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## PROVIDER ALERT

Alert # 3.20.8  
August 20, 2020

### Beacon Health Options COVID-19 Guidelines: Ambulatory and Community-Based Care Settings

At Beacon Health Options we strive to share the most up-to-date COVID-19 Guidelines to support our Provider Community in the delivery of valuable services to those we all serve. **While you do not have to adopt this exact protocol, we expect that providers will have policies that are similar to the guidelines presented here.**

Through the following guidelines we hope you find a clearer understanding of how to ensure public health safety when serving population in ambulatory and community-based settings. This includes, but is not limited to, outpatient clinics, office-based services, Assertive Community Treatment (ACT), family-based services (FBMH) and intensive behavioral health services (IBHS).

Programs currently have widely varying policies and procedures for determining the presence of COVID-19 and its potential spread. As a result, Beacon Health Options of Pennsylvania (PA) is unable to determine which programs may present an unacceptable risk of infection to Beacon members referred to those services or to the staff of those programs.

Beacon Health Options Pennsylvania COVID-19 Guidelines are intended to present an aggregation of guidance from: the Centers for Disease Control and Prevention, the PA Dept. of Health, the PA Dept. of Human Services and the American Society of Addiction Medicine. Where these guidelines conflict, the more conservative (greater level of protection) is adopted.

**These guidelines apply to all levels of ambulatory and community-based treatment. It is the expectation of Beacon Health Options of PA that providers of these services will adhere to this protocol or largely similar protocols. Be sure written protocols exist and are readily available to staff that are equal to the following:**

## General Considerations

1. When possible, all appointments should be made by telemedicine.
2. Contact patients who may have an increased risk of severe illness from COVID-19 related complications to ensure they are adhering to current medical and behavioral health medications and therapeutic regimens, confirm they have access to sufficient medication refills, and instruct them to notify their provider by phone if they become ill.
3. When services must be provided face-to-face, the ideal setting is outdoors, and wearing face coverings and maintaining 6-foot distancing is still recommended. Face coverings and distancing are even more important when services are provided indoors.
4. When services must be provided face-to-face, a screening (described below) must be done when anyone (patients, staff, visitors) arrives at the building. Ideally, the screening of patients (aside from the temperature check) should be done in advance by telephone.
5. When possible, temperature checks (and screening if not done in advance) should be done before an individual enters the building.
6. Post visual alerts (signs, posters) at the entrance and strategic locations inside with instructions about face coverings, distancing, cough etiquette and hand hygiene.
7. Provide face coverings for those who arrive without them and also provide hand sanitizer, tissues and touch-free receptacles for disposal.
8. Limit points of entry to ensure anyone entering is screened.
9. Set up waiting rooms to allow patients to be at least 6 feet apart. If the facility does not have a waiting area, then use partitions or signs to create designated areas or waiting lines.
10. When possible, have patients wait outside or in a vehicle prior to an appointment to decrease number of people in a waiting room and amount of the time spent there.
11. When possible, increase ventilation in buildings by leaving doors and windows to the outside open and using fans to increase the exchange of indoor air with outside air. Professional adjustments to heating, ventilation and air-conditioning systems may increase air exchange with the outside.
12. Regularly clean and disinfect areas with frequent patient contact, including furniture, door handles and rest rooms.

## Patient Screening

1. When a patient arrives at an ambulatory facility or a staff member arrives at a community-based service setting, patients should be asked on a daily basis about:
  - a. Recent travel
  - b. Recent contact with individuals diagnosed with or suspected to have COVID-19

- c. Fever or chills
  - d. Cough, shortness of breath, sore throat
  - e. New onset of loss or taste or smell
  - f. Unexplained muscle aches, vomiting or diarrhea
  - g. If they have been advised to self-quarantine due to COVID-19.
  - h. If they have had a COVID-19 test and the results were positive or still pending.
2. Patients should be instructed to notify staff immediately if they notice symptoms while not receiving services.
  3. The patient's body temperature should be checked, preferably with a non-contact thermometer.
  4. All patients who have an unexplained temperature of 100° F or greater, symptoms (listed above) or high risk of exposure should ideally have a viral (nucleic acid or antigen) test for SARS-CoV-2 immediately. Those who have tested positive in the past and now meet the criteria for ending community transmission precautions (see below) do not need to be retested.
  5. Any patient testing positive for COVID-19 *for the first time* must be isolated from unexposed individuals or not receive services.
  6. Programs should consider isolating all new admissions or those returning to ambulatory services from an inpatient hospitalization from unexposed individuals as much as possible, regardless of test results, during the initial portion of their treatment.

### **Staff Screening**

1. Staff should be asked on a daily basis about physical symptoms, as described above, and should notify their supervisor immediately if symptoms start.
2. Staff should be asked on a daily basis about potential contact with COVID-19 cases.
3. All staff should have their temperature checked at the start and end of their shift.
4. Any staff member with an unexplained temperature of 100° F or greater or physical symptoms consistent with COVID-19 should not work and must be cleared by a healthcare provider before returning.

### **Personal Protective Equipment (PPE), Social Distancing and Hygiene**

1. All staff in patient areas should wear a surgical or isolation mask at all times within a clinical facility, such as an outpatient clinic.
2. Other staff, such as administrative or maintenance personnel outside of patient areas, should wear non-medical face coverings within a clinical facility.
3. All staff providing face-to-face services to individuals known or suspected to be COVID-19 positive or exposed to COVID-19 should wear an N95 or greater respirator, along with gowns, gloves and eye protection.
4. All patients not believed to be COVID-19 positive should wear non-medical face coverings when in a clinical facility, if their condition allows it.



5. All patients known or suspected to have COVID-19 should wear a surgical mask or N95 respirator.
6. Every effort should be made to keep six feet of distance between all patients and also between staff and patients.
7. Frequent hand-washing should be required. Hand sanitizer should be used when hand-washing is impractical.
8. Facilities should limit points of entry to manage the flow of people into the facility.
9. Group therapy and group activities should be limited to ten people or less. Masking and physical distancing should still be employed, even with small groups.
10. Half of the chairs in waiting areas should be removed to encourage social distancing.

## Visitors

1. Facilities should prohibit all non-employee visitors to a clinic or other facility unless it is a medical necessity, required by court order, adult protective services or older adult protective services staff as outlined in guidance issued under applicable protective services laws. At the discretion of the facility director, additional exceptions may be made where a visit is deemed to be necessary.
2. Visiting by videoconferencing should be strongly encouraged.
3. When in-person visiting cannot be avoided, visitors should be screened as staff are and should wear non-medical face coverings within the facility.
4. The facility director will designate a specific location within the facility for visits that are deemed to be necessary where safe distance protocols can be achieved.

## Testing for COVID-19

1. All patients and staff that show symptoms of COVID-19 (as above, under screening), have an unexplained temperature of 100° F or greater or have had high risk of exposure should ideally have a test for SARS-CoV-2 as soon as possible.
2. A viral (nucleic acid or antigen) test for SARS-CoV-2 should be used. At this time, there is no defined role for antibody (past exposure) testing.
3. Symptomatic individuals should be presumed to be positive while awaiting test results.
4. If the patient or staff member tests positive, all patients and all staff who have had significant contact with that individual should also be tested, even if they have had baseline testing.
5. If resources do not permit testing all patients and staff who may have been exposed, all in the same area or floor of the building should be tested. If resources do not allow for testing all those individuals, all symptomatic individuals and those with significant exposure (see below) should be tested.
6. Patients or staff with a history of confirmed COVID-19 should not be retested unless they have a recurrence of COVID-19 symptoms.
7. If a staff member or symptomatic patient refuses to have a COVID-19 test, they should be presumed to be positive and handled accordingly. If an asymptomatic

patient or their responsible party refuses testing, they should be considered exposed for 14 days.

8. Any inconclusive COVID-19 test should be repeated as soon as possible.
9. Once a facility has a confirmed case, all patients and staff who previously tested negative who had contact with that individual should be tested on a weekly basis until 14 days after the most recent developed symptoms (or tested positive if asymptomatic).
10. Staff who have tested positive or are suspected to have COVID-19 should not work until they have met the criteria below.
11. Patients who have tested positive or are suspected to have COVID-19 should remain isolated and have transmission-based precautions until they have met the criteria below.

### **Symptomatic or Exposed Patients**

1. When a patient has symptoms suggestive of COVID-19 or has a positive viral (nucleic acid or antigen) test for SARS-CoV-2, the health department or other appropriate infection control authorities should be notified.
2. A symptomatic individual or asymptomatic individual who tests positive ideally should isolate at home or go to a COVID-19-specific unit or facility.
3. Individuals who test positive and live in a group setting should stay in a private, well-ventilated area with respiratory hygiene supplies available and at least six feet of distancing from other individuals. They should remain in their room or a designated private area as much as possible.
4. Minimize the positive individuals' interaction with non-positive peers and staff.
5. Transmission-based precautions and isolation should continue until the following criteria are met.
  - Asymptomatic patients who are not severely immunocompromised must be 10 days out from their first positive viral test.
  - Patients with mild to moderate illness (fever, cough, sore throat muscle pain, headache, shortness of breath, abnormal chest x-ray but oxygen saturation remains 94% or higher) must be 10 days out from the first symptoms, 24 hours out from the last fever without using fever-reducing medication and their symptoms have improved.
  - Patients with severe to critical illness (over 30 breaths per minute, oxygen saturation less than 94%, etc.) or who are severely immunocompromised must be 20 days out from the first symptoms, 24 hours out from the last fever without using fever-reducing medication and their symptoms have improved.
  - Patients who are severely immunocompromised but have remained asymptomatic must be 20 days out from their first positive viral test.

## Symptomatic or Exposed Staff

1. When a staff member has symptoms suggestive of COVID-19, they should have a viral (nucleic acid or antigen) test for SARS-CoV-2 immediately and the health department or other appropriate infection control authorities should be notified of any positive result.
2. A staff member who had significant exposure to an individual known to have COVID-19 (15 minutes, or more, without a mask or within 6 feet with a mask for an extended time) should be tested.
3. Staff members should not work while awaiting the results of a COVID-19 test.
4. A staff member who has a positive viral test, is not severely immunocompromised and remains asymptomatic should not return to work for 10 days from the date of their first positive test
5. A staff member who has a positive viral test and symptomatic with mild to moderate illness (fever, cough, sore throat muscle pain, headache, shortness of breath, abnormal chest x-ray but oxygen saturation remains 94% or higher) must be 10 days out from the first symptoms, 24 hours out from the last fever without using fever-reducing medication and their symptoms have improved before returning to work.
6. A staff member who has a positive viral test and symptomatic with severe to critical illness (over 30 breaths per minute, oxygen saturation less than 94%, etc.) or who are severely immunocompromised must be 20 days out from the first symptoms, 24 hours out from the last fever without using fever-reducing medication and their symptoms have improved before returning to work.
7. Staff members who are severely immunocompromised but have remained asymptomatic must be 20 days out from their first positive viral test before returning to work.
8. Staff who test positive for COVID-19 and, in consultation with their physician, obtain two negative viral tests at least 24 hours apart, could return to work sooner than recommended in the symptom-based timeframes outline above.
9. Staff who test positive for COVID-19 and meet the criteria above for returning to work, should continue to wear appropriate PPE, as described above.
10. In the event of critical staffing shortages, staff who have recovered from COVID-19 and well enough to work but have not met the other criteria above could return to work sooner. Ideally, they would perform tasks other than direct patient care. Direct care with COVID-19 patients would be less optimal and direct care with unexposed patients should only be done as a last resort.

If you have questions or concerns about these suggested policies, please contact your Provider Field Coordinator.



Please try to stay safe during these challenging times,

A handwritten signature in black ink. The name appears to be "Mahmood (Mike) A. Usman, MD, MMM". The "MD" is written in smaller letters above the "MM".

Mahmood (Mike) A. Usman, MD, MMM  
**Medical Director**  
**Beacon Health Options**  
[pa.beaconhealthoptions.com](http://pa.beaconhealthoptions.com)

## References:

### **General Considerations:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html>

<https://www.epa.gov/coronavirus/ventilation-and-coronavirus-covid-19>

[https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD\\_%20Infection.pdf](https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD_%20Infection.pdf)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html#outpatient-ambulatory>

[https://www.asam.org/docs/default-source/covid-19/infection-mitigation\\_outpatient.pdf](https://www.asam.org/docs/default-source/covid-19/infection-mitigation_outpatient.pdf)

### **Screening:**

[https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD\\_%20Infection.pdf](https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD_%20Infection.pdf)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html>

### **PPE/Isolation/Transmission-Based Precautions:**

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Stop-the-Spread.aspx>

<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20PPE%20Fact%20Sheet.pdf>

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-516-07-18-UPD%20-%20UPDATE-Return%20to%20Work%20for%20Healthcare%20Personnel.pdf>

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-517-07-18-UPD%20-%20UPDATE-%20D.pdf>

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-518-07-20-UPD%20-Interim%20Gu.pdf>

[https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD\\_%20Infection.pdf](https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD_%20Infection.pdf)

### **Visitors:**

<https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/Final%20OM%20HSAS%20RTF%20LTSR%20CRR%20Visitation%20Guidance%203.31.20.pdf>

<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Long%20Term%20Care%20Visitation%20Guidance.pdf>



**Testing:**

<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Universal%20Testing%20FAQ.pdf>

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

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-509-UPDATE-Testing%20LTCF.pdf>

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-517-07-18-UPD%20-%20UPDATE-%20D.pdf>

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-516-07-18-UPD%20-%20UPDATE-Return%20to%20Work%20for%20Healthcare%20Personnel.pdf>

**Staff Exposure:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html)

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-516-07-18-UPD%20-%20UPDATE-Return%20to%20Work%20for%20Healthcare%20Personnel.pdf>