

Reopening Protocol for Substance Use Disorder and Mental Health Support Groups

| Recent | Updates: |
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7/8/20: Additional information provided regarding air and ventilation system improvements

7/18/20: Additional information provided regarding employee and participant face coverings and tymptom checks. (Changes highlighted in yellow)

The County of Los Angeles Department of Public Health is adopting a staged approach supported by science and public health expertise, to allow certain retail businesses to safely respect. The propering protocols below are specific to lower risk settings and activities that are permitted to reopen by the County Health Officer Order issue on May 13, 2020. In addition to the conditions imposed on those specific settings and activities by the State Public Health Officer, these settings and activities must also be in compliance with the conditions laid out in the Checklist for Substance Use Disorder and Mental Health Support Groups provided below.

Please note: This document may be updated as additional information and resources become available so be sure to check the LA County website http://www.ph.lacounty.gov/me_lia/Coronavirus/ regularly for any updates to this document

This checklist covers steps required to assure the safe reinstitution of mental health, substance use disorder, and other therapeutic support groups in residential and nores dential mental health and substance use treatment programs, congregate living facilities homeless shelters and similar settings, as well as stand alone self-help groups which may take place in a variety of settings.

These therapeutic support groups are required to comply with public health guidance applicable to those settings and activities concerning employee afety, use of physical distancing, and infection control measures. The practices listed below must be implemented in addition to those measures.

All settings engaging it activities covered by this guidance must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is not applicable to the setting.

| Group/Setting Louie: | |
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| Facility Adares | |
| Maximum ccupancy, per Fire Code: | |
| Approximate total square footage of space of facility: | |



| A. | POLICIES AND PRACTICES TO PROTECT PARTICIPANT HEALTH (CHECK ALL THAT APPL | LY TO |
|----|---|-------|
| | THE FACILITY) | |

| THE FACILITY |
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| All participants have been told not to attend the group if sick or if they have been exposed to a person who has COVID-19 and to follow Department of Public Health guidance concerning isolation or quarantine, as applicable. Participants are not penalized if required to miss one or more meetings due to illness or exposure. |
| Upon being informed that one or more employees test positive for, or has symptoms consistent with COVID-19 (case), the employer has a plan or protocol in place to have the case(s) isolate themselves at home and require the immediate self-quaratine of all employees that had a workplace exposure to the case(s). The employee's plan should consider a protocol for all quarantined employees to have access to only the stee for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures. |
| Employee screenings are conducted before employees may enter the workspace. Checks must |
| include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills |
| and if the employee has had contact with a person known to be in fected COVID-19 in the last 14 |
| days. These checks can be done remotely or in person upon the employees' arrival. A |
| temperature check should also be done at the worksite if fearible. |
| Symptom checks are conducted before visitors or participants may enter the facility. Checks |
| must include a check-in concerning cough, shortness on reath, difficulty breathing and fever or |
| chills. These checks can be done in person or t roug alternative methods such as on-line |
| check in systems or through signage posted the atrance to the facility stating that visitors |
| with these symptoms should not enter the purples. Employees who have contact with others are offered, at no cost, an appropriate face covering |
| that covers the nose and mouth. The covering is to be worn by the employee at all times during |
| the workday when in contact or likely to come into contact with others. Employees who have |
| been instructed by their medical provider that they should not wear a face covering should wear |
| a face shield with a drape of the bottom edge, to be in compliance with State directives, as long |
| as their condition permits it. A drupe that is form fitting under the chin is preferred. Masks with one-way valves should not be used. Employees need not wear a face covering when the |
| employee is alone in a private office or a cubicle with a solid partition that exceeds the height of |
| the employed who i star ling. |
| Employees are instructed to wash or replace their face coverings daily. |
| |
| In the eyan, that or more cases are identified within the workplace within a span of 14 |
| days the employer should report this cluster to the Department of Public Health at (888) 97-99. or (213) 240-7821. If a cluster is identified at a worksite, the Department of Public |
| Her it will initiate a cluster response which includes providing infection control guidance |
| a d recommendations, technical support and site-specific control measures. A public health |
| cas manager will be assigned to the cluster investigation to help guide the facility |
| response. |
| A copy of this completed protocol has been distributed to each participant. |
| This protocol and other COVID-19 related materials offered in translation on the County's |
| DPH Coronavirus Website are provided to participants in their own languages, when |



| | available. |
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| | Optional—Describe other measures: |
| | |
| В. | MEASURES TO ENSURE PHYSICAL DISTANCING |
| | The total number of participants in the group, including participants and group facilitators leads, may not exceed 10. |
| | To the extent feasible, groups are scheduled at times that will not lead to overcrowdin as participants arrive at site entryways and exits. |
| | Chairs, sofas and other seating in the group meeting space are arranged to arm at least 6 feet of space between any two participants. |
| | To the extent feasible, entry to the meeting space is limited to participant, and group facilitators/leads. |
| | All group participants must comply with site guidance concerning occupancy limits in restrooms and in any common areas, including smoking areas, near the meeting room or space. |
| C. | MEASURES FOR INFECTION CONTROL |
| | Visitors arriving at the facility are reminded to wear a face covering at all times while in the facility or on the grounds of the establishment. Only individuals who have been instructed not to wear a face covering by their medical provider are exempt from wearing one. To support the safety of your employees all 1 other participants, a face covering should be made available to those who arrive without them. |
| | All group participants sign in using their cyn pens or using a pen that is sanitized between users, or electronically using personal devices or devices that are sanitized between users. |
| | No food or drink is served within the meeting and no sharing of food/drink/cigarettes/etc. is permitted |
| | Hand sanitizer, tissues and trast cans are available to the public at or near the entrance and exits of the facility. |
| | The HVAC system is in good, working order; to the maximum extent possible, ventilation has been increased. |
| | Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas. |
| | Optional – Describe other measures to promote infection control: |

Any additional measures not included above should be listed on separate pages,



which group facilitators/leads should attach to this document.

You may contact the following person with any questions or comments about this protocol:

| Group Contact Name: | Phone number: | <u>~</u> |
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| Date Last Revised: | | 3 |
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| 2011 | | |