

Guidelines for Behavioral Health during the COVID Crisis

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General Information

CORONAVIRUS.IDAHO.GOV

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Idaho Department of Health and Welfare Division of Behavioral Health



INTRODUCTION

The mission of the Division of Behavioral Health (DBH) at the Idaho Department of Health and Welfare is to provide services of the highest quality by working together to inspire hope, recovery and resiliency in the lives of Idahoans living with behavioral health disorders and their families. The Division is the second largest healthcare payer in Idaho and provides healthcare and services to promote the social, economic, mental, and physical health of over 300,000 Idahoans, promoting an outcome-based, efficient health and human services delivery system.

Throughout the COVID-19 public health emergency, the DBH has been focused on ensuring Idahoans receive the services they need to safeguard their social, economic, mental, and physical health while providing additional resources for behavioral health providers, health systems, patients, and families. The DBH is providing additional guidance and resources for behavioral health providers, systems, and facilities. While some behavioral health programs may not be able to implement all of the recommendations the guidance is provided as best practice.

GUIDELINES FOR ALL LEVELS OF CARE

Individuals needing behavioral health care and program staff should be directed to “call first” when they have symptoms of a cold or flu before going into a behavioral health facility.

Access for nonessential visitors should be limited.
Individuals who are not being seen for care, such as

drivers, or friends, should be asked to wait in their vehicles.

Individuals with confirmed symptoms should be instructed to go to an appropriate primary care facility or testing site for additional triage or if symptoms are minimal remain at home with the behavioral health program offering virtual follow up.

Medical care, infection control, and environmental management will be done in accordance with CDC, SAMHSA and FEMA guidance.

If a person who primarily speaks a language other than English needs behavioral health services access to interpreter services is a priority. In such a circumstance, provisions will be made so that the person always has access to an interpreter. This can be accomplished through use of telephonic or video remote interpretation services

For in-person treatment: All behavioral health programs should have scripted language and workflows to assess fever/symptoms and offer a warm handoff to trained clinical staff for additional triage over the telephone.

Individuals who are referred to a facility by a call center or present at the facility should encounter a system designed to limit the exposure of other individuals seeking services and staff to COVID-19.

Individuals should be instructed by the call center or through local signage to use a limited number of designated entry points into the facility and to wear a face mask when they enter the facility.

Triage stations should be implemented and located close to entrances and be staffed by employees outfitted with appropriate PPE to screen all individuals for signs, symptoms, or epidemiological exposures that put them at high risk for infection.

Staff should wash or use sanitizer before and after wearing a mask.

If staff are using the N95 respirator it is recommended that they:

- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

GUIDELINES BY LEVEL OF CARE FOR COVID 19:

Outpatient Care: Individuals who are being tested for, and those who have been confirmed to have, COVID-19 infection should be assessed for at home treatment. At-home individuals should be managed through telehealth with the potential use of mobile services to help them stay focused on their self-care and assist with follow up. At-home patients requiring face-to-face visits should first be considered for alternate solutions or follow guidance for triage or referral to inpatient care.

Inpatient Care: Facilities providing emergency room access or inpatient behavioral health care should implement a method for ensuring that patients with COVID 19 and those without are kept separate, such as “two-zone” plan noted below, to limit exposures to COVID-19 in the ICU and acute care areas for individuals with behavioral health needs.

A two-zone plan includes a Standard Zone and COVID 19 Zone:

Standard Zone: The Standard Zone’s primary mission is the safe care for acute behavioral health conditions in patients who do not have known COVID-19, symptoms of COVID-19, or high-risk exposure to COVID-19.

COVID-19 Zone: The COVID-19 Zone’s primary mission is the safe care of acutely ill confirmed or suspected COVID-19 patients or those with high-risk COVID-19 exposures, whether their behavioral health condition relates to COVID-19 or not.

Employees should not crossover between COVID-19 and standard behavioral healthcare units. Traffic routes between units should be separate whenever possible. Employees and patients in the standard zone must be screened periodically for signs or symptoms of COVID-19 infection and, if positive, immediately isolated and transferred to the COVID-19 zone.

Visitors should also be restricted and encouraged to use non-face-to-face methods to communicate with loved ones.

GUIDELINES FOR STAFF AND FACILITIES

Clinic staff should have access to personal protective equipment (PPE) and be required to use the PPE while on site at the clinic. Clinic should designate a clean space or area for staff to put on PPE and an unclean area or space to take off PPE. Both spaces should include a handwashing station and a waste receptacle. The clean space should have a supply of clean PPE. Additionally, both spaces should include instructions for donning and doffing PPE and reminders for hand washing including signage with instructions. Access to hand washing utilities or hand sanitizer must be provided.

Behavioral health staff, volunteers, and trainees must notify their supervisor of any symptoms of cold or flu before coming to work.

The safety of the staff on site at behavioral health programs and the people accessing services is a top priority. Initial safety inspection of the site and ongoing safety assessments are critical. Potential hazards should be identified and mitigated as soon as possible. If needed, qualified safety specialists should be summoned to inspect the premises.

RESOURCES:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<https://store.samhsa.gov/product/TAP-34-Disaster-Planning-Handbook-for-Behavioral-Health-Treatment-Programs/SMA13-4779>

<https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

<https://mhanational.org/covid19###ForMentalHealthProviders>