



The Commonwealth of Massachusetts
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To: All BSAS Licensees

From: Deirdre Calvert, LICSW, Director of the Bureau of Substance Addiction Services

Date: March 18, 2020

Re: Preventing and Mitigating COVID-19 in BSAS Licensed Programs

The purpose of this memo is to provide guidance to all programs licensed by the Massachusetts Department of Public Health's (DPH) Bureau of Substance Addiction Services (BSAS) on preventing and mitigating Coronavirus Disease 2019 in BSAS-licensed programs. DPH continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2. This outbreak impacts us all, and we appreciate the essential role you have in responding to this evolving situation. DPH understands each program faces specific challenges associated with implementing this guidance based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **Please note that this guidance is intended to supplement, not supplant, existing regulatory provisions.**

What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever cough, and difficulty breathing.
- The virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).
- Spread is from respiratory droplets produced when an infected person coughs or sneezes.

Who should be most cautious?

- Those considered "high risk" include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.

What should a program do to mitigate the risk of spreading COVID-19?

- Screen for signs of illness all who enter the program or interact with patients or residents, including all staff, visitors, and vendors.
- Individuals with any of the conditions below should be restricted from entering the program site:
 - Sick with fever (100.3), cough, or sneezing
 - Recent international travel (i.e., within the past 14 days) from a COVID-19-affected geographic area

- Close contact with a person diagnosed with COVID-19 in the past 14 days.
- Minimize groups of patients, residents, and/or staff. If group sessions continue, participants should be a minimum of 6 feet apart from one another.

Other precautions:

- Visitors who reside in a community where community transmission is occurring should be asked not to visit the program.
- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.
- Keep a daily log of names and contact information for employees, patients, residents, visitors, and vendors.
- Programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, pharmacy delivery organizations, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.
- Ensure client safety and wellbeing by conducting signs of life safety checks. Consider performing additional checks for patients and residents with pre-existing health issues or respiratory issues.

Personal Prevention Measures

Patients, residents, staff, and volunteers should be reminded to:

- Wash hands often with soap and water for **at least 20 seconds**. Wash hands:
 - Before eating; and
 - After going to the bathroom; and
 - After blowing your nose, coughing, or sneezing; and
 - Upon entering and exiting the program site.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least sixty percent (60%) alcohol.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.
- Don't touch your eyes, nose or mouth without first carefully washing your hands.
- Avoid sharing dishes, drinking glasses, eating utensils, or towels.
- Wash dirty dishes in a dishwasher or, if by hand, with warm water and soap.
- Laundry can be washed in a standard washing machine with warm water. It is not necessary to separate laundry used by a client from other household laundry.
- In order to avoid germs, do not shake dirty laundry or "hug" dirty laundry to your chest to carry it.

Other protective measures:

- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
- Cancel large and do not attend large gatherings (greater than more 25 people).
- Monitor and manage ill patients and residents, including limiting participation in and transportation to outside activities (such as day programs and jobs).
- Monitor exposed personnel.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.

Disinfection

To prevent the spread of germs and help protect against COVID-19, programs should increase the frequency of their regular cleaning and disinfection program, using an [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 \(the Cause of COVID-19\)](#) to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars.

- Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.
- In dining rooms, clean and disinfect table tops, arms of chairs, salt and pepper shakers and other condiment before and after each use. Seating arrangements in dining rooms should allow for at least six feet of distancing between patients and residents.
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program patient or resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next patient or resident.

Personal Protective Equipment

Programs are encouraged to re-educate personnel on [proper use of personal protective equipment \(PPE\)](#) and when to use different types of PPE.

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of illness to help prevent the spread of germs.
- Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)

What should a program do if it suspects a case of COVID-19 among its patients or residents?

Any program serving a patient or resident with suspected or confirmed COVID-19 should immediately 2-1-1 to review the risk assessment and discuss laboratory testing and control measures.

These control measures include:

- Providing PPE, such as a face mask, for the patient or resident exhibiting symptoms of COVID-19.
- Isolating the patient or resident in a private room with the door closed.
- Asking the individual about symptoms of COVID-19 (fever, cough, difficulty breathing).
 - Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If you are in the same room as the individual, wear a face mask and stand at least 6 feet away.
- If available, program medical staff should immediately assess the individual using appropriate PPE, if possible.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

What should a program do if staff exhibit signs or symptoms of COVID-19?

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact their healthcare provider. Staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by their local board of health.

If the needs of the program exceed current staffing capacity or ability, contact your licensing or funding agency to prioritize service provision and planning.

Ongoing Management of the Program Site

All programs should continue to:

- Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.
- Review emergency preparedness plans and assess for continued operation in case of an emergency.
- Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms and the potential decrease in staffing availability.

- Develop plans to monitor absenteeism at the site.
- Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.
- Also refer to CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

Other Considerations

Stay Current

Assign one person at each facility to monitor public health updates from:

- Your Local Public Health Department
- The Massachusetts Department of Public Health
- The Centers of Disease Control and Prevention Situation

Plan Ahead

Develop a plan for:

1. Transporting patients or residents (or staff while at work) with symptoms to and from medical facilities for testing.
2. Patient and resident isolation if a patient or resident develops COVID-19 and needs to be isolated and cared for at the facility. Inform and coordinate plan with local public health.
3. Use of personal protective equipment for caring for patients or residents with symptoms of respiratory infection. Inform and coordinate plan with local public health.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.
5. Plan for alternate staffing patterns such as longer shifts, if needed due to staff illness.

Inventory and maintain essential items including, but not limited to, disinfectant cleaning supplies, hand sanitizer, rubber gloves, face masks, disposable plates and cutlery, facial tissue and toilet paper, and personal protective equipment.

Monitor Emotional Health of Staff and Patients:

- Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal.
- If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

For the latest information, visit the DPH 2019 Novel Coronavirus website which is updated frequently: www.mass.gov/2019coronavirus.

DPH prevention guidance: [printable fact sheets](#)

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

To file a complaint against a licensed substance use disorder treatment program or licensed alcohol and drug counselor (LADC), call (617) 624-5171.