

What follows below is recommendations for COVID-19 readiness at this stage for Virginia's ACT teams. This has been modified from an original document created by UNC School of Medicine Center for Excellence in Community Mental Health. Obviously, this situation is fluid -- the following document may need to be updated/modified at any time due to circumstances changing. Sharing to inform the ACT teams but not making the claim that all potential best practices in this context are captured here.

Virginia Department of Behavioral Health and Developmental Services

Assertive Community Treatment Team readiness recommendations for COVID-19

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General

- 1- Team leadership will follow local and state COVID-19 messaging daily and share information with their teams at the daily team meeting. (Please note: These team meetings may be performed virtually or by phone if the technology is available for staff.)
- 2- Any guidance from the Virginia Department of Health that is more restrictive than this document supersedes guidance in this document.
- 3- All staff will follow locality and state level guidance around travel restrictions and other safety precautions.
- 4- All staff will continue to follow general best practices around infection control and prevention:
<https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>
<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>
- 5- Any staff person who believes they may have been exposed to Covid-19 should alert their supervisor and contact their local Virginia Health Department as soon as possible.
- 6- Staff who have fever or respiratory symptoms should stay home and alert their supervisor immediately.
- 7- ACT teams should record their policies and procedures related to COVID-19 in their policy and procedural manual as part of regulatory guidelines.

Patient Care

- 1- ACT teams know their clients and their families well – including any travel plans those individuals would have had. Teams should review at least weekly at the team meeting whether any individual served or individuals co-habiting with the individual served are known to have traveled to an area that is identified as higher-risk: China, Iran, Italy, Japan or South Korea or King or Snohomish Counties in Washington State (Seattle area) or is known to have had close contact with a person with confirmed or suspected Covid-19: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

2- For individuals identified as being at elevated risk, all efforts should be made to reach them by phone when possible (though this is often not possible with this population) prior to any home or community visits in order to inquire about any current fever or respiratory symptoms. If these individuals cannot be reached prior to a visit, then staff should ask about current symptoms upon arrival before engaging in the rest of the planned visit. If fever / respiratory symptoms are present, limit face-to-face contact as much as possible. If individual has symptoms and has traveled to high risk areas or has had close contact with someone known to have or suspected to have COVID-19 infection, do not continue face to face contact and reach out to the local Health Department for instructions. Additionally, information related to COVID-19 and its impact on Virginia can be found at <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

3- Identify alternatives to transporting individuals with flu-like symptoms in staff/agency vehicles. First step should be supporting individuals in reaching out to primary care about whether they need to be seen in person or might manage symptoms at home.

Infection Control and Prevention

1- Nursing staff – who are the team members most likely to engage in activities that require close physical proximity to the client – should complete fit testing in the event that in the future N95 respirators are deemed necessary. Other staff may need to be fitted in the future, although given that their role responsibilities are less likely to involve close contact as an essential part of those responsibilities, other strategies would likely be preferable to limit exposure.

2- Teams will assess their supply of sanitizer, soap and wipes to attempt to assure adequate supply. Additionally, teams will verify their supplies are in compliance with the identified list of supplies to be used for COVID-19 by the CDC.

3- Teams will establish a protocol for wiping down any car that was used for patient transport even if individuals transported were not displaying any symptoms.

4- As per Virginia Department of Health guidance, limit use of personal protective equipment to reserve it for needs in higher-risk settings.

Planning

1- Teams should review plans for how they would continue to serve their clients if multiple staff members were absent.

2- Teams should review their client lists for the most medically vulnerable clients/patients served by the team (immunocompromised, elderly, multiple medical co-morbidities) and those who live in congregated living settings (ALF, SNF, elderly living communities).

a. Consider limiting staff member contact with this group if staff member has age > 60 or pulmonary co-morbidities or is immunocompromised. Staff with concerns about whether their health conditions require modifications in this context should reach out to their local Department of Health and/or their primary care physician.

- b. Consider prioritizing this group for education about best hygiene practices.
- 3- Teams should touch base with pharmacy routinely to assure that there is no anticipated disruption in medication delivery to individuals served.
- 4- Anticipate coordination with a local Health Department / Division of Public Health for guidance around supporting access to food, medications and other essentials for individuals who are quarantined. Although this plan will not likely be fully formed without input from public health authorities, local and state level governmental bodies, and/or guidance from the Virginia Department of Health, teams should discuss how they might continue to serve an individual who is suspected or confirmed to be infected with COVID-19 including:
- a. What supports could be delivered via telephone or other means without face-to-face contact.
 - b. How medication delivery might be supported for an individual who is quarantined.
 - c. How long-acting injectable medications might be administered to an individual with suspected or confirmed Coronavirus or whether oral medications might be substituted.
- 5- Teams should be looking at plans that limit risk of staff-to-staff transmission or reduce risk of need for staff to self-quarantine because of exposure to an infected staff member. This includes exploration of moving team meetings to virtual meetings and limiting other situations in which there are a large number of staff congregating in the same place.