California Behavioral Health Programs
COVID-19 Mitigation Strategies

October 1, 2020

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Introduction

Creating safe environments during the COVID-19 pandemic

The purpose of this document is to clarify the June 27, 2020 Infection Mitigation in Behavioral Health Facilities – COVID-19 FAQs and provide updated recommendations for behavioral health programs to implement to make facilities safer for clients, staff, and visitors during the COVID-19 pandemic.

Behavioral health programs are defined as facilities that deliver mental health and/or substance use disorder treatment services and are licensed by the California Department of Health Care Services, California Department of Public Health, or California Department of Social Services. While many of the recommendations in this document are relevant for both ambulatory and residential facilities, the primary focus of this document is on residential facilities.

Detailed infection control recommendations are provided by category on pages 5-11. In addition, general recommendations for infection control for clients, staff, and visitors are summarized in the Table on page 12. Links to relevant resources and definitions of frequently used terms are also provided.

Planning together with the Local Health Departments (LHDs) and/or available medical consultants and medical directors to develop a process for obtaining medical evaluation and diagnostic testing for COVID-19 when indicated, will avoid unnecessary use of Emergency Department services.
As California progresses through the pandemic, some recommendations may be updated. Watch for announcements or periodically check the CDPH website, including All Facilities Letters, and the DHSS website for updated recommendations. The publication date will always be on the cover of the document.

Preadmission testing for SARS-CoV-2 and management of clients exposed to SARS-CoV-2 or who test positive for SARS-CoV-2

It is important for leadership at each behavioral health treatment program to consult with their LHD to determine if preadmission testing for SARS-CoV-2 is recommended for clients who have not had a positive test in the past 90 days.

- **A history of a positive SARS-CoV-2 test within the previous 90 days in a client who has been released from isolation and is currently asymptomatic is NOT a contraindication to acceptance into a behavioral health program, and repeat testing for these individuals for pre-admission clearance is NOT recommended.**

Management of clients exposed or currently infected with SARS-CoV-2 and still requiring isolation will vary by type of facility. CDC has published interim infection prevention and control recommendations for COVID-19 that apply to psychiatric hospitals or other behavioral health facilities and discuss the unique challenges faced by these facilities. In general, for ambulatory programs, COVID-19 exposed or infected clients who require isolation should not

be allowed to enter the facilities until the quarantine or isolation period has ended; they should be offered virtual participation whenever possible. Residential facilities and inpatient psychiatric hospitals should be prepared to quarantine clients who have been exposed to COVID-19 and to isolate clients who are COVID-19 positive for the recommended time to prevent transmission to others. Admission of clients who are within 14 days of exposure to COVID-19 or who are COVID-19 positive and still require isolation should be deferred until the quarantine and isolation periods are over. If the client's welfare would be jeopardized by deferring admission, the facility must have adequate COVID-19 quarantine and isolation plans. If a residential or inpatient facility is unable to quarantine or isolate COVID-19 clients, the COVID-19 plan must include an agreement with another facility that is able to do so. The local health department may provide consultation in such situations.

Reporting Requirements

Reporting when a client or staff member is diagnosed with COVID-19
If a client or staff member is diagnosed with COVID-19 while in a facility, the facility should contact their LHD for guidance and follow all local guidance and instructions. Inpatient and residential facilities must also report all cases of COVID-19 in clients, patients, residents and staff to the California Department of Healthcare Services (DHCS) within one working day of being notified of the diagnosis.

Substance Use Disorder (SUD) Facilities Regulatory Reporting Requirements
Reporting is required as stipulated in the California Code of Regulations, Title 9, Chapter 5. Those regulations state:

§10561(b) Upon the occurrence of any of the events identified in Section 10561(b)(1) of this subchapter the licensee shall make a telephonic report to department licensing staff within one (1) working day. The telephonic report is to be followed by a written report in accordance with Section 10561(b)(2) of this subchapter to the department within seven (7) days of the event. If a report to local authorities exists which meets the requirements cited, a copy of such a report will suffice for the written report required by the department.

(1) Events reported shall include:
  (A) Death of any resident from any cause.
  (B) Any facility related injury of any resident which requires medical treatment.
  (C) All cases of communicable disease reportable under Section 2500 of Title 17, California Code of Regulations shall be reported to the local health officer.
  (D) Poisonings
  (E) Catastrophes such as flooding, tornado, earthquake or any other natural disaster.
  (F) Fires or explosions which occur in or on the premises.

Mental Health Rehabilitation Centers (MHRCs) Regulatory Reporting Requirements

Reporting is required as stipulated in the California Code of Regulations, Title 9, Chapter 3.5. Those regulations state:

§784.15(a) Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of clients, personnel or visitors shall be reported by the mental health rehabilitation center within 24-hours either by telephone (and confirmed in writing), by electronic or telephonic means, or by telegraph to the legal or authorized representative, local mental health director and the Department.

(1) An unusual occurrence report shall be retained on file by the facility for one year.
(2) The mental health rehabilitation center shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.
(3) Every fire or explosion which occurs in or on the premises shall be reported within 24-hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

(b) Client deaths shall be reported by the licensee to the Department or its designee by no later than twenty-four (24) hours following a client death.
(c) An unusual occurrence report shall be in writing and shall include detailed information specific to the date, time and setting, description of client physical condition, staff response, and planned follow-up.

§784.16
All cases of reportable communicable diseases shall be reported to the local health officer in accordance with, Article 1 (commencing with Section 2500), Subchapter 1, Chapter 4, Title 17, California Code of Regulations.

Under Title 17 Section 2500, health care providers must report cases of reportable conditions. Cases of COVID-19 must be reported to the local health officer immediately by telephone.

Psychiatric Health Facilities (PHFs) Regulatory Reporting Requirements
Reporting is required as stipulated by the California Code of Regulations, Title 22, Chapter 9. Those regulations state:

§77036
An unusual occurrence means any condition or event which has jeopardized or could jeopardize the health, safety, security or well-being of any patient, employee or any other person while in the facility and shall include, but not be limited to:

(1) An epidemic outbreak of any disease, prevalence of communicable disease, whether or not such communicable disease is required to be reported by Title 17, California Administrative Code, Section 2500, or epidemic infestation by parasites or vectors.
(2) Poisonings.

(3) Fires.
(4) Physical injury to any person which, consistent with good medical and professional practice, would require treatment by a physician.
(5) Death of a patient, employee or visitor from unnatural causes.
(6) Sexual acts involving patients who are nonconsenting.
(7) Physical assaults on patients, employees or visitors.
(8) All instances of patient abuse.
(9) Actual or threatened walkout, or other curtailment of services or interruption of essential services provided by the facility.

§77137
(a) Unusual occurrences shall be reported by the facility, within 24 hours, either by telephone with written confirmation, or by telegraph to the county mental health director and the Department.
(b) An unusual occurrence report shall be retained on file by the facility for three years.
(c) The facility shall furnish other pertinent information related to such occurrences as the county mental health director or the Department may require.

Reporting when a former client is diagnosed with COVID-19
If a former client is found to have been diagnosed with COVID-19 after discharge and the client was potentially infectious while in the facility, the facility should inform staff and current clients who were potentially exposed and manage them per the guidance in this document. The facility must protect and maintain the discharged client's confidentiality as required by law.

The facility must also ensure that the LHD is aware of the discharged case and inform them of other discharged clients who could have been exposed to the discharged case while in the facility, and any available relevant disposition and contact information if available. The LHD will notify other discharged clients of their possible exposure.

Recommended Mitigation Strategies

Pre-Admission (PA) Strategies	
PA 1	**Dedicate "Clean Room"** • Create dedicated areas, like "clean rooms," near the entrance to the facility where clients can meet with intake staff in a clean environment
PA 2	**Intake Protections** • Require potential clients to perform hand hygiene and use face coverings. • Potential clients should refrain from physical contact with other clients and staff and remain six feet apart from other people • Staff members may consider using a face shield over the mask or face covering if spitting is likely to occur

PA 3	**Intake Screening**
	• Screen for fever (≥100.4°F), COVID-19 symptoms and exposure
	  ○ Ask the client if they have had a new cough, a new sore throat, shortness of breath, new onset of loss of taste or smell, vomiting, or diarrhea
	  ○ Inquire as to whether they have had recent exposure to any known or suspected COVID-19 cases in the previous 14 days
	• During influenza season ask if the client has received flu vaccine that season

PA 4	**Intake Quarantine** • Determine if pre-admission COVID-19 testing is recommended*. • If pre-admission testing is performed and the client has not had a known exposure to anyone with COVID-19, quarantine the client in a single occupancy room until a negative test is reported. • If the client has been exposed to someone with COVID-19 in the last 14 days, delay admission until quarantine period is over or quarantine the client onsite for 14 days since the last exposure. • Clients quarantined onsite should be tested at day 7 and day 12-14 of the quarantine period. • All clients quarantined onsite shall wear face coverings if passing through common areas. • Staff shall wear personal protection equipment (PPE) at all times when interacting with quarantined clients (N95, face shield; gown and gloves if close contact anticipated). • If N95 respirators are not available, a surgical mask may be used.

PA 5	**Intake Isolation**
	• Clients who have symptoms consistent with COVID-19 should be tested and isolated.
	• Consider the following isolation options:
	  ◦ Defer admission and advise client to isolate offsite until test results are available
	  ◦ Isolate positive or symptomatic client ***on*** property upon admission
	  ◦ Isolate positive or symptomatic client ***off*** property upon admission in another licensed residential treatment facility.
	  ◦ Refer positive client to higher level of care when clinically necessary

*Whether there is a requirement for pre-admission testing for SARS-CoV-2 will vary according to the rate of transmission in the county where the facility is located, the vulnerability of the population served by the facility, and the availability of testing. Consult with LHD.

Hygiene and Social Distancing (HSD) Strategies	
HSD 1	**Post signage** • Post signage to remind staff, clients, and visitors of the importance of wearing face coverings, staying six feet apart, frequent use of alcohol-based hand sanitizers or hand-washing with soap and water (for 20 seconds). • Useful signage in several languages may be found at the following sites:

	How to select and wear face coverings Spatial distancing, symptoms of COVID-19, prevent spread of germs • Post outdoor signage to halt visitors or inform health care workers of access restrictions, and any other infection control mitigation policies specific to the facility.
HSD 2	**Face coverings** • Clients, staff and visitors should wear face coverings at all times, but especially whenever a distance of six feet between people cannot be maintained.
HSD 3	**Clients should remain in the facility** • Clients should remain in the facility and leave only for essential purposes. • If clients leave the facility, they should be monitored to ensure that they wear a face covering, avoid touching their faces, perform frequent hand hygiene, keep a distance of at least six feet away from other people, including relatives and household members who do not live in the facility.
HSD 4	**Heightened attention to hand hygiene** • Upon returning from any essential appointments or outings, clients should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
HSD 5	**Adequate hygiene supplies** • Provide adequate availability of hand sanitizer throughout the facility. • Mount dispensers for liquid hand sanitizer or antiseptic wipes on walls. • Ensure that bathrooms are well stocked with soap and disposable towels and common areas have tissues.
HSD 6	**Do not share objects** • Items such as cups, utensils, food and drink, and personal objects such as razors and toothbrushes should not be shared.
HSD 7	**Furniture spacing for distancing** • Re-arrange common areas, including waiting rooms, to avoid having more than 6-10 seats in an enclosed space and so that seats are at least six feet apart and facing away from one another. • In shared bedrooms for individuals without symptoms, ensure that beds are at least 6 feet apart and that clients sleep head-to-toe (including in bunk beds).
HSD 8	**Frequent, thorough cleaning and disinfection** • Staff who manage maintenance in the facility should ensure thorough and frequent cleaning and disinfection of tables, counters, furniture, and floors at least once a day. • **Frequently touched surfaces** such as tabletops, doorknobs, light switches, bannisters, countertops, faucet handles, phones, desks, toilets, faucets, sinks, etc., should be cleaned and disinfected frequently throughout the day. • Use a product that is active against SARS-CoV-2 (List N) and observe the recommended contact time.
HSD 9	**Daily health screening** • Screen clients for fever and other COVID-19 symptoms once daily when there have been no exposures:

	◦ Take temperature and document any shortness of breath, new or change in cough and sore throat, loss of taste or smell ◦ Consider increasing frequency to twice a day if exposures to COVID-19 have occurred in the facility ◦ Ensure that every client with fever (≥100.4F°) or one of the symptoms above is separated from others immediately and referred for medical evaluation and SARS-CoV-2 testing
HSD 10	**Limit group activities to ten or less** • Suspend all groups and activities with more than 10 people. • For clients participating in group activities, keep groups consistent and avoid mixing of groups whenever possible. • Conduct group activities outdoors if possible. • Cancel all communal dining and all group activities with more than 10 people, such as internal and external group activities.
HSD 11	**Encourage single participant activities** • Single participant activities are preferred, e.g., puzzles, crafts, reading, etc.
HSD 12	**Small group socialization activities** • Limit group socialization activities to 6-12 people (depending on the size of the space) with spatial distancing and face coverings.
HSD 13	**Stagger meal times** • It is preferred not to have group mealtimes. • Avoid buffet and family style food service • If group mealtimes must be scheduled: ◦ Stagger meal times so groups can be kept small ◦ Serve meals with same small group of clients seated at least six feet apart at each meal and at each table to reduce the exposure and transmission risk ◦ If weather permits, serve meals in outdoor areas that allow for social distancing
HSD 14	**Make appointments via telemedicine** • To the extent possible, programs should work with clients' health care providers to institute telemedicine, rather than in-person appointments.

Off-site Activity (OA) Strategies	
OA 1	• Prohibit attendance at in-person support groups (AA, NA, etc.) and assist in arranging virtual meetings.
OA 2	• Prohibit personal care appointments (barber, hair and nail salons, tattoo parlors).
OA 3	• Prohibit trips to other public venues even if they are open per the local health department (churches, retail stores, restaurants, gyms, fairs, etc.).
OA 4	• Prohibit overnight visits for family reunification.
OA 5	• Prohibit non-emergency/non-essential dental or medical appointments.

Transportation (T) Strategies	
T 1	**Separate symptomatic from non-symptomatic clients** • When transportation of clients is necessary, symptomatic or infected individuals should NOT be transported with non-symptomatic, uninfected individuals.
T 2	**Masks for clients** • Both symptomatic and asymptomatic clients must wear surgical masks during transport; avoid transporting more than one client together.
T 3	**Distance symptomatic clients from drivers** • The client should sit on the opposite side of the car from the driver in the seat farthest away from the driver's seat and vehicle windows should be open. • The driver and clients must be wearing facial coverings for source control. • Do not allow consumption of food or drink during transport.

Isolation and Quarantine (IQ) Strategies	
IQ 1	**Rapidly isolate and test symptomatic clients** • Rapidly move individuals with fever or any COVID-19 symptoms into a distinct sick area separated from the rest of the facility (e.g., a separate building, room, or designated area away from non-symptomatic clients, ideally with separate bathroom). ◦ If a separate bathroom is not possible, ensure cleaning and disinfection after the use of a restroom by a symptomatic person. • Arrange for symptomatic clients to be tested for COVID-19 as soon as possible (and also test for influenza during flu season). • Place clear signage outside all isolation areas. • If there is no way for symptomatic clients to reside in separate rooms or buildings, construct partitions (e.g., linen, dressers, etc.) to create as much of a barrier as possible between symptomatic and non-symptomatic clients. • The client should wear a face covering whenever another person is present. • Meals and medication should be taken in the room. • Clients who remain in the facility are to remain connected to treatment via telehealth or telephone, to the fullest extent possible.
IQ 2	**Isolate infected clients** • If infected clients do not need hospitalization and cannot be discharged, isolate in single occupancy room and separate from other clients. • Isolate until at least 10 days have passed since symptoms first appeared (or if asymptomatic, 10 days after specimen collected for positive test) AND resolution of fever without the use of fever-reducing medications for at least 24 hours and improvement of symptoms (such as cough and shortness of breath). • Place clear signage outside all isolation areas. • Clients who remain in the facility are to remain connected to treatment via telehealth or telephone, to the fullest extent possible. • Infected clients should wear a face covering when another person is present.

	• To the extent possible, provide clinical services via electronic device (outside of client's room). • Provide I-pad, tablet, or other device to conduct counseling and socialization without need for staff to enter room.
IQ 3	**Quarantine and testing of exposed clients** • Clients who were close contacts* of an infected client, staff member or visitor should be identified as soon as possible after case is reported. • Clients who are close contacts should be quarantined in their own single occupancy rooms, if possible, and not have contact with others for 14 days after last exposure. • Place clear signage outside all quarantine areas. • Provide I-pad, tablet, or other device to conduct counseling and socialization without need for staff to enter room. • Quarantined clients who develop fever or any COVID-19 symptoms should be isolated and tested as soon as possible. • Asymptomatic quarantined clients should be tested at day 7 and day 12-14 after last exposure. • Symptomatic quarantined clients should be tested immediately. • Quarantined clients who remain symptom-free and test negative can be released from quarantine and again share a room and have contact with others after their quarantine period is over. *Within six feet of case for $\geq$15 minutes
IQ 4	**Protect vulnerable clients** • Clients who are over 50 years old, have significant respiratory comorbidity, or who smoke should wear face coverings, increase frequency of hand hygiene practices and refrain from using common areas such as kitchens and lounges. • All clients should maintain at least six feet distance from other clients, staff, and visitors.
IQ 5	**Close common areas** • Close common areas (recreation rooms, living rooms, and dining areas) until all clients have cleared isolation/quarantine.
IQ 6	**Minimize staff interaction** • Minimize the number of staff members who have face-to-face interactions with symptomatic clients. • Exposed staff SHOULD NOT work in other facilities.
IQ 7	**Ensure that staff interacting with symptomatic, infected, or quarantined clients have appropriate PPE** • Staff must wear N-95 respirator and face shield when interacting with infected clients. • If N95 respirators are not available, a surgical mask may be used. • An N95 is required if an aerosol-generating procedure is performed (see below for examples of aerosol-generating procedures). • Staff who interact with infected clients must use fresh PPE when entering client's

	room and remove it upon exit from room. • Dedicated staff should be cohorted to care for infected or symptomatic clients, and should avoid interacting with clients who are not symptomatic, infected, or quarantined.

Visitor (V) Strategies	
V 1	**Prohibit visitors** • Restrict visitation of all non-clients (visitors and non-essential health care personnel) unless it is deemed necessary to directly support a client's health and wellness. • Prohibit deliveries to the inside of the facility; supplies should be dropped off at a dedicated location.
V 2	**Screen visitors** • If visitation is essential, screen visitors for fever, COVID-19 symptoms, or exposure to a known or suspect COVID-19 case within the previous 14 days. • If the response to any of these questions is "yes," the visitor should not be allowed into the facility.
V 3	**Face coverings and social distancing for visitors, clients and staff** • Require visitors, clients, and staff to perform hand hygiene and use face coverings. • Require refraining from physical contact with clients and others while in the facility. • Practice spatial distancing with no handshaking or hugging, etc. while remaining six feet apart.

Staff (S) Strategies	
S 1	**Screen staff daily** • Screen staff for fever, COVID-19 symptoms, or exposure to a known or suspect COVID-19 case within the previous 14 days each day before first entering the facility. • Consult LHD to determine if routine testing of asymptomatic staff for COVID-19 at regular intervals is indicated and if local laboratory capacity allows. • Educate staff to report symptoms that develop during the work day. Staff who develop symptoms should ensure facial covering is in place and leave the facility promptly. • **Refer symptomatic staff for COVID-19 testing and, during flu season, influenza testing.**
S 2	**Quarantine exposed staff** • Staff members who are considered close contacts* of persons who tested positive for COVID-19 must self-quarantine off premises for 14 days. • Exposed staff should obtain a test as soon as possible if symptoms develop. • Testing should be done on day 12-14 if asymptomatic or if earlier testing was negative.

	• Exposed staff may return to work and may report to work if the test at day 12-14 is negative. • Refer to the Self-quarantine Instructions for Individuals Exposed to COVID-19 and your Local Health Department for more information. *Within six feet of case for ≥15 minutes
S 3	**Exposed staff where shortages exist – additional PPE** • In times of extreme workforce shortage, non-symptomatic staff who were exposed can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days after their last exposure. • These staff should be tested at day 7 and day 12-14 following exposure. • **Asymptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19 twice daily: before coming to work and 12 hours later.**
S 4	**Isolation of positive staff** • **COVID-19 positive staff shall remain isolated off premises** until at least 10 days have passed since symptoms first appeared (or if asymptomatic, 10 days after specimen collected for positive test) AND resolution of fever without the use of fever-reducing medications for at least 24 hours and improvement of symptoms, (e.g., cough and shortness of breath).

Influenza (INF) Prevention during Flu Season	
INF 1	• Educate all clients, families and staff about the importance of obtaining influenza vaccine.
INF 2	• Provide influenza vaccine for staff members at no cost, on site.
INF 3	• Refer families to primary care provider (PCP) or to free sources of the influenza vaccine in specific geographic areas to receive flu vaccine.
INF 4	• **Provide flu vaccine to clients who have not yet been vaccinated.**

TABLE. Summary of Best Infection Control Practices for Preventing Transmission of COVID-19 in Behavioral Health Facilities

ACTIONS	BEST PRACTICE RECOMMENDATIONS	STAFF	CLIENTS	VISITORS
General mitigation practices inside and outside of the facility for clients, staff, and visitors				
Source Control	• Face coverings recommended; see CDC website for information about the correct way to wear face coverings and masks	✓	✓	✓
Spatial distancing	• Always maintain 6 or more feet between individuals	✓	✓	✓
	• Avoid group social activities	✓	✓	✓
	• Socializing in small numbers with masking and spatial distancing may be considered (outdoors if possible)	✓	✓	✓
	• Do not leave facility except for essential purposes *It is preferred for staff members to stay on site and in the same unit for the entire shift	N/A*	✓	N/A
Hand hygiene	• Use waterless hand sanitizers or wash hands with soap and water frequently	✓	✓	✓
Dining	• Individual meal service to client rooms preferred • If communal meals are necessary, maintain six feet of physical distancing at all times • Maintain consistent groups eating at the same time at the same table to limit exposure to many different individuals. • Avoid buffet and family style food service	N/A	✓	N/A
Group therapy sessions	• Whenever possible, use technology for virtual group therapy • If in-person group therapy sessions are conducted: ○ Screen for fever and symptoms before entry into group ○ Keep group small (≤12; limit # therapists or staff to 1-2 ○ Keep membership of group consistent over time ○ Face coverings for all, maintain spatial distancing between individuals	✓	✓	N/A
Screening for symptoms of COVID-19				
Education	• Provide information on symptoms of COVID-19, self-monitoring and facility policy for screening and reporting of symptoms	✓	✓	✓
Active daily screening at entrance to facility	• Take temperature (fever defined as ≥100.4˚F) • Ask if new onset of any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, muscle or body aches, headache; loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea • Ask if exposure to anyone with COVID-19 within 14 days	✓	✓	✓

Management of positive fever or symptom screen	• Deny access to facility	✓	✓	✓
	• Refer for medical evaluation, testing	✓	✓	✓
Management of infected clients and staff				
Isolation of infected clients	• If admission to an acute care hospital for a higher level of care is not needed ◦ Discharge home from ambulatory facilities immediately ◦ For residential and inpatient facilities, isolate onsite in single occupancy room and separate from other clients until at least 10 days have passed since symptoms first appeared (or if asymptomatic, 10 days after specimen collected for positive test) AND resolution of fever without the use of fever-reducing medications for at least 24 hours and improvement of symptoms (such as cough and shortness of breath). ◦ Consult LHD if unable to send home or isolate onsite See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html	offsite	✓	N/A
Management of exposed clients and staff				
Quarantine and testing of exposed clients	• All clients and staff who are close contacts* of the infected client should be quarantined for 14 days from their last exposure at home or onsite *Within six feet of case for ≥15 minutes	offsite	✓	N/A
Influenza prevention during flu season				
Flu vaccine education	• Provide information about the importance of influenza vaccine	✓	✓	✓
Flu vaccine administration	• Provide flu vaccine on site at no cost	✓	N/A	N/A
	• Refer for flu vaccine	N/A	N/A	✓
	• Provide flu vaccine on site	N/A	✓	N/A

Definitions

SARS-CoV-2: Severe acute respiratory syndrome coronavirus 2; first identified in December 2019 and named on 2/11/2020.
COVID-19: Coronavirus infectious disease.
Isolation: Separation of **infected** people from others.
Quarantine: Separation of potentially **exposed** people away from others.
Aerosol-generating procedures (AGPs): Procedures that generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection. Some examples of AGPs include CPAP, nebulizer administration, and high flow O_2 delivery.

Additional Resources (CDC)

- People with Developmental and Behavioral Disorders
- Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders
- Toolkit for Shared and Congregate Housing
- Considerations for Memory Care Units in Long-term Care Facilities