



Behavioral Health and Developmental Disabilities Administration

Communication #20-12

Infection Control Issues during Patient Close Contact Face to Face Assessment in Behavioral Health Clinic Settings in the COVID-19: Updated Guidance

Date of Issuance: July 8, 2020

For Questions Please Contact:

Jeffery Wieferich, MA, LLP
Director, Bureau of Community Based Services
Office: 517.335.0499
Wieferichj@michigan.gov

Guidance for Michigan Department of Health and Human Services For Community Based Mental Health Services, Substance Use Services and their Providers Practicing in Clinical Settings and Delivering Home Based Services

Updated as of 7/6/20; These guidelines replace those issued as BHDDA Communication #20-04, issued 3/25/20

The following guidance regarding prevention of the spread of the Coronavirus Disease of 2019 (COVID-19) pertains to the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration public and private organizations, entities, authorities, and providers who work directly with persons served in behavioral health and substance use disorder (SUD) community-based settings. This guidance is focused on local infection control and use of Personalized Protective Equipment and masks. There is also an important role for COVID-19 testing, though testing is beyond the scope of this guidance. The guidance below is based on the recommendations from the Centers for Disease Control and Prevention (CDC) and MDHHS. All individuals are encouraged to use resources available at www.michigan.gov/coronavirus, including posters to raise awareness of steps that can be taken. This website is being updated continually.

Specific infection control issues during patient assessment in behavioral health clinical settings

When an individual requires a face to face encounter, the following strategies should be implemented to mitigate risk of spread of COVID-19:

- Patients with respiratory illness should check with their primary care provider and follow guidelines from the CDC and Michigan.gov/coronavirus

- Seek to prevent the transmission of respiratory infections in healthcare settings by adhering to [respiratory hygiene/cough etiquette infection control measures](#) at the first point of contact with any potentially infected person.
- Offer a face mask to persons who do not have one; and provide tissues and no-touch receptacles for used tissue disposal
- Ill persons should wear a surgical mask when in the clinic setting.
- Healthcare personnel assessing a patient with influenza-like or other respiratory illness should wear disposable surgical facemask (acquired by separate vendor request and/or queuing for PPE through Local Health Departments), non-sterile gloves, gown, and eye protection (e.g., goggles) to prevent exposure. Since recommendations may change as additional information becomes available, check the [CDC website for COVID-19 updates regularly, as well as Michigan.gov/coronavirus](#).
- Patient and behavioral healthcare workers should perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after possible contact with respiratory secretions and contaminated objects/materials.
- Routine [cleaning and disinfection strategies](#) used during influenza seasons can be applied to the environmental management for COVID-19.

Guidance for Personalized Protective Equipment in Clinical Assessments where Patient Close Contact May be Necessary:

The following guidelines are established for clinical staff during close contact, face to face encounters with persons served:

General Overview:

- CDC definition of a close contact*:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

-OR-

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

*if such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, N95 respirator or facemask, and eye protection), the contact is considered an exposure.

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

Healthcare workers who anticipate close contact with the people they usually serve should consider their COVID-19 status. Facial mask coverings are recommended when working with an individual who has not been identified as a person who has been exposed or symptomatic and awaiting testing results (i.e., a “Person Under Investigation” or PUI) or having been found positive for COVID-19. When in close contact with PUI/people with COVID-19, the workforce should wear gowns, gloves, masks, goggles/face shields during said contact. The use of gowns, gloves, surgical masks, goggles/face shields is crucial for [health workers](#) and [people who are taking care of someone in close settings](#) . **That said, with supplies of PPE limited, it will be important for each clinical setting to determine how to ensure that the use of PPE is prioritized to those clinical staff who need to have close contact with an individual.** In considering this prioritization schedule, behavioral health clinical services providers should bear in mind that most behavioral health settings,

procedures that generate aerosolized droplets are not conducted.

General infection control guidance is offered as follows:

- Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
- PPE should ideally be put on outside of the home/interview room prior to entry into the home/Interview room.
- PPE should ideally be removed outside of the home/interview room and discarded by placing in external trash can before departing location.

Using Masks, Eye Protection, Gowns and Gloves:

In most mental health care settings, individuals in care are NOT undergoing procedures that aerosolize droplets (such as nasal swabs to detect COVID-19). Nevertheless, the CDC and Michigan.gov/coronavirus recommend the widespread use of masks to help reduce viral transmission. As new information comes to light, please refer to the CDC and Michigan.gov/coronavirus for further guidance. Specifically, guidance on this can be found from the CDC through its Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings available at: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

Guidance for Staff Reporting to Work in Community Mental Health and Other Settings:

Staff should remain home if they are not feeling well. Staff who are well are expected to continue conducting work responsibilities as usual, while exercising caution and mitigating risks using the national, state, and local level guidance provided. Some precautions include:

- Wearing masks in any setting where others are also present
- Frequently washing hands for 20 seconds with soap and warm water.
- Appropriately covering coughs and sneezes.
- Avoid touching eyes, nose and mouth.
- Regularly cleaning and disinfecting frequently touched surfaces, like doorknobs, keyboards, cell phones and light switches.
- Using resources available at michigan.gov/coronavirus, including our posters to raise awareness of steps that can be taken.

According to the Michigan Health Alert Network as of 3/22/20 the following guidance is given for healthcare workers:

1. If you are sick, please stay home.
2. Healthcare workers currently prohibited from working because of previous guidance may return to work if asymptomatic if they are able to be closely monitored by their facility's occupational health program and adhere to all requirements for self-monitoring.
3. In the context of sustained community transmission of COVID-19, all healthcare workers are at risk for unrecognized exposures. Therefore, ALL healthcare workers should self-monitor for fever with twice-daily temperature measurements and for symptoms consistent with COVID-19.
4. If you are a healthcare worker who has had a known high-risk exposure to a patient(s) with confirmed COVID-19, you should take extra care to monitor your health but can keep working. There is no requirement for 14-day quarantine of healthcare workers with high-risk exposures in

the setting of sustained community transmission as we have in multiple areas of the State of Michigan.

5. If you feel overwhelmed and need support to cope with the situation, contact the SAMHSA Disaster Distress Hotline at 800-985-5990 or the COVID-19 Hotline at 1-888-535-6136 and Press 8 for a Stay Well Counselor. Or go to Michigan.gov/staywell for additional resources to help with coping.

Accessing Personalized Protective Equipment (PPE):

The CMH/PIHP Organizations and providers should continue to review internal prioritization of who is an essential workforce member who requires formal PPE for infection control separate from use of cloth face masks. Requests for PPE should be made through one's own organization for separate purchasing and through Local Health Departments to be included in the local queue and prioritization, while also keeping BHDDA informed about PPE needs.

Reviewed by: Behavioral Health COVID-19 Response Team (BHCRT): Jeffery Wieferich, Kim Batsche-McKenzie, Jody Lewis, Price Pullins, Jon Villaurda, Larry Scott, Leslie Asman, Raymie Postema, Dr. Debra Pinals, Allen Jansen

Approved by: Allen Jansen, Senior Deputy Director, Behavioral Health and Developmental Disabilities and Debra Pinals, M.D., Medical Director for Behavioral Health

Signature: 