

DBT COVID-19 Preparedness Plan

For the following Certified Behavioral Health Programs

- Assertive Community Treatment (ACT)
- Intensive Rehabilitative Mental Health Services (IRMHS)
- Adult Rehabilitative Mental Health Services (ARMHS)
- Dialectical Behavior Therapy IOP(DBT)
- Intensive Treatment in Foster Care (ITFC)
- Mobile Crisis
- Children’s Therapeutic Support Services (CTSS)
- School CTSS, Adult Day Treatment
- Partial Hospitalization Program (PHP)

Overview

According to Executive Order 20-48, behavioral health providers are required to follow guidance from the [Minnesota Department of Health \(MDH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) to mitigate the spread of COVID-19. Because there is currently no vaccine for this virus, you will need to operate your Certified Behavioral Health program for many months with the possibility that COVID-19 could be confirmed in your program. The MDH/CDC guidance is designed to prevent, and mitigate, or respond to the transmission of COVID-19 in your program setting.

Preparedness Plan

Executive Order 20-74 requires all Critical Businesses to develop and implement a COVID-19 Preparedness Plan that outlines how you will implement MDH and CDC guidelines. In order to help you follow MDH and CDC guidance and comply with Executive Order 20-74, DHS is providing this “Behavioral Health COVID-19 Preparedness Plan” as a resource for you as a resource for you to use in creating a plan, if you have not already done so, to reduce the spread of the COVID-19 virus in your program.

We know that providers care about the health and safety of their clients and also strive to safeguard the health and wellbeing of those providing services to address mental health and substance use disorder concerns among Minnesotans, particularly during this pandemic. That’s why the guidance from MDH and CDC is so important for providers to know about – it provides specific steps you can take to continue to keep everyone safe while operating during this unique public health crisis. The guidance from MDH and CDC includes strategies, such as social distancing, limiting group sizes, hygiene and cleaning practices, screening and exclusion criteria.

How to use this document

This document gathers together the most common guidance topics issued by MDH and CDC that apply to Behavioral Health Division certified outpatient and/or community based behavioral health programs. For each content area below, there are bullet points that include highlights from the MDH and CDC guidance as it relates to that specific topic; however we encourage you to review the full guidance with its more detailed information to determine what is most applicable to your setting.

Stay informed

DHS will continue to send emails with updates about significant changes or updates to MDH or CDC guidance to help you stay informed of current guidance for outpatient settings. Please note: this guidance continues to change – sometimes weekly – as public health experts learn more about this virus. **For this reason, you do need to complete a plan and comply with Executive Order 20-48.**

Notifying and working with MDH

As a mandated reporter, you are expected to notify MDH when there is a confirmed case of COVID-19 in your program at <https://www.health.state.mn.us/diseases/coronavirus/hcp/report.html#who> within one working day. As a DHS certified provider this would also include staff, employees or volunteers within your program with a confirmed case.

Reports can be made by using the COVID-19 Case Report Form or by phone:

- Form: [COVID-19 Case Report Form](#)
- Phone: 651-201-5414 or 877-676-5414.

You are expected to work with MDH and comply with their directives when given. When MDH determines that COVID-19 transmission creates an unsafe environment in your program, DHS will be engaged to help address the health and safety of others in your care. At that point, monitoring for actions needed to prevent an imminent risk of harm to the health, safety, or rights of others served by the program. The Commissioner may request access to additional information related to COVID-19 diagnosis and follow-up for the purpose of surveillance and infection prevention and control per Minnesota Rules 4605.7090.

Ensure sick workers stay home

- Establish health screening protocols for workers at the start of each shift (e.g. health screening survey, taking temperature). See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist (<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>). The checklist is also available in Hmong, Somali, and Spanish (<https://www.health.state.mn.us/diseases/coronavirus/businesses.html>).
- Establish communication protocols and steps to take when workers have been exposed to COVID-19 at the work-site. If a worker is confirmed to have COVID-19, inform workers, as well as the General Contractor(s) at the work-site, of their possible exposure to COVID-19 at the work-site while maintaining confidentiality as required (<https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>). Designate an individual to maintain communication with and gather information from workers who may be ill, as to ensure the privacy of workers is maintained.
- Establish a process to identify contact between infected workers and other workers who may have been exposed. ([CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\), May 2020](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>).
- Provide accommodations for “high risk” and vulnerable populations. See CDC’s People Who are at Higher Risk for Severe Illness (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>). Vulnerable workers should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce these workers’ risk of exposure.

Additional protections and protocol for workers

- Conduct daily health checks. This includes screening for clients, staff, and volunteers to ensure those who exhibit any symptoms of illness are not present.
 - Use the employee screening checklist or something similar: www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf
- Follow exclusion guidance and ensure clients, staff, and volunteers stay home when sick: <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>
- Use CDC guidance to develop a plan for what you will do if someone becomes sick with COVID-like symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>
- Using the MDH and CDC resources above, create a communication plan for how and when you will notify parents, staff, and volunteers if a client, staff member, or volunteer is exhibiting symptoms, or has tested positive. Ensure that the identity of someone who has been exposed, is exhibiting symptoms, or has tested positive is not disclosed, other than to a health official who needs the information.
 - Contact MDH if you have questions (at the email address above)
 - Ensure the emergency information in each client's record is up-to-date.
 - Designate an individual to maintain communication with and gather information from workers who may have been exposed.
 - Provide instruction on what an employee can do to protect themselves.
 - Provide accommodations for "high risk" and vulnerable populations. Vulnerable workers should be encouraged to self-identify. Take particular care to reduce these workers' risk of exposure.
- Ensure sick policies are supportive of clients, staff, and volunteers staying home when sick.
- Have a plan for back-up staffing or closure in case you, a staff member, or volunteer becomes ill during the day/program.

Additional protections and protocol for managing occupancy

- Limit points of entry. Designate one door for entry only and one for exit only if possible.
- Post signage at the business entrance outlining established protocols.
- Increase the time between individual appointments to limit the number of people in the waiting room.
- Limit visitors. Only clients/participants/those with an appointment may enter the building at the designated time.
- Whenever possible, pick-up and drop-off should occur outside and/or limit the extent to which participants enter the building and interact with each other.
- Conduct health screenings for everyone entering the facility for COVID-19 symptoms
- Provide education about the importance of monitoring symptoms and staying home while ill.
- Install barriers to limit contact with patients at check in.
- Post instructions for clients throughout the building and at entrances and inform them not to enter if they are experiencing symptoms, the requirement for social distancing and hygiene, instructions, and that they are strongly encouraged to wear face coverings whenever possible.
- Follow exclusion guidance and ensure clients stay home when sick: <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>

Communication and training practices and protocol

- All workers and members of management must be trained regarding COVID-19 exposure, as well as applicable policies, procedures, practices, and protocols. The training must be provided by and paid for by the venue. The training must be provided in a manner and language that each employee can understand, and must be adjusted to reasonably accommodate all limiting factors present. See "OSHA's Resource for Development and Delivery of Training to Workers" (<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2FPublications%2Fosha-3824.pdf&data=02%7C01%7Cnancy.leppink%40state.mn.us%7C6d26af5c20444948b44308d7fbf70e87%7Ceb14b04624c445198f26b89c2159828c%7C0%7C0%7C637254910824469771&reserved=0>). See also Minnesota's "Small Assemblies for Testing and Training" for guidance with facilitating training for employees while addressing COVID-19 implications (https://dli.mn.gov/sites/default/files/pdf/COVID-19_training_facilities.pdf).
- Ensure the COVID-19 Business Preparedness Plan is posted at all workplace locations in readily accessible areas, and is shared with and reviewed by all workers.
- Ensure the necessary or required rules and practices are communicated to workers, and adequately enforce their provisions.
- Ensure the necessary or required protocols and practices are communicated to temporary and contract workers, and ensure protocols and practices are discussed with organizations providing temporary and/or contract workers.
- Ensure all workers, including temporary and contract workers, are provided with and using personal protective equipment necessary to perform their work.
- Workers must ensure they comply with and follow established rules and practices.
- This plan must be available to clients upon request
- For in-home clients, communicate to clients in advance of the visit of what the agency and its staff will do to protect the client and employees of the agency allowing enough notice for clients and employees time to prepare for additional precautions.
- Consider asking clients if they have any concerns about the upcoming in person visit.

Workplace building and ventilation protocols

Work to allow for the maximum amount of fresh air to be brought in, limit air recirculation and properly use and maintain ventilation systems. Take steps to minimize air flow blowing across people.

Recommendations for Day-To-Day Operations:

Businesses that operate in a facility should work to implement where possible the following practices and protocols:

- Maximize fresh-air into the workplace, including opening windows when possible, and work to eliminate or minimize air recirculation.
- Maintain relative humidity levels of RH 40-60%
- Keep systems running longer hours (24/7 if possible) to enhance the ability to filter contaminants out of the air.
- Add a flush cycle to the controls of the HVAC system, and run HVAC systems for 2-hours before and after occupancy.

- Check and rebalance the HVAC system to provide negative air-pressure whenever possible.
- Supplement ventilation-system with the use of portable HEPA filter units whenever possible.
- Minimize air-flow from blowing across people.
- Consult an HVAC professional or the American Society of Heating, Refrigerating and Air-Conditioning Engineers if helpful to provide advice and assistance on making adjustments to ventilation systems, and on properly maintaining ventilation-systems. See ASHRAE’s COVID-19 Preparedness Resources (<https://www.ashrae.org/technical-resources/resources>).

Additional protocols to limit face to face interaction

Evaluate services/activities that involve face-to-face interaction to determine if they can be done in an alternative way, such as telemedicine for services where this method is allowed, or virtual team meetings or trainings rather in person.

Activities should be permitted if adequate protective measures cannot be implemented.

Drop-off, pick-up, and delivery practices and protocol

- Receive deliveries via a contactless method whenever you can.
- Agency must provide for contactless deliveries that promote delivery at a “doorstep”, where persons maintain a distance at least 6-feet away while verifying receipt of the delivery between the worker and the delivery person. Whenever possible, venues should attempt to do everything electronically (e.g. app, phone) to eliminate the need for close contact between workers and delivery personnel.
- Ensure equipment, materials, products, and items are being delivered, dropped off or picked up are prescheduled and coordinated. Deliveries, drop-offs, or pick-ups must be performed one load, carrier, or vehicle at a time, and multiple deliveries, drop-offs, or pick-ups should not be performed simultaneously. Delivery personnel must wait in their vehicles if another delivery, drop-off, or pick-up is being performed.
- Minimize the unnecessary exchanging or sharing of scanners, pens, or other tools with delivery personnel.
- Maintain a distance 6-feet or greater from others during interactions while receiving or exchanging deliveries.

Additional protections and protocols for out-patient and in-home services

Screen clients and family members

- Conduct pre-visit health checks. This may include a phone screening conducted before leaving for a home visit, or a brief in-office screening questionnaire sent via email or text the day of the appointment to be completed by clients upon arrival.
- Advise clients to conduct a self-check of their body temperature on the day of their appointment.
- Decline to provide in person face to face services to a client if there is any suspicion that they are sick or symptomatic.
- Identify criteria for cancelling appointments due to presence of illness symptoms.
- Have a protocol if a symptomatic client shows up for an appointment.
- Ask clients to cancel or reschedule if they are Covid-19 positive or have been in contact with someone who is Covid-19 positive or are living with someone exhibiting symptoms of Covid-19.
- Some helpful ideas from the Department of Health (MDH):
- [Visitor and Employee Health Screening Checklist \(PDF\)](#)

- [Hmong: Visitor and Employee Health Screening Checklist: \(PDF\)](#)
- [Somali: Visitor and Employee Health Screening Checklist: \(PDF\)](#)
- [Spanish: Visitor and Employee Health Screening Checklist: \(PDF\)](#)
- [CDC: Reducing the Spread of COVID-19 in Workplaces](#)

Hand washing

- Before and after a session, whether in home or in office, ensure staff and clients/families have access to a place to wash hands.
- If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Maintain signage reminding clients and staff of protections and protocols including hand-washing.

Per the CDC recommendations:

- Use an Alcohol Based Hand Rub (ABHR) with greater than 60% ethanol or 70% isopropanol. Unless hands are visibly soiled it is preferred over soap and water. Evidence has shown better compliance, less irritation to hands and are effective in the absence of a sink.
- Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.
- CDC guidance on handwashing can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

Cleaning and disinfecting

- Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, shared resources, program equipment and other items are regularly cleaned and disinfected.
- For in-home providers educate employees on common residential high touch surface areas (doorknobs, light switches, stair rails, counters, tables and chairs etc.) and develop strategies to minimize contact and wash hands/utilize hand sanitizer before and after touching.
- Implement procedures to avoid client contact with service provider (e.g. if a signature is required from the resident have them use their own pen).
- Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items. Sanitize between uses.
- Consider using a checklist or audit system to track when and how cleaning is conducted.
- Use EPA-registered household disinfectants recommended by the CDC: <https://www.epa.gov/coronavirus>

Social distancing throughout the day

- Avoid close contact with people who are sick, even inside your home. If possible, maintain 6 feet between the person who is sick and other household members.
- Limit group sizes as much as possible and maintain group consistency of clients and providers, staff, or volunteers who stay together throughout the day. Ensure all group members are wearing masks and avoid passing around materials or supplies.

- Use virtual formats for guest speakers where you can screen the presenter. Remember that social distance needs to be maintained, groups should not be mixed, and whenever possible, cleaning and sanitizing should occur between groups.
- Provide care in the safest way possible. Optimize and telemedicine modes to deliver when available and appropriate, to minimize the need for in-person services.
- Whenever possible, consider having groups or individual sessions outdoors if safe to do so and client confidentiality can be facilitated. Encourage participants to spread out. Avoid outdoor areas that are densely populated.
- If it is not possible to maintain a distance (such as during transportation situations) have a plan on how to mitigate the spread of the virus in close quarters such as a car. Staff may wish to use disinfectant spray on seats, disinfectant wipes on dashboard, door handles and other interior places both before and after transportation occurs.
- Add visual cues or barriers to direct traffic flow and distancing. For example, you may want to tape “Xs” on the floor to let clients know where they should sit, stand or walk to promote social distancing.
- Maintain signage reminder staff and clients of protections and protocols related to social distancing.
- Staff and volunteers should also maintain social distance while talking with each other.

Face coverings

- Face coverings are an important piece of mitigating the spread of the virus, but are only effective if it can stay in place without being pulled on or touched by the person wearing it or others. Within this context, the provider, staff members, and volunteers should wear face coverings during the work day as much as possible.
- When providing services in the home provide employees with face coverings, gloves, shoe covers and hand sanitizer (Note: Homemade face coverings primarily protect others not yourself)
- When providing services in the office provide employees with face coverings.
- Provide a cloth or towel for employee’s to cough or sneeze into should the need arise. If a towel is not available, employees should use the inside of their elbow.
- Conduct trainings for appropriate ways to put on and take off and disposal procedures of protective equipment (e.g. new gloves should be put on prior to entering the home and removed after exiting the home) Consider providing infographic sheets of this to employees.
- For in-home or out-patient services ask any client or family member who intends to be in the same room while the session is occurring to wear a face covering.
- Clients are also encouraged to wear face coverings when entering the building for appointments and for the duration of the meeting.
- For groups that are longer in duration (4-5 hours per day) please consider breaking up group times or using a combination of in-person and virtual meetings to accommodate those with difficulty wearing masks for an extended period of time.
- Face covering guidance is available here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>