

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidelines for Non-Residential Substance Use Disorder Treatment Settings

The County of Los Angeles Department of Public Health is asking for your assistance to slow the spread of the novel (new) coronavirus disease 2019 (abbreviated COVID-19) in Los Angeles County by following the conditions laid out in the checklist provided below.

We strongly recommend that all non-residential substance use disorder (SUD) treatment settings review and update their emergency plans, take specific actions to help slow the spread of respiratory infections such as COVID-19, and consider ways to continue essential services if onsite operations must be reduced temporarily.

Please note that this document may be updated as additional information and resources become available so be sure to check the LA County website regularly for any updates to this document:

<http://www.ph.lacounty.gov/media/Coronavirus/>.

This checklist covers steps required to assure the safe operation of non-residential SUD treatment settings. These settings are required to comply with public health guidance applicable to those settings and activities concerning employee and client/participant safety, use of physical distancing, and infection control measures. The practices listed below must be implemented in addition to those measures.

A. POLICIES AND PRACTICES TO PROTECT EMPLOYEE AND CLIENT HEALTH

- Non-residential SUD treatment agency has a plan or protocol in place to:
 - Ensure employees and clients are aware of and trained on COVID-19 related precautions to minimize transmission risks.
 - Optimize the use of telephone and telehealth services to ensure ongoing services while minimizing in-person contact.
 - Ensure appropriate quarantine and isolation processes for both employees and clients, as needed.
 - Ensure proper PPE is utilized by staff and clients at all times.
- All staff and clients have been told to avoid the non-residential SUD treatment setting if sick, if they have been exposed to a person who has COVID-19, or if they are non-symptomatic but have had a positive COVID-19 test in the past 10 days. In these instances, they are also advised to follow Department of Public Health guidance concerning isolation or quarantine, as applicable.
- Upon being informed that one or more employees test positive for, or has symptoms consistent with COVID-19, the non-residential SUD treatment agency has a plan or protocol in place to have the employee(s) isolate themselves at home and require the immediate self-quarantine of all employees that were potentially exposed to COVID-19. This plan includes a protocol for all quarantined employees to have access to testing or be tested for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures.
- Sick leave policies for employees are non-punitive, flexible, and consistent with public health guidance.
- Non-residential SUD treatment setting has written protocols to optimize the use of telephone and telehealth services so that services can continue while minimizing in-person contact, to ensure appropriate quarantine and isolation procedures for both employees and clients, and to ensure proper PPE is utilized by staff and clients at all times.
- Most services in non-residential SUD treatment settings are provided virtually. Alternatives to in-person encounters such as telephone and telehealth services are utilized to minimize in-person activities to the extent appropriate and feasible while also enabling clients to continue these activities.

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- Non-residential SUD treatment agency keeps a daily log of all staff in isolation and quarantine in order to track when termination of isolation or quarantine is appropriate.
- Signage
 - Guidance is posted in waiting rooms/common areas to help educate clients about COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>.
 - Signs are posted to remind clients to alert staff immediately if they have COVID-19 like symptoms including cough, shortness of breath or difficulty breathing, and/or fever or chills.
 - Signs are posted for clients and staff regarding the importance of handwashing and hand sanitizing.
 - COVID-19 related materials offered in translation on the County's DPH Coronavirus Website are provided to participants in their own languages, when available.
- Immediate medical attention is initiated by calling 911 for any of these COVID-19 emergency warning signs* in staff or clients:
 - Trouble breathing
 - Pain or pressure in the chest
 - New confusion
 - Difficulty waking up or staying awake
 - Bluish lips or face

Clients

- Most services in the non-residential SUD treatment setting are provided virtually. Alternatives to in-person encounters such as telephone and telehealth services are utilized to minimize in-person activities to the extent appropriate and feasible while also enabling clients to continue these activities.
- Steps are taken to identify patients who may have COVID-19 before or upon arrival at the site and to isolate them from the general population at the site.
 - When possible, scheduled clients are pre-screened by phone for symptoms consistent with COVID-19 (cough, shortness of breath or difficulty breathing, fever or chills), a positive COVID-19 test in the past 10 days, recent contact with anyone who tested positive for COVID-19, or close contact with others who have symptoms of COVID-19 but have not yet been tested. Clients that prescreen positive for COVID-19 risk are instructed to remain at home and have their visit transitioned to telehealth, or delayed, if clinically appropriate.
 - Patients arriving at the facility without prescreening, are screened on arrival. If the result is positive, they are moved as quickly as is reasonable to a private room with the door closed. Staff use appropriate PPE when in contact with the patient. After the patient is seen and evaluated, the room should be cleaned with EPA-registered disinfectants.
- Clients entering the non-residential SUD treatment setting are required to wear appropriate face coverings at all times. For most clients, a cloth face covering is appropriate. For those who have screened positive for COVID-19 risk, a mask is provided, if available. In the event that a client has been expressly instructed by their medical provider that they should not wear a face covering the client is required to wear a face shield with a drape on the bottom edge to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Clients are instructed that masks with one-way valves should not be used.
- Group activities are minimized in favor of alternative activities such as individual sessions or other non-group activities.

Employees

- Non-residential SUD treatment setting employees who have contact with others are offered, at no cost, at least two appropriate face coverings that covers the nose and mouth. The covering is to be worn by

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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 on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape 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 alone in a private office or a cubicle with a solid partition that exceeds the height of the employee when standing.

- Employees are instructed to wash or replace their face coverings daily.
- Employee screenings are performed either remotely or in-person **before** employees enter the workspace.
 - Checks include screening for cough, fever or chills, shortness of breath, difficulty breathing, and if the employee has had contact with a person known to be infected COVID-19 in the last 14 days.
 - Temperature checks are performed at the worksite, as feasible.
- Staff monitor their symptoms daily and are encouraged to go home if they are ill or if they are non-symptomatic but have had a (+) COVID-19 test in the past 10 days.
- Staff with symptoms of COVID-19 or who have tested (+) for COVID-19 in the past 10 days should be provided with [home isolation instructions](#) and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen and as necessary.
- Staff who are directed to care for themselves at home may discontinue home isolation only when the following conditions are met: At least 10 days has passed *since symptoms* first appeared AND at least 24 hours *since "recovery," defined as resolution of fever* without the use of fever-reducing medications and improvement of symptoms (such as cough or shortness of breath).
- Exposed Employees
 - Staff who have come in close contact with symptomatic or non-symptomatic COVID-19 (+) individuals are sent home to quarantine or placed in onsite quarantine for 14 days.
 - However, in times of extreme workforce shortage, non-symptomatic staff who were exposed and test negative for COVID-19 can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days.
 - Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19. They should self-monitor for symptoms twice daily – once before coming to work and approximately twelve hours later.
- Optional – Describe other measures to protect employee and client health:

B. MEASURES TO ENSURE PHYSICAL DISTANCING

- Chairs, sofas and other seating in shared meeting spaces are arranged to permit at least 6 feet of space between any two participants.
- Any client or staff who has screened positive for COVID-19 symptoms or for known/possible exposure or who has had a positive COVID-19 test has been instructed to stop participation in any group activities that the site continues to offer, and to avoid contact with others at the facility until the isolation or quarantine period is complete.
 - Alternatives to in-person group activities like individual sessions, telehealth, or other non-group activities are utilized to minimize in-person activities to the extent appropriate and feasible while also enabling clients to continue these activities.
- Although group activities are minimized in favor of alternative activities such as individual sessions or

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other non-group activities, when group activities are offered in the non-residential SUD treatment setting:

- The total number of participants in any meeting/group/shared space, including clients, counselors and/or group facilitators, does not exceed 10.
 - To the extent feasible, groups are scheduled at times and in a manner that will not lead to overcrowding as clients arrive at site entryways and exits.
 - All group participants are reminded to comply with site guidance concerning occupancy limits in common areas, including smoking areas, and in restrooms that are near the meeting room or space.
- Optional – Describe other measures to ensure physical distancing:
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C. MEASURES FOR INFECTION CONTROL

- Cleaning
 - High touch surfaces and objects, including reading materials, and other communal objects are regularly cleaned in accordance with [CDC disinfection guidelines](#).
 - If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water.
 - Alcohol-based disinfectants with > 60% alcohol according to label instructions as a supplement to or a substitute for cleaning when both cleaning and disinfection are not feasible.
 - No sharing of food/utensils/drink/cigarettes/etc. is permitted.
 - All clients/group participants must sign in using their own pens or using a pen that is sanitized between users, or electronically using personal devices or devices that are sanitized between users.
 - The HVAC system is in good, working order; to the maximum extent possible, ventilation has been increased.
 - The site has considered 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:
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D. MEASURES TO PREVENT AND REDUCE SPREAD BETWEEN FACILITIES

- Transportation of clients is limited to essential outside visits only.
- Drivers take appropriate precautions, including wearing personal protective equipment, including face mask, gloves, eye protection and gown.
- All individuals being transported wear surgical masks during transport.
- Patients who are symptomatic and/or have tested positive for COVID-19 are transported separately from clients who are either untested or COVID-19 negative.
- To the extent possible, efforts are made to minimize the transport of multiple symptomatic or non-symptomatic COVID-19 positive clients together.
 - When multiple clients need to be transported simultaneously, appropriate social distancing (at least 6 feet) is practiced both for clients and the driver. For example, the client is placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.

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- Vehicle windows are rolled down during transport (weather permitting) to improve ventilation in the car.
 - Transporting vehicles are outfitted with plastic tarps or coverings over the seats that can be cleaned and appropriately disinfected after each transport.
 - Transport vehicles are stocked with supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.
 - If a client requires transport to a hospital or clinic, EMS or other transporter is notified in advance that the client has an undiagnosed respiratory infection and the client being transported wears appropriate face covering.
 - Optional: Describe additional measures to reduce spread between facilities and during transport:
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E. GUIDANCE SPECIFIC TO OPIOD TREATMENT PROGRAM (OTP) SETTINGS

In addition to the guidance outlined above, OTP settings follow the guidelines below:

Take Home Medications

- OTP site submits paperwork through the SAMHSA OTP extranet website for blanket take-home medication exceptions.
 - To obtain blanket exceptions, OTP submits a letter of need to the California Department of Health Care Services (DHCS) for review and approval. DHCS will review each letter of need, and approve, as appropriate, blanket exceptions for take-home medications as follows:
 - Stable patients: A blanket exception for all stable patients in an OTP to receive 28 days of take-home doses.
 - Less stable patients: A blanket exception for all stable patients in an OTP to receive 14 days of take-home doses.

Urinalysis (UA)

- If approved for a blanket UA exception, OTP provides adequate documentation of drug testing or analysis, including at least eight random drug tests per year per patient in maintenance treatment.

Medication Delivery

- Protocols exist to assure that delivery of medication to a patient's home or place of residence is conducted by an authorized OTP staff member, law enforcement officer, or National Guard personnel.
 - OTPs have a chain of custody documentation on file for take-home deliveries.

F. GUIDANCE SPECIFIC TO DRIVING UNDER THE INFLUENCE (DUI) PROGRAMS

In addition to the guidance outlined above (excluding Section E), DUI programs follow the guidelines below:

Preparedness for Potential Program Suspension

- If a DUI program has suspended all services and is unable to provide staffing for response to email or phone inquiries from program participants, the program seeks to maintain communication with program participants and the general public and communication. Efforts may include:

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- Ensuring that outgoing phone and email messages identify a contact number where someone can be reached.
- Placing signs at program facility entrances indicating the program is temporarily closed and provide a contact number where someone can be reached.
- Providing program status updates to the county and the state.
- DUI programs that are capable of delivering telehealth services do so immediately, per the Department of Health Care Services (DHCS) website COVID-19 Behavioral Health Information Notices and Telehealth FAQs.
- DUI programs complete face-to-face sessions and pre-enrollment process by telephone per DHCS COVID-19 FAQs: DUI programs.

Participant Leave of Absence (LOA)

- DUI program offers and approves a no-cost LOA to an individual who is symptomatic or those who may not be symptomatic but who expresses concerns about attending program services relating to COVID-19. In these instances, site explains understand that taking a LOA will delay their program completion date.

Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Guidance on Cleaning](#)
- [Staying at Home If You Are Sick - Poster](#)
- [Handwashing](#)
- [What to Do If I Am Exposed](#)