



March 14, 2020

To: Psychiatric Inpatient Care Programs

Re: Executive Letter specifying immediate additional policies to limit spread of Coronavirus Disease 2019 (COVID-19)

Background:

Oregon has recently seen COVID-19 cases in people without high-risk exposures (i.e., travel to affected regions or contact with known cases). This means COVID-19 has spread in communities in Oregon. Community-wide measures like hand hygiene and staying home when ill are essential to decrease further community spread.

The following guidance is effective immediately and is consistent with the key goals for the U.S. healthcare system in response to the COVID-19 outbreak:

1. Reduce morbidity and mortality
2. Minimize disease transmission
3. Protect healthcare personnel
4. Preserve healthcare system functioning

The Oregon Health Authority, consistent with the declaration of emergency in [Executive Order 20-03 issued by the Governor on March 8, 2020](#), is adopting policies to:

- Restrict and limit entry of individuals into Psychiatric Inpatient Care Programs;
- Require screening of all individuals who are allowed to enter programs;
- Document screening procedures for all visitors; and
- Limit community activities.

These extraordinary actions are being taken to limit the potential for staff and patients' exposure to the virus that causes (COVID-19). Programs should use infection control principles for respiratory infections and outbreaks to manage COVID-19. The recommendations are based on CMS Quality Safety and Oversight group released guidance for certified hospitals:

<http://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf-2>

We encourage Programs to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).

AUTHORITY

Governor Brown's [Executive Order 20-03](#) dated March 8, 2020.

APPLICATION

This executive letter applies to all Psychiatric Inpatient Care Programs. These actions are required until further notice, with the understanding this guidance may change as the situation evolves.

RATIONALE

This executive letter stems from a desire to have a uniform policy that is better communicated to stakeholders and maximizes Programs' ability to prevent and contain the spread of the COVID-19 virus.

DEFINITIONS

Psychiatric Inpatient Care Programs means psychiatric hospitals or general acute care hospital with a psychiatric inpatient unit that provides 24 hour-a-day psychiatric, multi-disciplinary, inpatient stabilization, care and treatment and are licensed under ORS 441.015.

a. *Essential* individual includes:

- Adult protective services staff;
- Advocacy agency staff for the purpose of investigating allegations of abuse and neglect;
- Emergency response including EMS, Fire and Police;
- Friends or family members visiting during end-of-life stages;

- Friends, family, and peers who are essential for the individual’s emotional well-being and care;
 - Individuals for trial visits or other placement activities.
 - Legal counsel for individuals in Programs;
 - Licensing/survey staff;
 - Long term care ombudsman and deputies (not volunteers);
 - Office of Training, Investigations, and Safety (OTIS) staff or delegates;
 - Outside medical and behavioral health personnel;
 - Psychiatric Inpatient Program Staff; and
 - Vendors who must enter facility in order to deliver medical supplies or other essential items.
- b. *Screening* means: the evaluation by Program staff of every individual entering the Program consistent with the screening criteria.
- c. *Screening criteria includes identifying:*
1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
 2. Contact, in the last 14 days, with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19.
 3. Whether there has been international travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit:
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- d. *Restricting* means not being allowed in the Program at all.
- e. *Limiting* means not being allowed in the Program, except for certain situations, as described below.

POLICY

Effective March 14, 2020, Psychiatric Inpatient Care Programs must:

1. Restrict visitation of non-essential individuals.
2. Screen 100% of essential individuals prior to entry into the building consistent with screening criteria.
3. Limit or restrict visitation of essential individuals.
 - a. Limit points of entry to Programs to ensure appropriate signage and/or check-in stations are accessible;
 - b. Except for emergency responders, allow only two essential visitors per resident at a given time;
 - c. If an essential visitor meets screening criteria #1, #2, or #3 above or is under the age of 12, the Program must prohibit the visit;
 - d. Exceptions to (c) may be considered in an end-of-life situation or if the visitor is essential for the individual's emotional well-being and care on a case-by-case basis. In such cases, the Visitor must be educated to:
 - i. Limit their movement within the facility to the resident's room only;
 - ii. Limit touching environmental surfaces;
 - iii. Use and dispose of appropriate personal protective equipment (PPE) – gown, gloves and mask; and
 - iv. Limit physical contact with resident; avoid coming within 6 feet.
 - e. All other essential visitors must be educated to:
 - i. Use good hand hygiene: before entering room, wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer, avoid touching face
 - ii. Use good respiratory etiquette: cover coughs and sneezes with elbow and use and dispose of tissue properly.

All screenings must be documented via a form and logged. Screening documentation must be maintained and made available for inspection by regulatory agencies.

Psychiatric Inpatient Care Programs shall notify patients about this visitor policy and post signage clearly summarizing the essential individual visitor policy.

If a Program has a suspected, presumptive, or confirmed COVID-19 patient, the facility must:

- Consult with local public health;
- Maintain a log of visitors and staff who interact with a patient who is isolated for presumptive or confirmed COVID-19; and
- Restrict all internal group activities to prevent infection exposure to other residents.

This policy may be updated as additional information is released by the Centers for Disease Control and Prevention and guidance is released by the Centers for Medicaid and Medicare Services (CMS). The Authority will also provide technical assistance and tools to assist Programs with implementation. We will continue to revise admission triage protocols as the situation unfolds.

It is so ordered that this policy letter is in effect from March 14, 2020, until rescinded in writing.



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