



September 23, 2020

Updated Behavioral Health Residential Guidance Regarding Visitation and Outings

Authority: Executive Order 20-27, 20-30.

Effective Date: September 23, 2020

Applicability: This guidance applies to the following facilities:

- All Licensed Mental Health Secure Residential Treatment Facilities
- All Licensed Mental Health Residential Treatment Facilities
- All Licensed Mental Health Residential Treatment Homes
- All Licensed Residential Substance Use Disorder Treatment and Detox Programs
- Adult Foster Homes Licensed Under OAR 309, Division 40
- All Licensed and Certified Children and Adolescent Psychiatric Residential Treatment Facilities
- All Licensed and Certified Children and Adolescent Intensive Treatment Services Day Treatment Programs

This guidance is an update to the Executive letter dated March 31, 2020 that prevented visitation of members of the public to residents of BH facilities and prevented planned resident outings. This guidance applies to any facilities and essential individuals residing in a Phase 1 or above county.

Enforcement: To the extent this guidance requires compliance with certain provisions, it is enforceable as specified in Executive Order 20-27, paragraph 26.

Definitions: For purposes of this guidance the following definitions apply:

- *Essential* individual includes:
 - Adult protective services staff
 - Advocacy agency staff for investigating allegations of abuse and neglect

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- Civil Commitment Investigators and Examiners
 - Emergency response including EMS, Fire and Police
 - Facility staff
 - Family members or friends visiting during end-of-life stages
 - Family or other community members necessary for psychological well-being and effective treatment and discharge
 - Individuals for trial visits or other placement activities
 - Legal counsel for individuals in treatment facilities
 - CASA (Court Appointed Special Advocates) volunteers supporting children in foster or other residential care
 - 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 including but not limited to Mental Health Staff, Substance Use Disorder Staff and Detox Staff
 - Vendors who must enter facility in order to deliver medical supplies or other essential items
- *Face covering* means a cloth, paper, or disposable face covering that covers the nose and mouth. It would also include a medical-grade face mask.
 - *Face mask* means a medical-grade face mask (either procedure mask with ear loops or surgical mask).
 - *Limiting* means not being allowed in the facility, except for certain situations.
 - *Restricting* means not being allowed in the facility at all.
 - *Screening* means the evaluation by facility staff of every individual entering the treatment facility according to the screening criteria.
 - *Hand sanitizer* means: an alcohol-based hand rub with 60-95% alcohol.¹

¹ *The FDA has not approved any hand sanitizers that are not alcohol based. Some chemicals such as benzalkonium chloride are eligible as active ingredients for manufacturing non-alcohol based sanitizers. However, the efficacy of such market products has not been validated by FDA or other regulatory agencies. We recommend soap and water for hand cleaning when possible. Some products such as this (<http://www.kutol.com/non-alcohol-hand-sanitizer/>) claim to eliminate 99.99% of common germs. You might consider their use, and while benzalkonium chloride is used for disinfection purposes, including against coronaviruses, OHA does not have enough information to endorse similar products as hand sanitizers.*

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Treatment facilities are required to:

- Encourage virtual visits instead of in-person visits when possible.
- Encourage outdoor visits when in-person visits are necessary.
 - Restrict visitation with individuals who are not essential to resident's wellbeing.
 - Determine when in person visitation and treatment are deemed critical to the psychological well-being and successful completion of treatment.
 - Continue to accommodate medical and behavioral health visits, regardless of whether such visits are routine, preventive or critical.
 - Continue to accommodate visits for the purpose of placement activities.
 - Screen 100% of essential individuals prior to entry into the facility for signs and symptoms of COVID-19 (fever, chills, cough, or shortness of breath) and exposure to an individual with COVID-19 in the past 14 days.
 - » Screening documentation must be maintained and made available for inspection by regulatory agencies. Documentation should be maintained for a minimum of 60 days for public health purposes.
 - Limit points of entry to treatment facilities to ensure appropriate signage and/or check-in stations are accessible.
 - Restrict visitation to two essential individuals per resident at a given time except for emergency responders. The essential individuals do not have to be the same two throughout the course of the resident's treatment.
 - Educate all visitors to:
 1. Practice good hand hygiene with frequent handwashing for at least 20 seconds or use hand sanitizer prior to entry.
 2. Cover coughs/sneezes with elbow or tissue. If you use a tissue, immediately discard tissue in garbage and wash your hands.
 3. Avoid touching your face.
 4. Practice physical distancing of at least six (6) feet between you and people who you do not live with.
 5. Wear face coverings at all times when on the grounds outside unless a physical distance of at least six (6) feet is maintained and is supervised by staff.
 6. Wear face coverings at all times when indoors.
 - Post signage clearly summarizing the essential individual visitor policy.
- Inform visitors that lack of compliance with face mask or face covering, physical distancing, and other infection control requirements will result in the end of the visit.
- Prohibit visitation if individual is unable or unwilling to adhere to safe visitation practices.

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Outdoor visitation:

All parties must utilize face coverings or masks until supervised visit is initiated. Once initiated and six (6) feet of distance or greater is established, face coverings or masks may be removed to facilitate communication.

Indoor visitation:

Indoor visitation is higher risk. Risk of infection depends on the following factors: space, ventilation (no HVAC or windows is “poor”, HVAC is “standard” and outside air access is “well ventilated”), surface cleaning, sunlight, use of personal protective equipment (PPE), hand hygiene, duration of exposure, rates of community spread and individual health status. When conducting indoor visitation:

- Use large rooms (large office or conference room) with more than 35 square feet per person.
- Participants must adhere to physical distancing requirements of at least 6 feet.
- Use rooms with outdoor ventilation where possible.
- Residents and visitors must wear face masks or face coverings at all times indoors.
- Providers must wear face masks or face coverings at all times indoors.
- Use of a face shield alone should be limited to situations where a face mask or face covering are unacceptable, such as when people need to see mouth and tongue motions (e.g., when communicating with people with hearing impairments) and some medical conditions.
- Travel to and from the visitation space is well coordinated to avoid interactions with other residents or visitors.
- The program must consider their capacity to conduct simultaneous visits and stagger the timing of visits and use of space to make sure that there is no interaction among groups of visitors.
- Follow cleaning and disinfection guidance for preparation of visiting area before and after a visitation.

Recreational outings:

- Treatment facilities may conduct outings if residents and others can keep at least six (6) feet of distance between each other and the group is supervised.
- Residents and staff must use face coverings or masks while on outings until all parties can keep 6 feet of distance and the group is supervised.
- When transportation is necessary:
 - Clean high touch vehicle surfaces before and after transportation
 - Everyone wears a mask or face covering
 - Everyone washes hands or uses hand sanitizers prior to transport and when leaving the vehicle
 - Everyone sits at least three (3) feet and preferably six (6) feet apart.

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- Utilize outside air ventilation (turn off recycle button) and open window
- Avoid non-emergency transportation for outings when Air Quality Index is Unhealthy, Very Unhealthy, or Hazardous.

Resources:

General guidance for cleaning and disinfecting

https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/reopening_america_guidance.pdf

How to make a face covering:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html>

How to wear a face covering:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>

Do's and Don't's of wearing face coverings and masks.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf>

Choosing the right material for homemade face coverings

Two layers of fabric are better than one. Make sure that your mask has a snug fit and that you can breathe easily through the layers. The best fabrics to use, from most to least effective:

- Cotton (600 count)
- Cotton + flannel or silk
- Chiffon
- Silk
- Flannel
- Quilter's cotton (80 count)

For more information visit healthoregon.org/coronavirus or call 211

Oregon Health Authority

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This guidance 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 treatment facilities with implementation.

This updated guidance is in effect from September 23, 2020.



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