



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interim Coronavirus Disease 2019 (COVID-19) General Guidance for Behavioral Health and Intellectual and Developmental Disability (BHIDD) Group Homes

March 20, 2020

At the North Carolina Department of Health and Human Services (NC DHHS), we have been working in partnership with federal, state, and local agencies and [Governor Cooper's Novel Coronavirus Task Force](#) to prepare North Carolina for a possible coronavirus disease 2019 (COVID-19) outbreak. On March 10, 2020, Governor Roy Cooper issued [Executive Order 116](#) declaring a state of emergency in North Carolina as a result of COVID-19.

In light of the spread of COVID-19 in North Carolina, NCDHHS Divisions of Health Service Regulation (DHSR), Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMHDDSAS), and the Division of Public Health (DPH) are providing additional guidance to facilities that serve people with behavioral health needs and intellectual disabilities to help improve infection control practices and to prevent the spread of the virus.

Guidance

Facilities should monitor the [NCDHHS](#) and [Centers for Disease Control and Prevention \(CDC\)](#) websites for information and resources. They should [contact their local health department](#) if they have questions or suspect a resident has COVID-19. Per the CDC, prompt detection, triage, and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, facility staff, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and DHSR to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain communication with residents, their family, and/or legal representatives, and understand their individual needs.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected cause) among residents or facility staff should immediately [contact their local health department](#) for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 in BHIDD Group Home Settings

What can a BHIDD group home do to be prepared?

- Review your facility's infection control policies and procedures required by N.C.G.S. [10A NCAC 27G .0201 Governing Body Policies](#). Although these policies and procedures primarily address blood-borne pathogens, they also should include topics such as cleaning and sanitation, blood and body fluid precautions, and accessibility of infection control supplies which are all applicable to preventing the spread of illnesses such as influenza, norovirus, and COVID-19.

- Ask your staff to review the Adult Care Home Infection Control Training course. Discuss your facility-specific infection control policies and measures with your facility staff. The training is located on the ACLS website at <https://info.ncdhhs.gov/dhsr/acls/training/pdf/InfectionControl.pdf>.
- Post the telephone number to your [local health department](#) in a place that is visible.
- Communicate proactively with residents, staff, and other visitors regarding facility visitation policies and restrictions that may result based on the recommendations of the local health department.
- Communicate proactively with staff about reporting their own and residents' symptoms and provide them guidance on when not to report to work.
- Remind staff and residents and post signage throughout the facility on some practical things we can all do to prevent the spread of any respiratory illness, such as cold or flu:
 1. Wash your hands often with soap and water for at least 20 seconds
 2. Avoid close contact with people who are sick
 3. Avoid touching your eyes, nose, and mouth
 4. Stay home when you are sick
 5. Cover your cough or sneeze with a tissue, then throw it away
 6. Clean and disinfect frequently touched objects and surfaces using an [EPA-registered disinfectant](#) appropriate for coronavirus.

How should facilities monitor or limit visitors?

Provide Signage & Respiratory Hygiene Supplies, Restrict Visitors and Screen Facility Entrants:

- Post signage to **restrict** visitors:
 - To prevent the introduction of COVID-19 in our facility because our residents are at a high risk of severe disease, visits should be restricted except as determined by the facility to be necessary due to emergent circumstances.
- Screen visitors for fever (e.g., >100.0F) and symptoms of acute respiratory illness (e.g., cough or shortness of breath) at the entrance of / before entering the facility.
 - Do not allow visitors with fever or respiratory illness (e.g., cough or shortness of breath) to visit the facility.
 - Provide instructions prior to resident room entry on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room.
- Provide respiratory hygiene supplies (e.g., hand hygiene agents, tissues, face masks, trash receptacle) throughout the facility for use by residents, staff, and visitors.
- Instruct residents with symptoms of a respiratory infection to remain in their rooms and to adhere to respiratory etiquette. Residents with symptoms should wear a face mask covering mouth and nose in the event they need to leave their room. If this is not possible (e.g. would further compromise respiratory status, difficult for resident to wear), have the resident cover their mouth/nose with tissue when coughing.
- Implement daily monitoring of influenza-like-illness among residents and staff.
- Utilize telephone, video conferencing, and other technology for visitors when possible and appropriate. Encourage residents and their family members and other natural supporters to stay in touch through the telephone and other technology when visitors are restricted.
- If the resident develops symptoms off-site, consider requiring medical clearance from their physician before returning.

How should facilities monitor or restrict facility staff?

- Facility staff who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job should:
 - Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the facility's administrator, and include information on individuals, equipment, and locations the person came in contact with; and
 - Seek care from their healthcare provider if necessary.
- Refer to [the CDC guidance](#) for risk assessment that might warrant restricting asymptomatic facility staff from reporting to work.
- Facilities should [contact their local health department](#) for questions and frequently review the [CDC website](#) dedicated to COVID-19 for health care professionals.
- Facilities should contact their local LME/MCO if they are concerned about staff shortages due to staff illness.

When should a BHIDD group home limit resident activities and community involvement outside the BHIDD?

BHIDD group home staff should evaluate the needs of each individual resident, the activities outlined in the person-centered plan, and the need for safeguarding the resident's health. BHIDD group homes should follow public health guidelines about social distancing and limiting group interaction. At the same time, facilities should find ways to keep residents engaged, active, and connected through the telephone, technology, in-home activities, or safe outside exercise.

What should a BHIDD group home do if a resident or staff member tests positive for COVID-19?

If someone in a BHIDD group home tests positive for COVID-19, the group home should take the following steps:

- [Contact their local health department.](#)
- If the person with COVID-19 is a resident being cared for at the facility, follow the [CDC home care guidance](#).
- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
- If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- Assess the risk level of staff using [the CDC risk assessment guidance](#). Take the appropriate measures depending on the staff member's level of risk and symptoms.

When should a BHIDD group home consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

BHIDD group homes with residents suspected of having COVID-19 infection should [contact their local health department](#). Symptoms of COVID-19 vary in severity from no or mild symptoms to severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital if the facility can provide supportive care and follow the infection prevention and control practices recommended by [CDC](#) and the local health department.

The resident may develop more severe symptoms and their physician may decide they require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving

facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. Pending transfer, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a BHIDD group home accept a resident who was diagnosed with COVID-19 from a hospital?

A BHIDD group home can accept a resident diagnosed with COVID-19 as long as it can follow [CDC](#) and local health department guidance for transmission-based precautions and meet the resident's mental and physical health needs. If that is not possible, the facility must wait until the precautions are discontinued and the resident's needs can be met. These decisions should be made on a case-by-case basis in consultation with the local health department, the patient's clinicians, infection prevention and control specialists, and public health officials.

Note: BHIDD group homes can admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

What if we are running low on personal protective equipment (PPE)?

BHIDD group homes should continue to emphasize good hygiene practices—handwashing with soap and water for 20 seconds, disinfecting surfaces with approved cleaning agents, etc.—and continue to seek PPE from their preferred supplier until it becomes available. If a resident of the BHIDD home becomes sick and there is concern about adequate PPE supplies in the home, [contact your local health department](#) and be sure to communicate that information. PPE requests should be routed through your local county emergency management. Priority is being given to acute care and first responders. Given the shortage of PPE some providers are making facemasks to be used when other options are not available. Please see [CDC guidance on facemasks](#).

Other considerations for facilities:

- Review [CDC guidance](#) for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019.
- Frequently review information and guidance on the [NC DHHS COVID-19 website](#).
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs) containing ≥60% alcohol, tissues, no-touch receptacles for disposal, and facemasks at facility entrances, common areas, etc.
 - Ensure ABHR is accessible in all resident care areas including inside and outside resident rooms.
 - Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
 - Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies for staff to avoid sharing (e.g., pens, pads) and disinfect workplace areas and frequently touched surfaces throughout the day (phones, tables, internal radios, light switches etc.). Use an [EPA-registered disinfectant](#) appropriate for coronavirus.
- Manage laundry, food service utensils, and medical waste in accordance with routine procedures and category B waste handling.
- Launder linens (e.g. clothing, bedding) contaminated with blood, body fluids, and/or secretions or excretions at the warmest temperatures recommended on the item's label.

- Determine steps to take to ensure the physical and mental health of residents that may be impacted due to heightened restrictions on visitors, traveling, and emotional concerns about COVID-19.

What other resources are available for facilities to help improve infection control and prevention?

CDC Resources:

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infectioncontrol/infection-prevention-control-faq.html>
- NC Statewide Program for Infection Control and Epidemiology: <https://spice.unc.edu/>