



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

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Dear Providers,

I am writing to touch base with you regarding concerns related to the new coronavirus, COVID-19. While COVID-19 has spread widely in other countries and is present in other states within the United States, there have been no diagnosed cases in Virginia to date. While there is no cause for alarm, this is a good opportunity to review the steps that providers can take to ensure that they are prepared for any public health crises that could occur, including infectious disease-related crises.

Now is the time to ensure that you are prepared for a public health crisis involving an infectious disease. All DBHDS licensed providers are required to prepare for emergencies, including those involving an infectious disease. These preparations shall include, at a minimum, the following:

1. Providers shall implement written infection control measures including the use of universal precautions. 12VAC35-105-720; 12VAC35-46-840. The CDC has advised that COVID-19 is a respiratory illness and that precautions should be similar to those typically used to protect against influenza. These precautions include standard hygiene practices, such as frequent hand washing, disinfecting regularly touched surfaces, and separating individuals who have symptoms of illness from those who do not. You should also be aware of additional precautions that may be necessary for individuals with co-morbid medical conditions that makes them susceptible to respiratory infections.
2. Providers shall implement a written staffing plan, which shall take into consideration, among other things, the needs of the individual receiving services, the number of people receiving services at any given time, and the number of staff required to safely evacuate all individuals during an emergency. 12VAC35-105-590; 12VAC35-46-870. In preparation for any potential public health emergencies involving widespread infectious disease, providers should evaluate whether their staffing plan is sufficient to provide coverage in the event of staff absences, which are a likely outcome of such a crisis. Residential providers may also want to identify contingency plans in the event that day or work activities are cancelled or interrupted.
3. Providers shall ensure that all staff receive orientation and ongoing training on topics related to, among other things, personnel policies, emergency preparedness, and infection control, to include flu epidemics and other similar infectious diseases. 12VAC35-105-440 & 450; 12VAC35-46-310. Providers should ensure that staff are knowledgeable about standard precautions, and other infection control strategies. It is important for staff to also be informed about the provider's policies and expectations with respect to sick leave when staff members experience symptoms of infectious disease.

The best sources for up-to-date information regarding COVID-19 are at the Virginia Department of Health (VDH) and the Centers for Disease Control and Prevention (CDC).

- VDH page on COVID-19: <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>.
- CDC resources: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- COVID-19 fighting products: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>
- In addition, while this is not the flu and has not yet been classified as a pandemic, this guide <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ind-house.pdf> provides helpful information on planning and prevention.

In closing, I would like to emphasize that while the emergence of any new illness can create stress and anxiety, it is important to remain calm and focus on preparing to keep ourselves, our staff, and the individuals who we support as safe and healthy as possible. Planning and maintaining open communication with staff, individuals and their families will be the most effective action you can take.

Sincerely,

Jae Benz

Jae Benz
Director, Office of Licensing
DBHDS