

Substance Use Disorder Treatment Programs

COVID-19 Mitigation Strategies

Compiled by:



California Consortium of
Addiction Programs and
Professionals

Version 1: July 27, 2020

Introduction:

Creating Safe Environments in the Time of Pandemic

Every substance use disorder treatment program has its own unique characteristics and every local jurisdiction in California interprets and enforces health guidelines, as it sees fit, to prevent the spread of disease. Unfortunately, this can lead to confusion and questioning as to the best way to protect clients, staff, and families during the pandemic. As the industry representative in California, CCAPP has compiled the numerous guidelines and recommendations, from both government and health organizations, to provide SUD treatment programs with a concise document to assist them with determining “best practices” during an outbreak of contagious disease.

These recommendations are the result of careful review of existing documents, scientific polling of all licensed and certified programs in the state, and several meetings with stakeholders. CCAPP is confident these recommendations will help to keep clients, staff, and family members safe. Please note that the recommendations contained in this document are recommendations only. Local ordinances or state mandates (should they change or be interpreted differently) must be followed, if or when, in conflict with these recommendations.

Instructions for Using Quick Reference Tables

To quickly determine which mitigation measures are necessary for the level of reopening in a jurisdiction, first choose a subject you wish to review and locate the table that contains recommendations for that category: Pre-Admission (PA), Hygiene and Social Distancing (HSD), Outside Activity (OA), Visitors (V), Isolation (I), Transportation (T), or Staff (S). Choose the modality in the last column that matches your program: six and under residential, over six residential, or outpatient. Follow the row through each stage of reopening where you will see green (use this strategy), yellow (continue to use when possible or practical) and red (no longer use this mitigation strategy).

What to do if a Mitigation Strategy is not Practical?

Even within some categories, six and under for instance, some recommended strategies cannot be implemented, for instance, testing may not be available in some areas. In these cases, recommendations are presented as an array of options. As an example, Pre-Admission Strategy 4 recommends three possible strategies a., b., or c. Each program can choose the strategy which is most practical given the program’s ability to isolate new admissions or obtain testing in an efficient way.

Updated Versions

As California progresses through the pandemic, CCAPP will update this document as necessary. Please watch for announcements or periodically check ccapp.us for the latest version. Date will always be on the cover of the document.

Table of Contents:

California Pandemic Road Map	1
Pre-Admission Strategies	2
Hygiene and Social Distancing Strategies	3
Outside Activities Strategies	5
Visitor Strategies	6
Isolation Strategies.....	7
Transportation Strategies	8
Staff Strategies	9
Strategy Details	10
Reporting Regulations.....	15




Pandemic Roadmap Stages:

























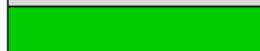
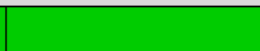
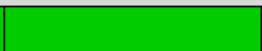
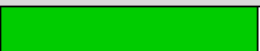






















Before continuing with recommended mitigation strategies, determine which stage your county or jurisdiction is in currently.

Mitigation at Matrix:

The matrix is a quick reference tool for you to determine which strategies are best for your stage of opening and type of facility. For greater detail on each mitigation strategy, see pages _ _ for descriptions of each strategy.

-  Strongly recommended
-  Optional (maintain if possible)
-  Not necessary

Pre-Admission (PA) Mitigation Strategies				
PA 1. Dedicated pre-admission screening “clean room”				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
PA 2. Intake Protections				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
PA 3. Intake Screening for COVID				
				Res. =< 6
				Res. >6
				Outpatient
PA 4. A. Negative COVID test prior to admission				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
PA 4. B. Isolate new clients until negative COVID test is produced				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6

				Res. >6
NA	NA	NA	NA	Outpatient
PA 4. c. Isolate new clients for two weeks if possible				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
PA 5. a. Isolate positive or symptomatic client on property upon admission				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
PA 5. b. Isolate positive or symptomatic client off property upon admission				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
PA 5. c. Refer positive client to higher level of care				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient

Hygiene and Social Distancing (HSD) Mitigation Strategies				
HSD 1. Post signs about hygiene and social distancing				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
HSD 2. Clients remain in the residence/program, monitor HSD elsewhere				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
HSD 3. Heightened cleaning of personal belongings				
				Res. =< 6
				Res. >6
				Outpatient

HSD 4. Provide adequate hygiene supplies				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
HSD 5. Reduce sharing of objects				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
HSD 6. Space Furniture for distancing (six feet)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
HSD 7. Frequent, thorough cleaning of program/facility				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
HSD 8. Intraday cleaning of program/facility				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
HSD 9. Daily health screening of all clients				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
HSD 10. Limit group activities to 12 or less				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient

HSD 11. Separate socialization activities (individual)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
HSD 12. Small group socialization activities (six or less)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
HSD 13. Stagger meals				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
HSD 14. Make appointments via telemedicine				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient

Outside Activity (OA) Mitigation Strategies				
OA 1. Prohibit in-person person mutual aid groups (AA, NA, etc.)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
OA 2. Prohibit church services				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
OA 3. Prohibit shopping for personal hygiene products				
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient

OA 4. Prohibit personal appointments (barber, hair salon, nails)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
NA	NA	NA	NA	Outpatient
OA 5. Prohibit field trips to large venues (even if allowed by county)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
				Outpatient
OA 6. Prohibit overnight visits for family reunification				
Stage 2	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
NA	NA	NA	NA	Outpatient
OA 7. Prohibit dental or non-emergency medical appointments				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
NA	NA	NA	NA	Outpatient
OA 8. Prohibit eating at a restaurant				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
NA	NA	NA	NA	Outpatient
OA 9. Prohibit going to a gym				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
NA	NA	NA	NA	Outpatient

Visitor (V) Mitigation Strategies				
V 1. Prohibit visitors				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. ≤ 6
				Res. >6
NA	NA	NA	NA	Outpatient

V 2. Screen visitors				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
V 3. PPE and social distancing for visitors, clients and staff during visits				
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
V 4. Create separate space for visitors				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient

Isolation (I) Mitigation Strategies				
I 1. A Rapidly isolate symptomatic clients				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
I 1. B. Remove symptomatic clients (home, offsite isolation)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
I 2. Quarantine roommates of infected clients				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient

I 3. Protect vulnerable clients (over 50, smokers, underlying conditions)				
				Res. =< 6
				Res. >6
				Outpatient
I 4. Separate bathroom facilities				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient
I 5. Close common areas				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
I 6. Minimize staff interaction with infected client(s)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
I 7. A Increase PPE levels (N-95, gloves, gowns) when in presence of infected client				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
I 7. B Provide clinical services via electronic device (outside of client's room)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient

Transportation (T) Mitigation Strategies				
T 1. Separate symptomatic from non-symptomatic when transporting				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient

T 2. Wearing of PPE for symptomatic clients when traveling				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
T 3. Distance symptomatic clients from drivers				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient

Staff (S) Mitigation Strategies				
S 1. Screen staff daily				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
S 2. Quarantine exposed staff (2 weeks or 2 negative tests)				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
S 3. Exposed staff where shortages exist – additional PPE				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
				Outpatient
S 4. Isolate positive staff offsite				
Stage 1	Stage 2	Stage 3	Stage 4	Modality
				Res. =< 6
				Res. >6
NA	NA	NA	NA	Outpatient

Mitigation at Strategies:

Pre-Admission Strategies:

PA 1: Dedicate “Clean Room”

Create dedicated areas, like “clean rooms,” near the entrance to the facility where clients can meet with intake staff in a sanitized environment.

PA 2: Intake Protections

Require potential clients to perform hand hygiene and use personal protective equipment (PPE), such as facemasks and gloves. Refrain from physical contact with other clients and staff and remain six feet apart

PA 3: Intake Screening

Screen for symptoms and exposure. Asked the client if they have had a new cough, a new sore throat, shortness of breath, if they have had a fever. Inquire as to whether they have had recent exposure to any COVID positive persons or persons who are suspected to be COVID positive.

PA 4: Intake Quarantine

- A. COVID-Negative test before admission.
- B. Isolate client until a negative test is produced. Client stays in a room that is separate or shared with another client who is also being quarantined. Client wears mask when if passing through common areas. Staff wears PPE at all times when interacting.
- C. Isolate new clients who are unable to test for two weeks. Client stays in a room that is separate or shared with another client who is also being quarantined. Client wears mask when if passing through common areas. Staff wears PPE at all times when interacting.

PA 5: Intake Isolation

- A. Isolate positive or symptomatic client on property upon admission
- B. Isolate positive or symptomatic client off property upon admission
- C. Refer positive client to higher level of care where necessary

Hygiene and Social Distancing (HSD) Strategies:

HSD 1: Post Signs

Post signage to remind staff, patients, and visitors of the importance of wearing face coverings, staying six feet apart, frequent use of alcohol-based hand sanitizers and frequent hand-washing (for 20

seconds), outdoor signage to halt visitors or inform health care workers of access restrictions, and any other infection mitigation policies specific to the facility.

HSD 2: Clients remain in the residence/program, monitored elsewhere

Clients stay in the residence as much as possible. If they do go out, they should be monitored to ensure that they keep a distance of at least six feet away from anyone else, including relatives who do not live in the residence, and avoid touching their faces.

HSD 3: Heightened cleaning of personal belongings

Upon returning from any errands, appointments or outings clients should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Cell phones and other frequently handled items should be sanitized daily.

HSD 4: Adequate hygiene supplies

Provide adequate availability of hand sanitizer throughout the facility. Make sure bathrooms are well stocked with soap and disposable towels and common areas include tissues and antibacterial wipes.

HSD 5: Reduce sharing of objects

Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink

HSD 6: Furniture spacing for distancing

Re-arrange common areas, including waiting rooms, to avoid having more than 10 seats in an enclosed space and so seats are at least six feet apart and facing away from one another. In shared bedrooms for individuals who have not developed symptoms, ensure that beds are at least 6 feet apart when possible and require that clients sleep head-to-toe.

HSD 7: Frequent, thorough cleaning

Staff who manage maintenance in the facility should ensure more thorough cleansing of tables, counters and all other surfaces. Frequently touched surfaces, like tables, doorknobs, light switches, bannisters, countertops, faucet handles, phones, desks, toilets, faucets, sinks, etc., should be disinfected daily with cleaning products labeled to be effective against rhinoviruses or human coronaviruses.

HSD 8: Intra-day cleaning

Surfaces, knobs, handles and other items that come into frequent hand contact should be sanitized frequently throughout the day.

HSD 9: Daily health screening

Screen clients for fever or respiratory symptoms morning and evening; when doing so, actively take their temperature and document absence of shortness of breath, new or change in cough and sore throat.

HSD 10: Limit group activities to ten or less

Suspend all groups and activities with more than 10 people. Cancel all communal dining and all group activities with more than 10 people, such as internal and external group activities.

HSD 11: Separate socialization activities

Allow only single participant activities (puzzles, crafts, reading, etc.).

HSD 12: Small group socialization activities

Allow small group (six or less) activities with social distancing and mask

HSD 13: Stagger meals

Stagger meals so groups can be kept small. Serve meals with same group of clients each meal to reduce transmission risk. If weather permits, serve them in outdoor areas that allow for social distancing

HSD 14: Make appointments via telemedicine

To the extent possible, programs should work with clients' health care providers to institute telemedicine appointments.

Offsite Activity Strategy

OA 1: Prohibit in-person person mutual aid groups (AA, NA, etc.)

OA 2: Prohibit church services

OA 3: Prohibit shopping for personal hygiene products

OA 4: Prohibit personal appointments (barber, hair salon, nails)

OA 5: Prohibit field trips to venues allowed by the county health department (fairs, events, group events)

OA 6: Prohibit overnight visits for family reunification

OA 7: Prohibit dental or non-emergency medical appointments

OA 8: Prohibit eating at a restaurant

OA 9: Prohibit going to a gym

Visitor Strategies:**V1: Prohibit visitors**

Restrict visitation of all nonresidents (visitors and non-essential health care personnel) unless it is deemed necessary to directly support a resident's health and wellness. Prohibit deliveries to the inside of the facility; supplies should be dropped off at a dedicated location.

V2: Screen visitors

Visitors should be asked if they have had a new cough, a new sore throat, shortness of breath, if they have had a fever. Inquire as to whether the visitor has had recent exposure to any COVID positive

persons or persons who are suspected to be COVID positive. If the response to any of these questions is “yes,” the visitor should not be allowed into the residence.

V3: PPE and social distancing for visitors, clients and staff

For individuals who enter in compassionate situations meriting exceptions, require visitors, clients, and staff to perform hand hygiene and use personal protective equipment (PPE), such as facemasks and gloves. Require refraining from physical contact with residents and others while in the facility and practice social distancing with no handshaking or hugging, while remaining six feet apart.

V4: Create separate space for visitors

If possible, create dedicated areas, like “clean rooms,” near the entrance to the facility where clients can meet with visitors in a sanitized environment and new clients can be screened.

Isolation Strategies:

I 1. A.: Rapidly isolate symptomatic clients

Rapidly move clients who present with any respiratory symptoms into a separate sick area that is isolated from the rest of the facility (should be a separate building, room, or designated area, away from non-symptomatic clients, ideally with a separate bathroom). Place clear signage outside all isolation areas. If there is no way for symptomatic clients to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic clients. The client should be asked to wear a mask. Meals and medication should be taken in the room.

I 1. B.: Remove symptomatic clients

Arrange for clients to move offsite. Remain connected to treatment via telehealth or telephone, to the fullest extent possible.

I 2: Quarantine roommates

Exposed roommates should, if possible, also have their own rooms for 14 days and if they remain symptom-free, can then share a room with others.

I 3: Protect vulnerable clients

Other clients who are over 50 years old, have significant respiratory comorbidity or who smoke should wear masks, increase frequency of hand hygiene practices and refrain from using common areas such as kitchens and lounges. All residents should maintain at least six feet distance from other clients and staff.

I 4: Separate bathroom facilities

A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.

I 5: Close common areas

Close common areas (rec. rooms, living rooms, dining areas) until all clients have cleared isolation/quarantine.

I 6: Minimize staff interaction

Minimize the number of staff members who have face-to-face interactions with clients with symptoms and DO NOT share exposed staff with multiple facilities.

I 7. A: Increase PPE levels for staff interacting with infected clients

Require N-95 respirator type mask be worn when interacting with client; require staff who interact with client to wear fresh protective devices when entering client's room.

I 7, B. : Provide clinical services via electronic device (outside of client's room

Provide I-pad or other device to conduct counseling and socialization without entering room.

Transportation Strategies:

T 1: Separate symptomatic from non-symptomatic

When transportation of clients is necessary, symptomatic clients should NOT be transported with non-symptomatic clients.

T 2: PPE for symptomatic clients

Symptomatic clients wear surgical masks during transport; avoid transporting multiple symptomatic clients together.

T 3: Distance symptomatic clients from drivers

The client should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat and vehicle windows should be rolled down to improve ventilation in the car.

Staff Strategies:

S 1: Screen staff daily

Implement active screening and monitoring of staff for fever and respiratory symptoms. Screen staff for fever or respiratory symptoms before entering the facility; when doing so, actively take their temperature and document absence of shortness of breath, new or change in cough and sore throat.

S 2: Quarantine exposed staff

Staff members who have had direct contact with individuals who tested positive for COVID-19 self-quarantine for 14 days, or receipt of a negative test and do not report to work until such time.

S 3: Exposed staff where shortages exist – additional PPE

In times of extreme workforce shortage, non-symptomatic staff who were exposed 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 twice daily, one time before coming to work and again 12 hours later.

S 4: Isolate positive staff

Until at least 10 days has passed since symptoms first appeared AND at least 3 days (72 hours) since “recovery,” defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (such as cough and shortness of breath) COVID positive staff shall remain isolated off premises.

Reporting Requirements:

Reporting when a client is diagnosed with COVID-19:

If a client is diagnosed with COVID-19, the program should contact their local public health department for guidance. Inpatient and residential facilities must also report to DHCS, within one working day, any events identified in California Code of Regulations Title 9 Chapter 5 Section 10561(b)(1), which would include cases of communicable diseases such as COVID-19:

10561(b):

(b) Upon the occurrence of any of the events identified in Section 10561(b)(1) of this subchapter the licensee shall make a telephonic report to department licensing staff within one (1) working day. The telephonic report is to be followed by a written report in accordance with Section 10561(b)(2) of this subchapter to the department within seven (7) days of the event. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the department.

(1) Events reported shall include:

(A) Death of any resident from any cause.

(B) Any facility related injury of any resident which requires medical treatment.

(C) All cases of communicable disease reportable under Section 2502 of Title 17, California Code of Regulations shall be reported to the local health officer in addition to the department.

(D) Poisonings.

(E) Catastrophes such as flooding, tornado, earthquake or any other natural disaster.

(F) Fires or explosions which occur in or on the premises.

(2) Information provided shall include the following:

(A) Residents' name, age, sex, and date of admission.

(B) Date, time, and nature of event.

(C) Attending physician's name, findings and treatment, if any.

Reporting when a former client is diagnosed with COVID-19:

If a former client is later found to have been diagnosed with COVID-19, staff should inform possible contacts of their possible exposure, but must protect and maintain the participant's confidentiality as required by law. Clients exposed to a person with confirmed COVID-19 should refer to staff and isolation mitigation strategies on how to address their potential exposure.

