

This guide helps residential behavioral and mental health facilities build or revise individual plans to prepare prior to cases being identified within their building and to respond when one or more people in the facility have confirmed or suspected COVID-19. The information is adapted from [CDC's guidance](#) for congregate care and living facilities, and can be applied to mental and behavioral health facilities where there are communal areas, close contact between people, and people who stay overnight. This guide is not comprehensive; it is up to each facility to make a plan that matches your facility's unique needs.

The Vermont Department of Health's Outbreak Prevention and Response Team can help develop and review your facility's COVID-19 Plan.

The Vermont Department of Health does not have regulatory oversight of facilities. This document is reflective of guidance from the Centers for Disease Control and Prevention and developed in partnership with the Department of Mental Health and Department for Children and Families. Guidance is continually evolving; please check the Vermont Department of Health [website](#) for the most recent information.

Preparing Buildings and Administrative Policies

Make a plan

- Assess essential functions. Determine the most important activities, including resident direct care, that need to be done. This will be helpful if staff is limited.
- Cross train employees to maintain coverage of essential functions. Make sure that key information relevant to support individual residents is included in case files or notes.
- Implement policies and practices for the following key items:
 - Physical distancing of patients and staff,
 - Cleaning and disinfecting rooms and shared spaces,
 - Appropriate use of personal protective equipment ([PPE](#)) and face coverings, and
 - Teleworking, coverage, flexible leave policies, and rapid communication between residents and staff.
- Share your plan with residents, families, and staff letting them know what they can do right now to help keep themselves and others safe.
- Prior to cases being identified within your building, determine if there is a space that can be dedicated to COVID-19 positive residents.
 - This space could be a floor, unit, wing, or group of rooms within the building that is used to cohort residents with COVID-19.

When considering essential functions, make sure to assess staffing. A facility that does not have enough staff on hand will not be able to safely maintain a therapeutic milieu. The need to isolate residents may trigger the need for more staffing.

If information specific to COVID-19 will increase anxiety in residents, consider flyers around general hand hygiene and other prevention strategies.

Communicating with residents and families

- Share information about preventing the spread of COVID-19 with residents through flyers, meetings, etc. Place flyers in high-traffic areas, such as hallways or staircases.
- When possible, collect contact information for families and residents so you can quickly and efficiently communicate with them. Post relevant information online or in a place that is easily accessible.

Restricting visitors

- Consider restricting visitors and screening anyone who enters the facility by requiring a temperature of less than 100.0° F and no respiratory symptoms, such as cough or shortness of breath.
- Identify who needs to be in the facility and limit the number of both staff and visitors as much as possible. Restrict all non-essential people from entering the residence and develop a plan for deliveries to be left outside the door.
- Limiting the number of entrances to the building will help keep track of who is in the building, and ensure they know what steps to take to protect themselves and others, like wearing a mask and keeping distance from others.
- If a visit is required, find an isolated room or area for the visit. Make sure rooms are cleaned between uses (see Cleaning below).
- Put signs on entrances to the building with information about visitor restrictions, signs and symptoms of COVID-19, and what to do if you are sick.
- Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting.

Everyday actions to take to stay safe

- Cancel trips or activities where residents will encounter people outside of their fellow residents and staff members.
- Cancel communal dining.
- Meet with residents virtually, unless otherwise required.
- Anyone entering the building should wash their hands prior to leaving their house, upon entering the building and frequently throughout the day.
- Cancel or postpone non-essential medical or other appointments for residents.
- Avoid touching eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes with a tissue, then throw the tissue away and wash hands.
- Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.

Depending on the age of the resident, try creating games, having songs or another type of timer in order to encourage appropriate and regular handwashing.

- Residents should wear cloth face coverings when in the facility and around other residents (when clinically and developmentally appropriate).
 - Staff should wear face coverings when around others. Staff who are providing medical care or who are in close contact with a resident should wear a surgical mask or PPE consistent with the amount of contact and risk.

Physical distancing

- Set up the space so that people can stay at least 6 feet away from others. For example, separate desks or chairs, set up activity areas in regions, use tape markers on the floor to demonstrate 6-foot distance, etc.
- Help people feel connected during this time through phone calls, video chats and social media. Reach out to residents, youth and families about their concerns, and work with them to find the best ways to feel connected.

Prepare Common Areas

- Line all trash cans. Staff who handle trash should wear disposable gloves.
- Move tables, chairs and other seating areas 6 feet apart.
- Provide tissues, trash cans and hand sanitizer in common areas.

Modify workspaces to allow for physical distancing

- Do not share equipment. If equipment must be shared, clean it with disinfectants that are effective against COVID-19 (see Cleaning below).
- Cancel any unnecessary meetings and trainings or do them remotely.
- If remote work is not possible, locate alternative works spaces that people could temporarily use to allow physical distancing.

Accepting transfers from hospitals or other settings

- Create a plan for managing new admissions, transfers and readmissions whose COVID-19 status is unknown. When a resident leaves the facility and then returns, such as for hospitalization or if they are admitted to another facility, there's a risk that they have come into contact with COVID-19. New or readmitted residents should quarantine for 14 days:
 - Place the resident in a single-person room or in a separate observation area. Monitor the resident for symptoms of COVID-19.
 - Transfer residents out of the observation area to the main facility if they remain without symptoms for 14 days after their exposure (or admission).

- Residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to the observation area while undergoing evaluation.
- Health care personnel should wear [recommended PPE](#) while caring for residents under observation.

Cleaning

- **For routine cleaning when there are no confirmed or suspected COVID-19 cases in the facility:**
 - Staff should wear disposable gloves for all cleaning.
- **For cleaning when there is a confirmed or suspected COVID-19 case in the facility:**
 - Staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Routinely clean commonly touched areas like doorknobs, light switches, phones, handrails and tables.
- Refer to the list of [Disinfectants for Use Against SARS-CoV-2 \(EPA\)](#).
- Refer to [Cleaning and Disinfecting Your Facility \(CDC\)](#).
- Follow cleaning product instructions, including wearing the appropriate protective equipment and using the correct concentration of the product.
- Increase ventilation in living spaces by opening windows and using ventilation fans to help increase air circulation.

If children must use a playground, consider limiting the number of kids playing on certain parts at a time, e.g. only one or two can use the slide one day, one or two can use the swings, etc. Or carry cleaning supplies and wipe down the equipment immediately after use.

Preparing Staff

Communicating with staff

- Have a plan to quickly and efficiently communicate with staff around policy changes, relevant information, or positive cases within the facility. Make sure you have up-to-date staff contact information.
- If staff members also work at other facilities, have them communicate relevant information to your facility administrators. For example, if there is a suspected outbreak at the other facility where they work or if they worked with suspected sick staff or residents.

There are multiple ways to check staff temperature including asking staff to take their own temperature at home and reporting when they get to work, using disposable thermometers, or using non-contact thermometers.

Screening staff, residents, and visitors

- Staff should regularly monitor their health for symptoms of COVID-19 and report any developing symptoms to the facility.
 - [Symptoms of COVID-19](#) include fever, cough, shortness of breath, chills, muscle pain, headache, sore throat, or new loss of taste or smell.

- Check staff's temperature at the start of every shift before they are allowed into the facility.
 - For more information on checking staff temperature see the CDC's [General Business Frequently Asked Questions](#) page.
- Residents should be monitored for symptoms daily.
- Ask visitors about symptoms and check their temperature before entering the facility.
- Staff or visitors who show up sick or start showing symptoms, they should put on a mask and immediately leave the facility.
- Anyone who is sick should contact their health care provider.

Young children can be considered “superheroes” for helping protect others before or if they get sick. Emphasize that it is the **actions** you take to help protect people, not that you are or are not sick.

Preparing Residents

Reducing anxiety

- Keep daily and weekly routines as consistent as possible.
- Have open conversations with staff, families, youth and others about the importance of the actions that are being asked of them (physical distancing, wearing a face covering, quarantining). Helping them understand the important role they play, how they are helping reduce the spread of disease and protecting others may help reduce anxiety and feeling overwhelmed.
- Help people set up scheduled times to connect via text or call to maintain a sense of consistency.
- Share telehealth options with staff and families.
- Encourage people to stay informed with reliable sources like the [CDC](#) or [Vermont Department of Health](#), but to limit their news consumption.
- Facilitate journaling, mindfulness, and relaxation through mobile phone apps or appropriately spaced groups.

Cloth Face Coverings

- Wearing a cloth face cover is recommended whenever people are around others.
- Read more about [Using Cloth Face Coverings to Help Slow the Spread of COVID-19](#), including instructions on making homemade face covers.
- Replacing in-person interactions with tele-visits can help cut down on the need to wear masks.
- Residents do not need to wear masks when alone in their rooms.
- In situations when a resident is unable or unwilling to wear a mask, cover their face with a tissue outside of their room and use tissues to cover a cough.

For situations where masking is difficult or could cause stress, consider something like a scarf or bandana. While not as effective, they can still offer some protection. Think of other creative options, like encouraging a “costume” covering or pinning a picture of the person wearing a mask onto their shirt to make people feel more comfortable.

Responding to COVID-19

When a resident starts showing symptoms:

- Contact their primary care provider for testing. Tell the provider that the resident lives in a residential setting.
- Keep the resident separate from others. Staff interacting with the resident should wear full PPE.
- Keep track of who was in close contact with the resident 48 hours prior to the start of symptoms.
 - If the resident tests positive, this will help identify who should quarantine.
- Contact the Vermont Department of Health to review your plan if the individual tests positive.
 - The Outbreak Prevention & Response Team works with facilities who are preparing for possible COVID-19 cases and facilities that have suspected or confirmed COVID-19 cases.

Separating sick and well residents

- Residents with known or suspected COVID-19 do not need to be placed in an airborne infection isolation room, but they should ideally be placed in a private room with their own bathroom.
 - It is generally not recommended to separate roommates of symptomatic residents, as they may have already been exposed. Communicate with licensing authorities about any necessary co-housing or shared bathrooms.
- If additional residents test positive for COVID-19, room sharing may be necessary to cohort those that are sick and separate them from residents that are well. As COVID-19 has similar symptoms to other respiratory infections, residents with known COVID-19 infections should not be roomed with residents that do not have confirmed COVID-19.
- Isolation is not considered emergency involuntary seclusion. It is a public health strategy to prevent COVID-19 from spreading in the facility.
- Facilities should recognize that certain terms can be stigmatizing, such as “infected,” and can help residents and staff develop common language that ensures that all sick residents are treated equally and with respect.
- Make sure that sick residents are still engaged in social interaction.
- People with COVID-19 should eat in their room. Food service items used that are non-disposable should be handled with gloves and washed with hot water or in a dishwasher. Wash hands after handling used food service items.
- Staff working with sick residents should wear full PPE.
- Dedicate a lined trash can for the sick person. Use gloves when removing garbage bags, handling and disposing of trash. Wash hands after handling or disposing of trash.
- Ventilation in the room can be increased by opening outside windows.

Testing for other residents and staff

- If a case or suspect case is identified within your facility, the Health Department will work with you to identify additional testing needs.

Laundry

- Wear disposable gloves when handling dirty laundry from someone with COVID-19 and throw them away after each use. Wash hands immediately after gloves are removed.
 - If no gloves are used when handling dirty laundry, thoroughly wash hands afterwards.
- Do not shake dirty laundry. This will minimize the possibility of the virus dispersing through the air.
- Follow the manufacturer's instructions when washing items, using the warmest appropriate water setting. Dry items completely. Laundry from someone who is sick can be washed with other people's laundry.
- Clean and disinfect laundry hampers according to cleaning guidance for surfaces. If possible, use a disposable or washable bag liner.
- Staff may change into different clothes when they head home from the facility, if they are concerned about the minimal risk of transmission. Dirty clothes should be placed in a plastic bag and washed according to the guidance above.

Staff use of Personal Protective Equipment

- Facilities may need to make distinctions about acceptable levels of risk dependent on the resident population and their needs. VDH has [guidance for what PPE](#) are required for staff and residents in various situations and settings.
- [CDC Guidance for PPE Optimization](#) lists options for mitigating risk when full PPE is not available. These considerations can also be employed when PPE would cause undue challenges due the population's needs, although these strategies are not best practice for infection prevention and do carry with them an increased risk.
- Ensure that staff understand the PPE necessary in different situations and that they are appropriately trained to be able to use it.
- Part of a comprehensive plan will include a review of all of the times that staff come into various levels of contact with residents, including but not limited to: supervising in a group, assisting with toileting or other hygiene, active restraint of the resident, and assisting with other daily tasks.
- Assess your supply of PPE and consider designating a health care provider to steward and track supplies and encourage appropriate use.

For some residents, use of full PPE among staff could cause additional challenges. While PPE may heighten a situation, physical restraints will likely be the riskiest interaction for the transmission of COVID that a staff member or resident may have.

- If your facility will run out of PPE within 14 days, complete the [COVID-19 PPE Resource Request Form](#).

Return to work for staff with confirmed or suspected COVID-19

Decisions about staff with confirmed or suspected COVID-19 returning to work should be made in the context of local circumstances and following the guidance outlined in the [Department of Health Advisory released on April 3, 2020](#), which directs facilities to use one of these strategies:

1. Test-based strategy

Exclude from work until:

- The individual's fever has resolved, without the use of fever-reducing medications, and respiratory symptoms have improved (like cough or shortness of breath) and
- Negative results of COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart.

2. Non-test-based strategy

Exclude from work until:

- It's been at least three days (72 hours) since the person recovered. Recovery is defined as no fever without the use of fever-reducing medications and respiratory symptoms have improved **and**
- At least ten days have passed since symptoms first appeared.

Return to Work Practices

After returning to work, staff should:

- Wear a surgical facemask at all times while in the facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Be restricted from contact with any severely immunocompromised residents until 14 days after illness onset.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Additional Resources

The Vermont Department of Health assists facilities in reviewing and creating their COVID-19 plans, including discussing how to implement best practices guidance in variable residential settings. Contact the Outbreak Prevention and Response Team at COVID19.HealthCareContactTracing@vermont.gov.

Informational Materials

- [Print materials](#) (CDC)
- [Translations, videos, information sheets, posters, infographics](#)
- [Signs and Symbols for Public Interactions](#)
- [How to Keep Illness from Spreading](#)
- [Stop the Spread of Rumors](#) (CDC)
- [What is isolation, quarantine and self-observation?](#)

Coping with Stress

- [Parent/Caregiver Guide to Helping Families Cope with COVID-19](#) (National Child Traumatic Stress Network)
- [Coping with Stress](#)
- [Stress and Coping](#) (CDC)
- [Talking with Children about COVID-19](#) (CDC)