

Site Technical Assistance for Residential and Recovery Bridge Housing (STARR) Project

Frequently Asked Questions (FAQs)

- 1) If I am concerned SUD patients will misuse (ingest) hand sanitizer, do I still need to make it readily available?**
 - a. Yes. The priority at this point is infection control, and the benefit of having hand sanitizer readily available outweighs the risk of an individual surreptitiously ingesting it.

- 2) What do we do if we do not have access to supplies including N95 masks, hand sanitizer, screens to separate residents in rooms etc? Where can we get more supplies?**
 - a. Use what supplies you have available. If hand sanitizer is not available, make sure there are sinks with soap easily accessible. Surgical masks for symptomatic individuals are sufficient, you do not need N95 masks. If you do not have screens to separate residents in a room, use sheets or whatever materials you have to create a partition. DPH sent out a survey link to request personal protective equipment (PPE) and will do its best to provide supplies to the extent possible. However, we do ask that providers use PPE responsibly, noting a general shortage of many PPE nationwide.

- 3) Do we have to accept a patient if we are concerned they may have symptoms of COVID-19?**
 - a. Yes. SUD treatment is an essential service and as such, we cannot be denying care to individuals simply because they have cold or flu-like symptoms. In residential settings, patients should be screened and then if symptomatic or if the individual has had potential exposure to COVID-19, the individual should be admitted into isolation protocol and separated from non-symptomatic staff.

- 4) What do we do if we cannot provide individual treatment (e.g. we do not have enough staff/coverage)? Can we still bill for services?**
 - a. Group gatherings should be cancelled. Whenever possible, individual therapy or counseling sessions should replace group sessions. If you do not have sufficient staff to provide individual therapy to all patients, we advise that you conduct as many individual sessions as possible based on staffing.
 - b. Any more detailed questions about SAPC policy or billing should be logged and shared with SAPC.

- 5) What do we do if we cannot get beds 6 feet apart from each other based on room size?**
 - a. Space beds out as far as possible. We have images demonstrating various room arrangements that maximize distance between residents. You may also create partitions between residents that are unable to be spaced 6 feet apart.

- 6) What if we have more than 10 people sleeping in the same room?**
 - a. If possible, rearrange rooms to minimize the number of individuals in each room, ideally having less than 10 residents in any shared space. If this is not possible (e.g., large dormitory style room), create partitions to divide the room such that there are no more than 10 residents in each partitioned area.

- 7) What if a staff member has symptoms concerning for COVID-19 but we can't get testing done, should they still come to work?**
 - a. If you are concerned that staff may be experiencing symptoms concerning for COVID-19 but have not had formal COVID-19 testing done, assume they are (+). Symptomatic staff must stay home

and self-isolate. Staff should remain at home for at least 3 days (72 hours) since resolution of fever without fever-reducing medications and improvement in symptoms; AND at least 7 days since symptoms first started, whichever is longer.

8) What if patients have symptoms concerning for COVID-19 but refuse to isolate themselves?

- a. If symptomatic patients are refusing to isolate themselves after they are presumed (+), work with the patient to identify barriers preventing them from isolating themselves. If there are easily managed solutions to these barriers, work with the individual resident to minimize obstacles and improve compliance. In situations where a symptomatic individual is potentially infecting other residents, we recommend SUD providers use persuasion/motivational interviewing/contingency management as the first and ideal option. In instances where residents simply refuse to comply with the isolation protocols, the County Health Officer's order is enforceable so the last option would be to notify law enforcement to help enforce the County Health Officer's order, which includes social distancing and isolation requirements.
- b. Importantly, discharging residents as a result of non-compliance with isolation protocols is not a desirable or recommended option given the added risks of community transmission.

9) How do we get medical evaluation for a resident we feel may have symptoms of COVID-19? Will DPH come to the facility to test the patient?

- a. If you are concerned that a resident may have symptoms of COVID-19, the first and most critical step is to isolate the individual. Staff should use personal protective equipment (e.g., surgical mask, gloves) when interacting with the patient and the patient should not have contact with other non-infected residents. Given the limitations on testing, you should assume that a symptomatic resident is (+) for COVID-19 and proceed accordingly.
- b. If severe respiratory symptoms develop (e.g., severe shortness of breath), you should call 911.

10) What do we do if we have a patient or multiple patients who tested (+) for COVID-19?

- a. If 1 resident has tested positive, notify SAPC by emailing SAPCMonitoring@ph.lacounty.gov.
- b. If multiple residents develop acute respiratory illness within 72 hours, you need to notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator), and notify SAPC by emailing SAPCMonitoring@ph.lacounty.gov.