To: All BSAS Licensees

From: Deirdre Calvert, LICSW, Director of the Bureau of Substance Addiction Services

Date: April 28, 2020

Re: Screening Patients for COVID-19 Cases in BSAS-licensed/contracted Programs

The purpose of this memo is to provide guidance to all programs licensed/contracted by the Massachusetts Department of Public Health’s (DPH) Bureau of Substance Addiction Services (BSAS) on screening patients for Coronavirus Disease 2019 (COVID-19).

This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee programs licensed/contracted by BSAS.

This guidance will be updated as needed and as additional information is available. Please regularly check mass.gov/covid19 for updated guidance.

Minimizing the Chance of Exposures
BSAS-licensed/contracted programs shall implement the following procedures in order to minimize the chance of exposing staff/patients to prospective patients potentially carrying COVID-19.

Prescreening
Prescreen patients who are calling to schedule appointments. Ask the following questions, and document the patient’s answers in their medical record (including any associated dates):

- Do you feel like you have a fever, or have you checked your temperature to see if you have a fever (100°F or higher)?
- Have you felt like you’ve had a fever in the past day?
- Do you have a new or worsening cough?
- Have you traveled within the past 14 days from a COVID-19 affected geographic area, including another country or state?
- Have you had close contact with a person diagnosed with COVID-19 in the past 14 days?
- Have you received a positive test result for COVID-19?
- Are you waiting to receive results of a COVID-19 test?
If the answer to any of these questions is yes, use nurse-directed triage protocols to determine if
the appointment is necessary or if the patient can be managed from home.

If the patient must still come to the program, or a chance to prescreen while making an
appointment was not an option (i.e. a patient walk-in), please consult the section below regarding
Admissions.

If the answer to all of the above questions is no, the patient does not need further COVID-19
screening in order to enter the program. If the patient develops symptoms after arriving at the
program, please see section below regarding Isolation.

Admissions
- Limit points of entry to your facility.
- Designate specific staff member(s) to undertake admissions and screening activities, in
  order to limit staff exposure.
- Consider installing physical barriers (e.g. glass/plastic windows) at reception areas to
  limit close contact between triage personnel and potentially infectious patients.
- Ensure rapid triage of all patients entering the facility.
- Determine if the patient has a fever (100ºF or higher) by taking their temperature using a
  non-contact thermometer, or asking if they’ve felt like they’ve had a fever in the past day.
- Ask the patient if they have a new or worsening cough.
- If the patient has a fever or a new/worsening cough, please consult the section below
  regarding Isolation.

Transfer From Other Facility
- If the patient has been transferred from another facility (e.g. hospital, other SUD
treatment program), determine the facility from which they were discharged, and when
they were discharged.
- Review if patient discharge paperwork includes any indications of COVID-19 symptoms
while in the other facility’s care.
- If any indication of having COVID-19 symptoms is included in the patient’s discharge
paperwork, please consult the section below regarding Isolation.
- If the patient discharge paperwork does not include any indications of COVID-19
symptoms, ask the questions and follow the instructions included in the section above
regarding Prescreening.

Isolation
- If a patient presents with a fever or a new/worsening cough, direct them to an isolation
room/space with the door closed if possible and with a private or separate bathroom
Such individuals require medical evaluation and guidance regarding testing for COVID-
19.
- Others should not enter the isolation room/space without Personal Protective Equipment
(PPE) appropriate to the care setting. Please see BSAS’ guidances regarding PPE in
different care settings:
  - PPE in BSAS-licensed/contracted ATS, CSS, TSS, OTP, OBOT, and Outpatient
Service Programs; and
• **PPE in BSAS-licensed/contracted Residential Programs.**
  
  Consult BSAS’ guidance regarding [Waiver from Certain Regulatory Requirements](#), which includes the relaxation of space utilization requirements if needed for isolation.

  • If your facility does not have designated isolation rooms/spaces, determine a pre-specified location/facility to which you will be sending patients presenting with COVID-19 symptoms.

  • Provide the patient a facemask to cover their nose and mouth. If PPE is not available then homemade cloth masks or other covering may be used depending on the care setting (see BSAS PPE guidances linked above).

  • Notify management and BSAS through the Required Notification process.

  • Provide the patient instructions on cough etiquette and handwashing/hygiene.

  • Let the patient know to not leave their room (unless using the restroom), and if they do leave their room to wear a facemask.

  • While in isolation, monitor for changes in symptoms. Patients with progressive symptoms should receive medical evaluation by telehealth or by EMS.

  • Patients may leave isolation when:
    
    o **At least** 10 days have passed since the onset of their symptoms; and
    
    o **At least** 3 days (72 hours) have passed since their fever resolved (without the use of fever reducing medications); and
    
    o Their respiratory symptoms have improved.

**Cleaning**

- Increase the frequency of cleaning for shared spaces and high-touch surfaces, such as elevator buttons, railings, door handles, faucets, and shared items used for admissions (e.g. shared clipboards/pens/tablets used for checking in, if applicable).

- Clean all rooms with a focus on hard surfaces (e.g. desks, tables, countertops, sinks), using a disinfectant on the list of [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 (the Cause of COVID-19)](https://www.epa.gov/pesticide-registration/registered-pesticide-information-electronic-database).

- Use alcohol wipes to clean keyboards, touchscreens, tablets, and phones.

- For further information regarding deep cleaning of a location where a patient/staff member was confirmed to have COVID-19 and was present in the facility while they were symptomatic, please consult the following Executive Office of Health and Human Services (EOHHS) and BSAS guidances:
  
  o EOHHS: [April 14 Updated Residential and Congregate Care Guidance](https://doh.maine.gov/files/coronavirus/residential-guidance.pdf) (see section titled “Deep Cleaning”); and
  
  o BSAS: [April 6 Reporting/Mitigating COVID-19 Cases in BSAS-licensed/contracted Programs](https://www.bsas.org/COVID19/Mitigation) (see section titled “Deep Cleaning”).

The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.
For the latest information, visit the DPH 2019 Novel Coronavirus website which is updated frequently: www.mass.gov/2019coronavirus.

**DPH prevention guidance:** printable fact sheets


**Call BSAS' Helpline at 1-800-327-5050** (8am-10pm Mon-Fri, 8am-6pm on weekends) to get information on programs and services that are best for you in your area. Go to [www.helplinema.org/help](http://www.helplinema.org/help) for more details.