



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interim Coronavirus Disease 2019 (COVID-19) Guidance for Outpatient and Crisis Behavioral Health/IDD System Providers

March 20, 2020

Any scenario in which people gather together poses a risk for COVID-19 transmission. All businesses and facilities that congregate people in an enclosed space should create a plan to minimize the opportunity for COVID-19 transmission.

This guidance will help outpatient and crisis behavioral health/IDD system providers plan and prepare for COVID-19 in their communities.

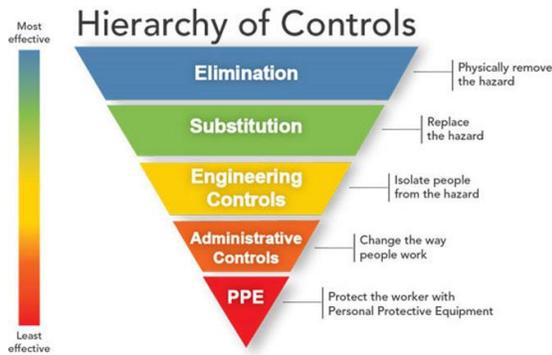
Continued access to outpatient and crisis behavioral health resources is essential during the COVID-19 crisis for all North Carolinians. Providers should update their disaster plans, including staff training, to ensure adherence to public health guidance. In clinics and settings where in-person care is needed, consider the following guidance, in addition to what is available through the NC DHHS guidance [website](#).

Plan Ahead

- To reduce unnecessary exposures, NC DHHS encourages all healthcare settings to maximize the use of alternate telehealth options and implement engineering and administrative controls such as prompt detection, effective triage and patient isolation.
- The use of Personal Protective Equipment (PPE) is the last line of defense to prevent transmission of COVID-19.

Communicate

- Hierarchy of Controls:**
The use of Personal Protective Equipment (PPE) is the last line of defense to prevent transmission of COVID-19. The focus is to implement administrative and engineering controls to control or limit exposures to the virus. The following strategies are more effective in limiting exposure and will also more effectively conserve your supply of [PPE](#).



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

- If in-person service is required, implement a phone screening protocol. Ask if they have symptoms of COVID-19 (e.g., fever, cough, shortness of breath), if they have traveled to an area with ongoing community spread of COVID-19, and if they have had close contact with a patient diagnosed with COVID-19 in the past 14 days. If they answer yes to any of these questions, consider offering telehealth services as appropriate. Instruct patients with symptoms of COVID-19 to call their medical provider.

Keep Everyone Healthy

- Remind staff and patients 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 [EPA registered disinfectant](#) appropriate for coronavirus.

Follow Strategies to Limit Exposure

If an in-person service is required, use the following strategies to limit exposure.

- **Social Distancing**
 - Evaluate seating arrangements in waiting and reception areas. Rearrange seating to allow a distance of 6 feet.
 - Encourage all persons to maintain social distancing of at least 6 feet during service.
- **Patient Screening**
 - Develop and implement a process for prompt identification of persons who could have COVID-19.
 - Upon recognition of a person who has respiratory symptoms, immediately provide a facemask and separate the patient from others (e.g., place in a separate room with the door closed if possible).

- Ensure staff providing the screening are in a low risk group, have appropriate [PPE](#) for screening, (e.g., surgical mask) or are standing 6 feet away from individuals being screened to conserve PPE.
- **Limiting Contact**
- Establish triage protocols for population served.
 - Limit the number of employees who have contact with patients. Reduce exposure as much as possible, such as limiting the number of people in waiting rooms. Consider having patients wait outside in their cars and contacting them by phone when you are ready to see them.
 - Exclude visitors.
 - Post signs regarding respiratory hygiene/cough etiquette and provide alcohol-based hand rubs (ABHRs) containing $\geq 60\%$ alcohol, tissues, and no-touch receptacles for disposal of supplies at entrances.
 - Implement telemedicine options to the extent possible.
- **Employee Training**
- Provide training/guidance to all employees regarding COVID-19.
 - Educate workers on when to use PPE (e.g., surgical masks, eye protection, gowns, and gloves) and how to minimize waste (<https://files.nc.gov/ncdhhs/documents/files/covid-19/-Interim-Guidance-for-Personal-Protective-Equipment-031220-Final.pdf>).
 - 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](#).
 - Educate workers on hand hygiene and respiratory etiquette.
 - Increase communication to help staff feel informed and prepared with the evolving situation.
 - Create protocols to help staff feel more comfortable fielding questions.
- **Cleaning and Disinfecting**
- Review cleaning and disinfecting procedures.
 - Clean/disinfect surfaces (with an [EPA registered disinfectant](#) appropriate for coronavirus) frequently to include counters, furniture, tabletops, door knobs, bathroom fixtures, telephones, keyboards, etc. (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)

For more information about COVID-19 preparedness, please see the CDC resources at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

For general information about COVID-19, refer to the North Carolina COVID-19 website at <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/individuals-families>.