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This guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). These guidelines have been adapted from CDC.

This document provides guidance specific to withdrawal management programs and facilities during the outbreak of COVID-19. It is intended to help ensure continuity of essential public services; protect the health and safety of persons seeking, or receiving, withdrawal management services; staff, and visitors. Recommendations may need to be revised as more information becomes available.

COVID-19 Guidance for Withdrawal Management Programs and Facilities Purpose

Guidance for withdrawal management programs and facilities is organized into 3 sections: Operational Preparedness, Prevention and Management of COVID-19. Recommendations across these (3) sections can be applied simultaneously based on the progress of the outbreak in a facility and the surrounding community.

- **Operational Preparedness:** This guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility. Strategies focus on operational and communications planning and personnel practices.
- **Prevention:** This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside. Strategies focus on:
 - Reinforcing hygiene practices
 - Intensifying cleaning and disinfection of the facility
 - Screening (new intakes, visitors and staff)
 - Continued communication with individuals seeking, and receiving, withdrawal management services and staff
 - Physical distancing measures (increasing distance between individuals).
- **Management:** This guidance is intended to help facilities clinically manage confirmed, and suspected, COVID-19 cases inside the facility and prevent further transmission. Strategies include:
 - Medical isolation and care of individuals receiving withdrawal management services with symptoms (including considerations for cohorting)
 - Quarantine of cases' close contacts
 - Restricting movement in and out of the facility

- Infection control practices for individuals interacting with cases and quarantined contacts or contaminated items
- Intensified physical distancing
- Cleaning and disinfecting areas visited by cases.

Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms. Other essential actions include developing:

- Conduct workforce contingency planning. Anticipate possible reductions in the workforce due to absences.
- Coordinate with public health and behavioral health partners.
- Communicate clearly with staff and persons seeking or receiving withdrawal management services about these preparations. Indicate how they may temporarily alter daily life.

Communication & Coordination

- Develop information-sharing systems with partners.
 - Identify points of contact in relevant state, local and tribal health authorities before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19.
 - Create and test communications plans to disseminate critical information to persons seeking or receiving withdrawal management services, staff, contractors, vendors and visitors as the pandemic progresses.
 - Where possible and if necessary, put plans in place with other facilities to prevent confirmed and suspected COVID-19 cases, and their close contacts, from being transferred between facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, or to prevent overcrowding.
 - Stay informed about updates to [CDC guidance via the CDC COVID-19 website](#) as more information becomes known.
- Review existing pandemic flu, all-hazards, and disaster plans and revise for COVID-19.
 - Facilities with limited onsite healthcare and/or space capacity should plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.
 - Ensure, if available, that physical locations (dedicated sleeping areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. Medical isolation and quarantine locations should be separate.

See Medical Isolation and Quarantine sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting.

- Make a list of possible physical distancing strategies that could be implemented, as needed, at different stages of transmission intensity.
- Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.
- Post [signage](#) throughout the facility communicating the following:
 - For all: symptoms of COVID-19 and hand hygiene instructions
 - For persons seeking or receiving withdrawal management services: report symptoms to staff
 - For staff: stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and [follow CDC-recommended steps for persons who are ill with COVID-19 symptoms](#) including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.
 - Ensure that signage is understandable for non-English speaking persons and those with low literacy. Make necessary accommodations for those with cognitive or intellectual disabilities, and those who are deaf, blind or low vision.

Personnel Practices

- Review the sick leave policies of each employer that operates in the facility.
 - Review policies to ensure that they actively encourage staff to stay home when sick.
 - If these policies do not encourage staff to stay home when sick, discuss with the contract company.
 - Determine which officials will have the authority to send symptomatic staff home.
- Identify staff whose duties would allow them to work from home.
 - Where possible, allowing staff to work from home can be an effective physical distancing strategy to reduce the risk of COVID-19 transmission.
 - Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.
 - Put systems in place to implement work from home programs (e.g., time tracking, etc.).
- Plan for staff absences. Staff should stay home when they are sick, need to stay home to care for a sick household member, or care for children in the event of school and childcare dismissals.
 - Allow staff to work from home when possible, within the scope of their duties.
 - Identify critical job functions and plan for alternative coverage by cross-training staff.

- Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
- Consider increasing keep on person (KOP) medication to cover 30 days in case of healthcare staff shortages.
- Consider offering revised duties to staff who are at [higher risk of severe illness with COVID-19](#). Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
 - Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.
- As available, provide access to the seasonal influenza vaccine to all persons seeking, or receiving, withdrawal management services (existing population and new intakes) and staff throughout the influenza season. Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources. Reference the [Occupational Safety and Health Administration](#) website for recommendations regarding worker health.
- Review CDC's guidance for businesses and employers to identify any additional strategies the facility can use within its role as an employer.

Prevention Practices for Staff

- Remind staff to stay at home if they are sick. Ensure staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.
- Perform verbal screening (Appendix 1) for COVID-19 symptoms and temperature checks for all staff daily on entry. See Screening section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
 - In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
 - Send staff home who do not clear the screening process, and advise them to follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- Provide staff with [up-to-date information about COVID-19](#) and about facility policies on a regular basis, including:
 - Symptoms of COVID-19 and its health risks
 - Employers' sick leave policy
 - If staff develop a fever, cough or shortness of breath while at work: immediately put on a face mask, inform supervisor, leave the facility and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.

- If staff test positive for COVID-19: inform workplace and personal contacts immediately, and do not return to work until 72 hours after fever has resolved (without the use of anti-pyretic medications), and cough or shortness of breath have resolved.
- Staff members with known exposure to a COVID-19 case (either within the facility or in the community) may continue to work but need to be under active monitoring:
 - Exposed staff should monitor themselves for symptoms (including a temperature check) twice daily.
 - Supervisors should confirm with exposed staff prior to the start of the shift that monitoring, including a temperature check, has occurred.
- If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace but should maintain confidentiality as required by the Americans with Disabilities Act.
 - Employees who are close contacts of the case should then self-monitor for symptoms (i.e., fever, cough or shortness of breath).
- When feasible and consistent with security priorities, encourage staff to maintain a distance of six (6) feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.
- Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.

Management

If there has been a suspected COVID-19 case inside the facility (among persons seeking or receiving withdrawal management services, staff, or visitors who have recently been inside), begin implementing management strategies while test results are pending. Essential management strategies include placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

Operations

- Implement alternate work arrangements deemed feasible in Operational Preparedness.
- Suspend all transfers of persons receiving withdrawal management services to another facility unless necessary for medical evaluation, medical isolation/ quarantine or to maintain physical distancing guidelines.
 - If a transfer is necessary, perform verbal screening (Appendix 1) and a temperature check as outlined in the Screening section below, before the individual leaves the facility.
 - If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case – including putting a face

mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.

- If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.

Management of Persons Receiving Withdrawal Management Services *with* COVID-19 Symptoms

Note: Some recommendations below apply primarily to facilities with onsite healthcare capacity and enough space. Facilities with limited onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that suspected COVID-19 cases will be effectively isolated, evaluated, tested (if indicated) and given care.

- If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- Persons receiving withdrawal management services who develop COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See Medical Isolation section above.
- Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated. Refer to CDC guidelines for information on evaluation and testing. See Infection Control and Clinical Care sections below as well.
- If testing is indicated, or if medical staff need clarification on when testing is indicated, contact the state, local or tribal health department. Work with public health or private labs as available to access testing supplies or services.
 - If the COVID-19 test is positive, continue medical isolation. (See Medical Isolation section above.)
 - If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

Management Strategies for Persons Receiving Withdrawal Management Services *without* COVID-19 Symptoms

- Provide clear information to persons receiving withdrawal management services about the presence of COVID-19 cases within the facility, and the need to increase physical distancing and maintain hygiene precautions.
 - Consider having healthcare staff perform regular rounds or be available to answer questions about COVID-19.
 - Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy. Make necessary

accommodations for those with cognitive or intellectual disabilities, and those who are deaf, blind or low-vision.

- Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that persons receiving withdrawal management services are not notifying staff of symptoms. See Screening section for a procedure to safely perform a temperature check.
- Consider additional options to intensify physical distancing within the facility.

Management Strategies for Staff

- Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce physical distancing and encourage hygiene precautions.
 - Consider having healthcare staff perform regular rounds or be available to answer questions about COVID-19 from staff.
- Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.
- See above for definition of a close contact.
- Refer to CDC guidelines for further recommendations regarding home quarantine for staff.

Clinical Care of COVID-19 Cases

- Facilities should ensure that persons receiving withdrawal management services receive medical evaluation and treatment at the first signs of COVID-19 symptoms.
 - If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to an appropriate facility or local hospital.
 - The initial medical evaluation should determine whether a symptomatic individual is at [higher risk for severe illness from COVID-19](#). Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
- Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the CDC [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations.
- Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the suspected case is wearing a face mask.
 - If possible, designate a room to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated.

- Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).
- The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.
- When evaluating and treating persons with symptoms of COVID-19 who do not speak English, use a language line or provide a trained interpreter.

Recommended PPE and PPE Training for Staff

- Ensure that all staff (healthcare and non-healthcare) who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.
 - Ensure that staff who require respiratory protection (e.g., N95s) for their work responsibilities have been medically cleared, trained and fit-tested in the context of an employer's [respiratory protection program](#). For PPE training materials and posters, please visit the CDC website on [Protecting Healthcare Personnel](#).
- Ensure that all staff are trained to perform hand hygiene after removing PPE.
- If administrators anticipate that persons receiving withdrawal management services will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (see Table 1). Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.
- To facilitate quick access in the event of an emergency, keep recommended PPE near the spaces in the facility where it could be needed.
- Recommended PPE for persons receiving withdrawal management services and staff in a withdrawal management facility will vary based on the type of contact they have with COVID-19 cases and their contacts (see Table 1). Each type of recommended PPE is defined below. As above, note that PPE shortages are anticipated in every category during the COVID-19 response.
 - N95 respirator – See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case. When N95 respirators are appropriate for use, note that KN95 masks are not equivalent and therefore are not recommended in this case.
 - Face mask
 - Eye protection – goggles or disposable face shield that fully covers the front and sides of the face
 - A single pair of disposable patient examination gloves – Gloves should be changed if they become torn or heavily contaminated.

- Disposable medical isolation gown or single use/disposable coveralls, when feasible.
 - » If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.
- Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website:
 - » Guidance in the event of a shortage of N95 respirators
Based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
 - [Guidance in the event of a shortage of face masks](#)
 - [Guidance in the event of a shortage of eye protection](#)
 - [Guidance in the event of a shortage of gowns/coveralls](#)

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