

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

Date of Issue: 9/16/20

Section Number: 114

Date Revised:

Policy 114 – Residential Services During a Pandemic

I. POLICY

It is the policy of Southern Highlands Community Mental Health Center to ensure the health and safety of all residential consumers and staff in the event of a pandemic or national emergency.

II. DISCUSSION

Southern Highlands CMHC will take all steps necessary with the guidance from local, state, and federal authorities to ensure that during a pandemic or national emergency that consumers and staff remain safe in their home environment or in a least restrictive environment.

III. PROCEDURE

- A. Consumers and staff will be trained to wash their hands frequently, avoid touching their faces, and practice good hygiene. Consumers will be instructed to wash their hands before all meals, before each smoke break, and after each smoke break. Staff will wash their hands upon arrival of shift, before preparing meals, after attending to personal hygiene, after smoke breaks, and anytime they are providing physical assistance to a consumer.
- B. Increased cleaning will be completed in the homes. Frequently touched areas (door knobs, light switches, chairs, tables, etc.) will be sanitized multiple times per day and at the beginning of each shift. All approved and recommended sanitary and disinfectant products will be used.
- C. All outings (group meetings, eat out, shopping, etc.) will be suspended. Weather permitting, consumers may walk around neighborhood and go on van / car rides. Staff will have activities available for consumers to remain active. If restaurants are open, staff will be allowed to order take out for eat out days.
- D. Day Program services will be provided according to state and federal guidelines. The Day Program staff will be utilized in the homes when the day program is closed.
- E. On-site visitation at SHCMHC homes will be suspended with the exception of outdoor visitation. Visitors must remain six feet from consumers and masks will be required. No visitors are permitted in the home. Consumers are encouraged to continue phone contact with family and friends. Guardians may contact consumers at any time via phone, Zoom, or other forms of communication as needed.

- F. Off-site visitation at consumer family homes may be permitted upon completion of the Risk Acknowledgement, Waiver, and Protocol for Home Visits and Health Screening Form attached to this policy as Exhibit A. SHCMHC retains the right to modify its policy for off-site visitation as described therein. Consumers will be subject to satisfactory health screening, temperature checks, and COVID-19 testing upon return from any off-site visitation. Any consumer going on a visit that is not with their guardian, SHCMHC must have documented consent from their guardian (example DHHR consent).
- G. Grocery shopping will be completed by the Home Managers or Directors. Program Directors will ensure that all homes have at least two (2) weeks of groceries and essentials.
- H. Program Directors will coordinate with Residential RN's to ensure that each home has personal protective equipment (PPE).
- I. Staff will be required to wear a mask or shield when unable to socially distance within six (6) feet of the consumers or when providing physical assistance.
- J. Nursing staff will ensure that consumers have at least two (2) weeks of medication available. Pill planners will be utilized as a last resort.
- K. Nursing staff will take consumers' temperatures and monitor any symptoms as needed.
- L. Any staff having a temperature of 100.0 degrees or greater will report to their supervisor. No staff is permitted to provide direct care services with a temperature of 100.0 degrees or greater.
- M. ACT or Waiver services may be completed via Telehealth or phone. Nursing services and crisis services will be provided face-to-face.
- N. Therapy and / or medication management appointments with a SHCMHC provider may be completed via Telehealth.
- O. Non-emergent / routine doctor appointments may be rescheduled and refills will be requested for any medications. If the appointment is for a referral that was previously made, nursing staff will assess the situation and see if rescheduling is appropriate. If the consumer becomes ill or experiences new psychiatric symptoms that require a face-to-face with a provider, an appointment will be made. All medical or psychiatric emergencies will continue to be sent to the emergency room.
- P. Any consumers or staff that has had an exposure as defined by the county health department will be quarantined.

- Q. Any staff that are experiencing new symptoms potentially related to the pandemic will be evaluated. Any staff with a temperature greater than 100.0 degrees will be asked to leave work for testing.
- R. In the event that a consumer contracts the pandemic illness, the consumer will be quarantined.
- S. The ACT team will be utilized in the event of a staffing shortage for Hartley consumers.
- T. Day Program staff and nursing staff may be utilized as needed for I/DD consumers.
- U. Staff from other sites such as CSU or CRU may be utilized if needed and available.
- V. If needed, new staff may be hired on a temporary basis to address staffing issues.
- W. In the event of a staffing shortage, consumers may be combined at a designated site.
 - 1. Hartley Residential consumers will be combined at Borage St. in the downstairs group area. If needed, Hartley House will also be utilized for overflow.
 - 2. I/DD consumers will utilize the CRU to combine consumers. If CRU is unavailable, the CSU will be utilized.
- X. In the event that staffing numbers are at a vacancy rate greater than 50% and the aforementioned options have been exhausted, staff may be mandated to remain in the home. Staff may sleep only when consumers are sleeping. Staff may eat the scheduled meals with consumers.
- Z. In the event that an employee tests positive, the employee will not provide direct care services until a negative test is obtained and provided to the supervisor.
- AA. Any consumer that has been potentially exposed to a confirmed positive employee will receive testing following guardian approval.
- BB. SHCMHC will follow federal guidelines (CARES Act) for employees who is receiving testing or has received a positive test.

RISK ACKNOWLEDGEMENT, WAIVER, AND PROTOCOL FOR HOME VISITS
AND
HEALTH SCREENING FORM

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

RISK ACKNOWLEDGEMENT, WAIVER, AND PROTOCOL FOR HOME VISITS

It is the policy of Southern Highlands Community Mental Health Center (SHCMHC) to ensure the safety and health of all residential consumers and staff during the Coronavirus (COVID-19) Pandemic. SHCMHC also recognizes that time with families is important to the well-being of our residential consumers.

SHCMHC has outlined this Risk Acknowledgement, Waiver, and Protocol for Home Visits, which must be acknowledged by the family and followed for any residential consumer to participate in a family home visit. SHCMHC maintains the right to suspend home visits based on any changes to the West Virginia Department of Health & Human Resources County Alert System, or other appropriate State guidance document, which indicates an increase in COVID-19 cases in our service area.

CONSUMER NAME: _____

PARENT / GUARDIAN NAME: _____

**REQUESTED HOME
VISIT DATES:** _____

HOME VISIT ADDRESS: _____

Documentation of Guardian approval attached: ___ Yes ___ No ___ N/A

RISK ACKNOWLEDGEMENT

- I understand that COVID-19 is a rapidly spreading respiratory illness caused by a new coronavirus that spreads person to person.
- I understand that not all risks related to COVID-19 have been identified by public health authorities.
- I understand that exposure to and infection by COVID-19 may occur with increased exposure to public places and increased contact.
- I have read this form and agree to complete the health screening for the consumer and all family members who reside at the home visit address identified above both before the home visit is undertaken, and upon return to any SHCMHC facility.

SH-52 (9/16/20)

- I understand that SHCMHC may deny a home visit based on the results of the pre-visit health screening.

- I understand that SHCMHC will require a satisfactory return health screening before the consumer may return to any SHCMHC facility.
- I understand that the consumer may be subject to temperature checks and COVID-19 testing upon return to any SHCMHC facility.
- I acknowledge that SHCMHC has directed me to the information available from the Centers for Disease Control and Prevention (CDC) about the best ways to prevent the spread of COVID-19 found at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html>
- I agree to abide by and enforce the CDC guidance at all times during the home visit, including:
 - Regular hand washing and hygiene
 - Mask wearing
 - Social distancing
 - Avoidance of large-in-person gatherings
- If I or anyone in my household develops symptoms of COVID-19 within 14 days following the home visit, I will notify SHCMHC immediately.

ASSUMPTION OF RISK: I have read this document or have had it read to me. I understand it and desire to move forward with the home visit described above at my own risk. I understand that the home visit may result in possible exposure to an illness from infectious diseases including, but not limited to COVID-19, and I freely assume such risk. I further understand that the home visit may also result in possible exposure to COVID-19 for the named consumers.

WAIVER OF LIABILITY: I agree not to assert any claims, lawsuits, civil actions, or other demands for compensation against SHCMHC or its directors, officers, and employees arising out of the family home visit involving the consumer, and freely waive any and all rights to assert liability against SHCMHC arising out of this family home visit.

Parent/Guardian/Family Member

Date

Witness

Date

HEALTH SCREENING FORM

Southern Highlands Community Mental Health Center is taking additional steps to maintain the health and safety of its employees and consumers during the COVID-19 pandemic. Any family member who has tested positive for COVID-19, has been presumptively diagnosed with COVID-19, or is currently experiencing symptoms of COVID-19 should not come on-site to any SHCMHC facility or take any consumer off-site to their residence.

Any and all family members who reside at the home visit site must complete this confidential health screening before signing out a consumer for a home visit, and also before returning the consumer to any SHCMHC facility or residence. As part of the screening process, we encourage all family members to monitor their temperature on a daily basis. If a family member or the consumer registers a temperature between 99.2°F and 100.0°F, we encourage family members to monitor the family member's or consumer's temperature twice daily to capture any temperature spikes to be able to accurately respond to the questions below.

DATE: _____ **NAME:** _____

I hereby certify that the following information is true:

1. In the past 24 hours have you experienced any of the following symptoms (check all that apply):

- Fever of 100.0°F or greater
- New cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or non-allergy related runny nose
- Nausea or vomiting
- Diarrhea
- Shaking with chills

2. Are you caring for an individual experiencing any of the previously listed symptoms within the last 14 days?

- Yes
- No

3. Have you been in contact with anyone who has tested positive for COVID-19 within the last 14 days?
- Yes
- No
4. Have you been in contact with anyone who has presumptively been diagnosed with COVID-19 and directed to self-quarantine within the last 14 days?
- Yes
- No
5. Have you traveled outside of the county in which you reside within the past 14 days?
- Yes
- No
6. If so, where? _____
7. How long were you there? _____
8. Did you comply with federal, state, and local health guidelines while there?
- Yes
- No
9. Have you attended any large in-person gatherings within the past 14 days?
- Yes
- No
10. If so, were social distancing and masking guidelines followed by all participants?
- Yes
- No