



FRONTIER  
BEHAVIORAL HEALTH

# **SAFE WORK PLAN**

**WORKING TOGETHER DURING COVID-19**

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## Disclaimer

The information contained in this handbook was compiled from sources believed to be reliable and to represent the best current opinion on each subject. Frontier Behavioral Health reserves the right to modify, revoke, suspend, terminate or change any or all procedures, at any time, without prior notice.

## Goal

The goal of this Safe Work Plan is to define how FBH will provide services and ongoing operations during the COVID-19 pandemic while protecting the safety of our staff, safety of our patients, and adhering to State and Federal guidelines related to infection prevention and control.

## Communication

This Safe Work Plan is available to staff on the FBH Intranet, under the COVID-19 Resource tab.

## Implementation Plan

In order to implement this plan, FBH has:

- Identified any restrictions to services based on current physical layout of facilities and current processes.
- Established new protocols and workflows to adapt services to restrictions.
- Redesigned physical spaces to follow restrictions and adhere to infection control best practices.

## Report a Concern

If you want to report a concern about, or violation of, the Safe Work Plan please notify your supervisor and/or Director.

This plan will be reviewed regularly and updated to maintain compliance with State and Federal regulations, agency guidance, and best practices.

FBH will follow current guidelines to the best of our abilities from The Centers for Disease Control, Washington Department of Health, Spokane Regional Health District, OSHA, and other governing bodies.

## Supporting Our Employees

Supporting our staff throughout the COVID-19 pandemic is a top priority at FBH. To accomplish this goal, we are communicating regularly with staff through a variety of channels:

- All Staff Emails and CEO Updates include the latest information about FBH operations and CDC/DOH-recommended best practices for preventing the spread of the virus.
- Weekly ACT Bulletins feature health and wellness tips and information about FBH-sponsored Lunch & Learn events. The Bulletins also provide a forum for staff to share tips with one another on working remotely and coping with COVID-19 restrictions.
- Our Intranet website is a repository for internal and external COVID-19-related information. All Staff Emails and CEO Updates are archived on the site under Latest News and COVID-19 Information and Resources contains links to external sites such as the CDC and the Spokane Regional Health District.

## Employee Accommodation, Employee Leave, and Benefit Policies

### **Requests for Accommodation:**

Requests for modification to job responsibilities due to concerns related to COVID should be directed to FBH Human Resources. Each request will be uniquely reviewed for FBH's ability to meet the request. If FBH is unable to provide a reasonable job modification, leave of absence may be the accommodation offered.

Requests for medical or religious exemption for the COVID vaccine requirement must follow the below process. Forms required for Accommodation are on the Intranet- Human Resources- Forms- Accommodation.

### **Medical Accommodation Exemption:**

FBH requires documentation from an appropriate health care or rehabilitation professional stating that an individual has a disability that necessitates an accommodation and the probable duration the accommodation will be needed. In compliance with FBH's already established ADA Accommodation Process, employees seeking a medical accommodation to not vaccinate must:

1. Complete and return to Human Resources the "Request for Medical Accommodation" form.
2. Provide to Human Resources a completed "Medical Provider Verification for Accommodation" form. This form must state that the employee's disability necessitates an accommodation and the probable duration of the need for the accommodation.

### **Religious Accommodation Exemption:**

Employees seeking an Accommodation due to a sincerely held religious belief that is contrary to the Proclamation requirements must complete and provide to HR the "Request for Religious Accommodation" form which must include a statement regarding the way in which the requirements of this order conflict with the religious observance, practice, or belief of the individual.

## Employee Health

The health and safety of our employees is our priority. Below are resources and information to help answer your questions about employee health and FBH requirements. If you have additional questions, please contact FBH Human Resources.

The most recent information pertaining to signs and symptoms of COVID-19 can be found on the CDC, Washington State Department of Health and Spokane Regional Health District websites; the links for which can be found on the FBH intranet.

### Employee Symptoms

**FBH requires that employees not work onsite or within the general community if they are exhibiting symptoms suggestive of COVID-19 infection.**

One or more of the following for any duration of time:

Temperature above 100.4, cough, shortness of breath (difficulty breathing) or new loss of sense of taste and/or smell.

Two or more of the following symptoms for any duration of time, or one of the following for more than 24 hours:

Fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

If employees are exhibiting symptoms as described above, the employee is not permitted to come on-site to FBH or work for FBH within the general community until they have been informed by the Infection Control Officer Vivian McGee or Chief HR Officer, Molly Carlson that they are cleared to do so.

Employees should inform their supervisor, Vivian McGee and Molly Carlson if they have symptoms as described above. Employees will be required to complete a Data Collection Form and instruction pertaining to their ability to work onsite will be provided.

If an employee becomes symptomatic while at work, the employee is required to notify their supervisor immediately and leave as soon as possible. If the employee is not able to leave immediately, they are required to self-isolate in an enclosed office. Following the employee's departure, the area where the employee was working should not be occupied and disinfecting of the area should be completed after 24 hours have passed since the employee left the work area. To request disinfecting the supervisor should submit a Lansweeper ticket to Facilities who will contact janitorial services for cleaning. The Lansweeper ticket should include date the workspace was vacated, building name, room number or location of cubicle.

Based on, and in compliance with SRHD direction, exceptions to the above restrictions may be approved by Molly Carlson or Vivian McGee.

## **COVID Exposures**

Based on guidance from Spokane Regional Health District (SRHD) below is information as to what does and does not constitute an exposure to COVID-19, that may result in the need to quarantine.

### Examples of exposures:

- Interaction in which both individuals are unmasked, and they are closer than 6 feet for any length of time.
- Interactions in which both individuals are unmasked, and they are not within 6 feet but are within proximity of each other for more than 15 minutes.
- Interaction in which the COVID positive individual was unmasked, and the other individual was wearing a surgical or fabric mask and was within 6 feet of the COVID positive individual for 15 or more cumulative minutes.

### Examples that are NOT considered exposures:

- When both individuals were masked (any type) and interacted for any length of time.
- When the interaction was more than 15 cumulative minutes and the COVID positive individual was not masked but the other individual was wearing an N95.
- Interactions which were less than 15 cumulative minutes, or the individuals were 6 feet or more apart when one of the individuals was unmasked and the other individual was wearing a surgical mask.
- When an individual interacts with someone who interacted with someone else who tested positive.
- When an employee has been in a building where individuals have tested positive, but the employee did not directly interact with any individuals who tested positive.
- Interactions where individuals were both unmasked, 6 ft distance was always maintained, and the interaction was less than 15 minutes.

## **Employee Quarantine, Isolation and Return to Work**

In each of the below scenarios, the employee is required to notify FBH Human Resources/Molly Carlson and the Infection Control Officer Vivian McGee, who will assess the employee's situation for work restrictions, utilizing criteria from the Spokane Regional Health District, the Washington State Department of Health and the CDC. All employees are required to follow the notification requirements, regardless of whether they have recently worked onsite or in the community. After receipt and review of information, employee will be provided guidance on when they can return to onsite work and/or work in the community. Employees who must quarantine may be approved to work from home if their job is of a nature that it can be performed from home, the employee feels well enough to fully perform their work from home and the employee has the equipment and resources to do so.

Scenarios requiring notification to Molly Carlson and Vivian McGee:

1. Employee has signs or symptoms consistent with COVID-19 (See “Employee Symptoms” above)
2. Employee has been ordered to quarantine due to possible exposure or symptoms.
3. Employee has had contact with someone who has tested positive for COVID-19 (regardless of whether the employee is showing symptoms or not).
4. Employee has tested positive for COVID-19.

Employee may utilize any of their accruals for time off related to COVID-19 quarantine or illness.

### **COVID-19 Testing**

Washington State DOH, among others, recommends testing occur after 48 hours or later following exposure, and not less than 48 hours following exposure. If an employee is symptomatic, Rapid tests are accepted, if the employee does not have symptoms a PCR test is required.

In certain situation FBH may require employees complete COVID-19 testing. Requirement to test will be at the discretion of the Infection Control Officer and/or Safety Officer, based upon the individual factors relative to the employee’s situation. If testing is required, test results must be submitted to the Infection Control Officer and/or Safety Officer.

### **Positive COVID-19 Test Results**

#### Employees

Employees are required to inform the Infection Control Officer, Vivian McGee and Molly Carlson if they have received positive test results, as soon as the test results are received. If an employee, client or other individuals has a positive test result the following will occur:

1. If it becomes known that an individual tested positive and was on campus or interacted with others within the two days preceding symptom onset or positive test results, FBH will notify individuals who the COVID positive individual interacted with, based upon the list of contacts provided by the individual who tested positive. Notification may or may not include directions that the employee needs to quarantine, based upon the unique circumstances of the interactions (social distancing, masking, vaccination status, etc).
2. If the individual had been within FBH premises within 24 hours of symptom onset or testing positive, areas where the individual spent more than 10 minutes will be disinfected, if it has been less than 7 days since the individual was in the

building.

### Clients

1. If a staff member becomes aware that a client who was seen in person has recently tested positive for COVID, if the situation meets the criteria listed in the “COVID Exposure” section on page 6 of this document, the Infection Control Officer and the Safety Officer should be informed.
2. When the Infection Control Officer and/or Safety Officer becomes aware of a client who has tested positive who has recently been seen, information will be gathered to determine if the interaction constitutes and exposure, i.e. were face masks worn, how long was the interaction, distance between individuals, vaccination status of the staff member.
3. If its determined that an exposure did occur, FBH will notify all the exposed individuals FBH is aware of.
4. In the event FBH is made aware of an outbreak at facilities or places where FBH staff frequent, FBH may suspend in-person visits and limit in-person services to a remote structure, unless there is a client safety risk and remote services are not an option, in which case staff will be required to wear additional PPE which may include an N95 mask, gown, gloves, face shield. FBH staff who become aware of such an outbreak should notify the Infection Control Officer.

## Infection Prevention and Control

FBH has implemented both administrative and environmental controls in order to prevent the spread of COVID-19:

- Administrative Controls
- Environmental Controls

### Administrative Controls- Employee Requirements

Measures implemented by FBH to support physical distancing:

- Use of Telehealth and Telemedicine services
- Utilization of remote technology is encouraged for meetings.
- Groups and Meetings- While there are not capacity limits on meeting spaces, when in-person meetings or client groups occur, social distancing should be practiced as much as possible, by all individuals, regardless of vaccination status. Removing masks to eat at meetings in not permitted. Lifting masks to take sips of drinks is permitted.
- Training that involves overnight travel requires review and approval by the executive of the reporting chain, who must consult with the Incident Response Team.
- When attending external meetings or trainings FBH employees are required to remain masked, unless the employee is presenting training. If others in attendance are not masked, employees should leave the meeting/training if they are concerned about being around unmasked individuals.
- Enhanced client and patient medical screening prior to engagement and/or admission
- Removing masks for eating should only occur when the employee is alone, as



defined in the section titled “When masking is always required by everyone”. Sips of beverages that required a brief lifting of the mask is permitted when around others.

FBH employees are required to comply with the below list of Administrative Controls, which are employer-dictated work practices and policies that reduce or prevent hazardous exposures.

## Vaccination

In compliance with Governor Inslee’s 8/9/21 Proclamation which mandates COVID vaccination for all workers in a healthcare setting, FBH will require all employees, volunteers (including students) and contractors to be fully vaccinated by October 18, 2021, unless the individual is approved for a medical or religious exemption (see page 4).

### Presenting Evidence of Vaccination for Employees, Students, Temp Employees

Verification of vaccination must be presented to HR in person or sent via email and must include the following:

1. If emailed, the email must be sent to the general HR inbox, [HR@fbhwa.org](mailto:HR@fbhwa.org) not to any one individual within HR.
2. The verification must come from the employee’s own FBH email address.
3. Acceptable forms of verification (in person or sent electronically) are:
  - CDC Vaccination card
  - Documentation from a healthcare provider \*
  - Documentation from Washington State immunization information system
4. All forms of verification must include the individual’s name, the dates of the vaccination, type of vaccination. \*If the documentation type is a letter from a healthcare provider the letter must contain the provider’s phone number and name.

If you have misplaced your vaccination card you may obtain acceptable evidence of vaccination by visiting <https://wa.myIR.net>

A person is considered fully vaccinated when it has been two or more weeks since the last dose of vaccine was administered.

HR will view the vaccination documentation and will keep track on a log all individuals who have presented evidence of full vaccination. HR will not retain copies of vaccination documentation.

## Employee, Intern, Student, Temp Employee, Visitor and

## Contractor Masking

### **When masking is always required by everyone:**

Masking is required for everyone, regardless of vaccination, at all times unless the employee is working alone.

Examples of areas where masks are always required:

- When in common areas such as breakrooms, hallways, nurses station, inpatient kitchen.
- When meeting with others (employees, clients, non-employees)
- When attending external training or meetings
- When more than one person is traveling in a vehicle
- When working or meeting with others in an outdoor environment if the individuals will be closer than 6 feet.
- At all times when meeting with a client

### **When masking is not required by anyone:**

Masking is not required when working alone. Working alone is defined as working in a contained space without another individual present.

Examples of working alone:

- Working in a private office without others present. Employees are expected to pause before entering another's workspace, to allow the person who was working alone time to put on their mask.
- Working in alone in a cubicle that has 5-foot walls on three sides that extend beyond back of the office chair when the employee is seated. \* If another individual comes enters the cubicle or engages with the cubicle occupant within three feet without a barrier in between, this is not working alone. Note; a request for plexiglass installation to extend a cubicle that does not meet the size requirement can but submitted to facilities via Lansweeper.

### **Vendors, Visitors, Contractors**

Visitors, vendors, contractors, or other individuals that have a planned visit to FBH should be informed in advance that they will be required to remain masked. The FBH employee who is hosting the individual is responsible for informing the individual of FBH's mask requirement and for ensuring mask compliance.

### **General Mask Guidance:**

Ear loop masks are available for staff at each location, or staff may wear their own mask as long as the type of mask meets the criteria in the mask guide (below).

Supervisors may order mask stock from facilities via Lansweeper.

Face shields are not a replacement for face masks/coverings and are not an acceptable

form of masking, unless accompanied by an actual face mask. Exceptions may be approved by Human Resources for employees who have documented medical contraindications to masking.

All cloth face coverings must be professional in appearance, which generally means free of words or promotions and free of images which could be negatively perceived by individuals of varied ages, cultures, belief systems, etc. If a face covering is deemed to be unprofessional by a supervisor, the employee will be asked to wear a different face covering or wear a disposable mask.

Masks/coverings must be worn such that they cover both the nose and mouth.

Staff in need of N95 masks should inform their Director of the needs and the Director will facilitate N95 mask fitting.

Staff who are seeking an exemption to the masking requirement will be required to provide medical documentation that specifies their disability and impact to their ability to mask, contact Human Resources for more information and forms.

Non-compliance with the face mask requirement is subject to disciplinary action up to and including termination.

Use the below grid to determine the type of mask required in various situations.

Group	Low	Med	High
	<b>Reusable cloth face covering that fully covers mouth and nose</b>	<b>Non-cloth disposable: ear loop surgical masks or KN95</b>	<b>N95</b>
Staff entering client personal residence		X	
Staff working with <b>within 6 feet</b> of a masked or unmasked client for any period of time or staff working with a client for <b>more than 15 minutes</b> more than 6 feet apart. * see section on client masking requirements.		X	
Vehicle Co-Occupancy.		X	
Staff working for sustained ( <b>15 minutes or more</b> ) periods within 6 ft of another masked individual <u>without physical barriers</u>		X	

Staff working within 6 ft of another masked individual <u>with</u> physical barriers (i.e. cubicles) or staff working within 6 ft of another masked individual for less than 15 minutes.	X		
Staff traveling through common areas or engaging with other masked individuals for less than 15 minutes with 6 ft of distance generally maintained	X		
Staff in close proximity assisting patients with respiratory treatments such as spirometers and nebulizers or staff working within 6 feet of patients who are known or highly suspected to have COVID-19			X
Clients in groups settings		X	

## Use of Standard Precautions

Standard Precautions are in use at FBH to prevent the spread of infection to staff and prevent the spread of infection from patient to patient. These precautions must be followed in all patient care situations. Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Standard precautions are:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Respiratory hygiene and cough etiquette

## Hand Hygiene

Hand hygiene is the single most important step in preventing the spread of germs that can cause illness and/or infection and in prevention of cross-infection in the healthcare setting.

Washing hands with soap and water recommended:

- When hands or gloves are visibly soiled
- Before and after eating, drinking, and handling food or applying cosmetics (lip balm, etc.)
- Following personal hygiene (e.g. use of toilet, blowing nose)

Staff members will use the appropriate type of hand hygiene in situations that include, but are not limited to:

- After contact with respiratory secretions
- Before or after direct contact with patients or clients
- After contact with a contaminated-body site and before contact with a clean-body

site during patient care

- After contact with inanimate objects that have been touched by other individuals.
- After glove removal
- Before and after entering and exiting buildings

The purpose of basic hand washing is to mechanically remove soil, organic material, and transient microorganisms. The hand washing method, using tepid water, is:

- Moisten hands with water and apply soap
- Rub hands together, remembering to scrub all surfaces including backs of hands, wrists, between fingers and underneath fingernails, for at least 20 seconds.
- Rinse hands thoroughly under running water to completely remove soap
- Dry hands with clean towel or air dry
- Use paper towel to turn off faucet
- Avoid hot water to prevent drying skin

Alcohol-based hand sanitizer is available throughout the FBH locations and should be utilized in situation in which hand washing is not feasible (i.e during outreaches).

- Areas most often missed when applying alcohol-based hand sanitizer are thumbs, fingertips, and between the fingers
- Put product on hands and rub hands together
- Cover all surfaces until hands feel dry
- This process should take about 20 seconds

Wearing gloves alone is not enough to prevent the spread of infection.

Take special care to keep skin on hands intact or cover to avoid contact with potentially infectious material.

## **Personal Protective Equipment (“PPE”) Standard Precautions**

PPE is intended to prevent the spread of organisms from person to person. FBH provides and requires use of PPE for all employees whose job classifications may involve exposure to other potentially infectious bodily fluids, materials and equipment. PPE will be available at no cost to employees and accessible in appropriate sizes including alternative equipment such as hypoallergenic gloves, gloves liners, powderless gloves, etc. Training on the use of PPE including donning and doffing, can be found in the Relias catalog by searching the title “FBH-HOW-To-PPE.” In addition, supervisors may submit requests for specific training to the Infection Control Officer, Vivian McGee.

The types of PPE available to employees are as follows:

- Gloves
- Face Shield
- Goggles and/or safety glasses

- Gowns
- Cap
- Respirators

PPE is located in Nurses Station and medical exam rooms or within the employee's home department in non-inpatient areas. Additional PPE may be obtained through your supervisor. Questions about PPE availability and use should be directed to Vivian McGee, Infection Control Officer.

*Procedure for handling used PPE is as follows:*

- All infectious waste should be kept separately from the normal clinic solid wastes. Containers for such use are provided by the infectious waste hauler.
- All garments penetrated by potentially infectious materials shall be removed immediately or as soon as feasible.
- All PPE shall be removed before leaving the work area.
- Non contaminated PPE should be disposed in the nearest trash container.
- Contaminated PPE should be disposed in designated bio-hazard containers located at inpatient and Mary Higgins
- All PPE must be changed between tasks, procedures and patients \*unless specified as limited re-use or extended use by FBH Incident Command based on CDC and/or Washington Department of Health.

## **Environmental Controls**

Cleaning products are provided at all work locations. Each staff member is responsible for cleaning their immediate work area. If staff share a workstation with other individuals the workstation must be cleaned by both the outgoing and incoming staff member.

Each department is responsible for developing a routine cleaning schedule of all common areas, which includes once daily disinfecting of high touch surfaces, as well as commonly touched surfaces unique to each location. Common area cleaning includes breakrooms, hallways, meeting rooms, group room, lobbies. Supervisors are responsible for developing the cleaning schedule and overseeing compliance.

High touch surfaces include but are not limited to:

- Doorknobs/handles
- Light switches
- Copy machine buttons
- Microwaves
- Refrigerator handles
- Cupboard handles/edges
- Common area telephones
- Patient charts

- Medication carts
- Desks/work surfaces
- Arm rests in lobbies and offices.

Each area must be assessed for items transferred between individuals such as pens, clipboards, client activity items such as toys. Engineering controls such as a 'dirty and clean' pen containers should be implemented whenever possible. Items transferred between individuals should be disinfected with each transfer.

Staff who use common areas such as meeting rooms are responsible for disinfecting the area prior to exiting the space. When possible, items touched by multiple people should be removed, for example toys and magazines in waiting rooms.

FBH vehicles used by more than one individual should have the interior cleaned and disinfected after each use.

Disinfecting supplies will be kept in a central location within each department. If re-stock of supplies is needed submit a Facilities work ticket.

Questions about disinfection should be directed to Vivian McGee, Infection Control Officer.

## **Plexiglass and Physical Barriers**

Plexiglass is installed in all client lobbies.

Plexiglass is available for installation by facilities. If you are interested in plexiglass installation in your workspace, please submit a Lansweeper ticket. For client serving offices plexiglass is available in two sizes.

Lobbies set up has been arranged to increase seating distances.

## **Handling Linens- Inpatient**

Staff should wear disposable gloves when handling dirty laundry from all patients.

Gloves should be discarded after each use. If staff are using reusable gloves, the gloves should be dedicated for cleaning and disinfecting of surfaces for COVID-19 and **should not be used for other purposes**. Clean hands immediately after gloves are removed.

When handling a person's laundry, staff should wear disposable gowns which must be discarded after use.

- Do not shake dirty laundry. This will minimize the possibility of dispersing viruses through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to CDC guidelines by using bleach spray solution and then allowing the surface to dry before returning to the

patient's room.

## **Biohazard Waste Storage- Inpatient**

All infectious waste should be kept separately from the normal solid wastes. Containers for such use are provided by the infectious waste hauler and located in appropriate areas within the inpatient units.

### **Infectious waste containers storage**

- All infectious waste, except for sharps, should be collected and contained in a disposable, leak-proof red bio-hazard plastic bag. All bags should be secured to prevent leakage or expulsion of solid or liquid waste
- Biohazard bags should be placed into a lined leak-proof container (provided by infectious waste hauler)
- Avoid compacting the biohazard bags in the container when full; secure the lid on the container for transport
- Bio-hazard containers should be stored within the clinic in a designated "ventilated" room

## **Providing Face-to-Face Services during COVID-19**

### **Parameters for On-site Client Visits**

- Staff must wear a mask when engaged with clients, see the masking grid for the type of mask required for various situations.
- Upon arrival to FBH, clients will be asked COVID screening questions. If the client answers yes to any of the below questions, the client will be asked to leave and they will be re-scheduled for a later date or for a remote appointment.
  1. Do you have any COVID-19 symptoms that are not caused by another condition?
  2. Have you been in close contact with anyone with COVID-19 in the past 14 days?
  3. Have you had a positive COVID-19 test for active in the past 10 days, or are you awaiting results for a COVID test?
  4. Within the past 14 days has a public health or medical professional told you to isolate or quarantine due to concerns about COVID infection?
- For clients who have a positive COVID diagnosis or who have symptoms consistent with COVID, return onsite can occur one the following parameters are met:
  - a. It has been 10 days since the onset of symptoms and;
  - b. They have been fever free, without fever reducing meds for 24 hours and;
  - c. They have had a significant improvement in symptoms for at least 24 hours.
- For clients who have been directly exposed to someone who has tested positive for COVID they may return onsite when 14 days have passed since the exposure, unless the person who tested positive is the client's household member, in which case the client may return once it has been 24 days since



exposure, as long as the client is not exhibiting symptoms.

- If a client will be within 6 feet of a staff member for a period of more than 15 minutes, without a physical barrier both the client and the employee should wear a disposable ear loop mask. If the client presents with a cloth mask the client should be offered a disposable ear loop mask.
- If a client is unable to wear a mask due to medical reasons, the client should be offered a remote appointment.
- If, after arrival, the client refuses to wear a mask or removes their mask and will not put their mask back on the client should be asked to leave and a remote appointment can be offered. If the client refuses to exit contact a supervisor.
- Hand sanitizer must be available for both staff and clients at the location being seen.
- Staff are responsible for disinfecting/cleaning all items that are used or shared during interactions while on site. For example, pens, clipboards, etc. should be properly sanitized after use.
- Inpatient services ask screening question of potential admissions prior to and at the time of admission, and during rounds following admission. Client temperature taking is conducted at the time of admission and with routine vital sign checks each shift.
- When engaged with *unmasked* clients on the inpatient unit, a surgical mask must be worn and a distance of 6 feet or more should be maintained, when possible.
- Note, per CDC directive children under the age of 2 are not required to wear a mask.

## **Parameters for Outreaching Clients in the Community**

All of the same Outpatient Client Visit parameters apply, plus:

- Staff must wear a mask at all times when providing services in the community, see the masking grid for the type of mask required for various situations. Clients are required to wear a mask. Employees performing work in the community should maintain a supply of ear loop masks to provide to clients. *\*If the client refuses or is unable to mask due to medical reasons, the employee may opt to disengage as long as there is no risk to client or community safety. If the employee must remain with the client due to safety concerns or the employee opts to remain with the client the employee must wear an ear loop surgical mask and . a face shield or goggles should be used if there are indicators to do so (client has coughing, indicators the client may spit, etc.).*
- Staff should maintain social distancing of at least 6 feet when interacting with clients in the community, when possible.
- For outreach visits inside a client's home employees entering the residence must wear a surgical ear loop mask.
- Staff must have hand sanitizer with them during community outreaches and should practice standard hand washing or use hand sanitizer as a matter of routine.

- Staff who perform outreach should keep a supply of surgical ear loop masks, face shield or goggles and gloves with them. These supplies will be available within their home departments.
- Staff are responsible for disinfecting/cleaning any items that may be shared with others (for example, pens).
- Prior to a client being seen in person they will be screened for symptoms related to COVID-19. Questions should be asked at the time of scheduling (if being scheduled in advance) as well as asked once again by the staff providing the service. If an individual responds yes to any of the questions, the individual should be rescheduled to be seen on a different day or be set up for a non-face to face appointment, unless there is a need for immediate intervention based on an assessment that the client presents a safety risk

The screening questions staff must ask are:

1. Do you have any COVID-19 symptoms that are not caused by another condition?
2. Have you been in close contact with anyone with COVID-19 in the past 14 days?
3. Have you had a positive COVID-19 test for active in the past 10 days, or are you awaiting results for a COVID test?
4. Within the past 14 days has a public health or medical professional told you to isolate or quarantine due to concerns about COVID infection?

## Operational Clarifications Related to the Resumption of on-site, Face-to-Face Services

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*Now that FBH has resumed on-site, in person services, we are providing the below clarifications in a question and answer (Q&A) format to staff. We hope to update this document frequently, and it will be sent out to all FBH staff as a matter of routine. FBH's Safe Work Plan (SWP) will continue to provide guidance related to COVID-19 safety protocols.*

### General Q&As

1. **Doors & alarms:** Doors at all outpatient locations are unlocked during business hours. Building alarms will continue to be set outside of typical business hours.
2. **Mail and Courier Service:** Mail has resumed at all locations.
3. **Security:** Nighttime security at 711 E. Third is onsite daily between the hours of 8:00 pm – 4:00 am. Security on the Main Campus is onsite Monday – Friday 6:00 am – 8:00 pm.
4. **Capacity Limitations:** Per the Governor's order, FBH is no longer required to limit capacity in lobbies, group rooms or common areas.

5. **Call Forwarding:** Staff who have previously forwarded their extensions to cell phones or alternate contact numbers should un-forward their office extension upon returning to work on-site.
6. **Equipment and Furniture:** As a reminder, staff returning on-site will need to bring any equipment or furniture back to the office. This includes all IT equipment, chairs, etc.

### Specific Information related to Outpatient services

1. **Lobbies:** CSRs will be screening for routine COVID symptoms as clients check in for their appointments. Refer to the SWP for more information. Lobbies will have limited availability of shared items (books, magazines, etc.) and water/beverages will not be available in the lobbies as we re-open.
2. **Interpreter Services:** Face-to-face interpreter services are available upon request. The AT&T language line is also still available as needed. Requests for in-person interpreters can be made by contacting a CSR.
3. **Updated Dr. Blue/Dr. Silver systems:** Over the course of the coming months, we will be implementing a schedule to ensure that all buildings are converting to the new Dr. Blue/Dr. Silver alert systems. Trainings on the new system will be available in Relias but as staff return to their offices it is important that they become familiar with FBH's safety policies and the building environment. Supervisors are responsible for ensuring all staff are aware of FBH's practices when responding to an alert.
4. **Continuation of Telehealth/Telemedicine services in Outpatient programs:** The Telecommunications policy has been finalized and can be accessed on the intranet. The policy outlines the parameters in which telehealth/telemedicine can continue.
5. **Disinfecting and PPE supplies:** A bag containing hand-sanitizer, paper towels, disinfecting spray, and wipes have been placed in all offices. Refills for these supplies are available in break rooms and will be refilled by facilities routinely or upon request. PPE required for outreaches (such as goggles and face shields) have also been placed in breakrooms for staff to use as needed.
6. **Snacks and beverages in groups:** At this time, FBH will not be providing snacks for clients attending groups. Clients are encouraged to bring their own water bottle when attending a group session. If the client does not have a water bottle, the group facilitator is welcome to provide a bottle of water to the client. Sips of beverages that required a brief lifting of the mask is permitted when around others.