor visitation opportunities. • Visitors must sign in, which should include contact information. The log of visitors must be kept for 30 days.* • After visits, all areas must be disinfected.
<p><u>Phase 4</u></p>	<p>Resume regular visitation.</p>

* Visitor Log Information: Visitor log information will include date, time in and time out, name of visitor, and contact information, including phone number and email address if available.