March 31, 2020

To: All Treatment Facilities

Treatment Facilities means:
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

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

Dear Providers:

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, and subsequent orders, is adopting policies to:

- Restrict and limit entry of individuals into Treatment Facilities;
- Require screening of all individuals who are allowed to enter facilities;
- Document screening procedures for all visitors; and
- Limit community activities.

These extraordinary actions are being taken to limit the potential for staff and residents’ exposure to the virus that causes COVID-19. Treatment Facilities should use infection control principles for respiratory infections and outbreaks to manage COVID-19.

We encourage Treatment Facilities 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, and subsequent orders.

**APPLICATION**
This executive letter applies to all Treatment Facilities. 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 Treatment Facilities’ ability to prevent and contain the spread of the virus COVID-19.

**DEFINITIONS**

a. *Essential* individual includes:
   - Adult protective services staff;
   - Advocacy agency staff for the purpose of investigating allegations of abuse and neglect;
Civil Commitment Investigators and Examiners;
Emergency response including EMS, Fire and Police;
Facility staff;
Friends or family members visiting during end-of-life stages;
Individuals for trial visits or other placement activities;
Legal counsel for individuals in Treatment Facilities;
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; and
Vendors who must enter facility in order to deliver medical supplies or other essential items.

b. **Screening** means the evaluation by facility staff of every individual entering the Treatment Facility according to the screening criteria.

c. **Screening criteria includes identifying:**
   Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.

d. **Restricting** means not being allowed in the facility at all.

e. **Limiting** means not being allowed in the facility, except for certain situations.

**POLICY**
Effective March 31, 2020, Treatment Facilities 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 Treatment Facilities 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 Treatment Facility must prohibit the visit;
d. All 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.

Treatment Facilities shall post signage clearly summarizing the essential individual visitor policy.

If a Treatment Facility has a suspected, presumptive, or confirmed COVID-19 patient, the facility must:
   • Consult with local public health immediately;
   • 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.

Effective immediately, Treatment Facilities shall discontinue group community outings. Treatment Facilities shall provide guidance and education to residents who independently engage in community outings, but MAY NOT prevent residents from embarking on those outings. Treatment Facilities must also:
   • 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.

Visitation and socialization promotes emotional wellness for residents. As such, Treatment Facilities must provide guidance and technological solutions for telehealth and virtual visits.

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 Disease Control and Prevention.
Medicaid and Medicare Services (CMS). The Authority will also provide technical assistance and tools to assist Treatment Facilities with implementation.

It is so ordered that this policy letter is in effect from March 31, 2020, until rescinded in writing.

Steven J. Allen, Behavioral Health Director
Health Systems Division