



The Commonwealth of Massachusetts
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To: All BSAS Licensees

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

Date: April 6, 2020

Re: Reporting/Mitigating 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 addressing BSAS-licensed/contracted programs' staff and patients who test positive for or have been exposed to Coronavirus Disease 2019.

DPH continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2. This outbreak impacts us all, and we appreciate the essential role you have in responding to this evolving situation. DPH understands each program faces specific challenges associated with implementing this guidance based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee residential and congregate care programs.**

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

Overview

The following directives provide guidance for BSAS-licensed/contracted programs for reporting confirmed cases of COVID-19 in staff or patients/residents, and steps to take when a staff member/patient/resident has been potentially exposed to COVID-19.

Precautions

BSAS-licensed/contracted programs should take precautions to prevent the spread of COVID-19, including:

- Cleaning **and** disinfecting frequently touched surfaces **daily**, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them (using detergent or soap and water) prior to disinfection.

- Clean your hands often. Staff/patients/residents should wash their hands often with soap and water for at least 20 seconds, especially after being in a public place, blowing one's nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer containing at least 60% alcohol.
- Staff should work from home, as appropriate.
- Staff should not come to work if they are experiencing symptoms.
- If staff need to be in the work setting, avoid close contact at all times. Practice social distancing and provide at least six feet of space between workstations. Consider posting signage in any break rooms or other common areas to remind staff to practice social distancing.
- Prohibit the size of gatherings in accordance [with issued executive orders](#).
- For further guidelines on preventing COVID-19, please see the CDC's [How to protect yourself](#).

Staff/Patient(s)/Resident(s) Impacted

BSAS-licensed/contracted programs should follow the below action steps in the event one of their staff, patients, or residents has tested positive for COVID-19.

A visual depiction of the quarantine process is available in **Appendix A: Staff Quarantine and Reporting**.

Confirmed Cases

If a staff member/patient/resident tests positive for COVID-19 and has been at the program since being symptomatic:

Reporting

- Notify the Local Board of Health or DPH's Epidemiology Line at 617-983-6800 and follow any provided instruction.
- Notify BSAS through the Required Notification system by faxing the Required Notification form to 617-624-5395. Additionally, fill out and submit the attached spreadsheet for any positive COVID-19 cases to the same fax number. COVID-19 positives must be reported for all BSAS-licensed/contracted programs, both bedded and non-bedded.
- Please note that any COVID-19 cases which have already been reported to BSAS through the Required Notification system previous to the date of this updated guidance (4/6/2020) **do not** need to be repeated.

Cleaning

- Close all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the program may remain open.
- Increase air circulation.
- Schedule a deep clean of all areas used by the ill person. Wait as long as practical – if possible, at least 24 hours – to begin cleaning and disinfection to minimize exposure to respiratory droplets.

Exposure to a Confirmed Case

Exposure to a confirmed case is defined as a staff member/patient/resident who may have had close contact with an individual who has tested positive for COVID-19 but has not tested positive themselves.

“Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, has been within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic**. Close contact that occurred before the person became symptomatic is **not** considered to be an exposure. Decisions about who had close contact and implementation of quarantine orders (if necessary) are done through the Department of Public Health or Local Board of Health.

- The staff member/patient/resident should self-quarantine for 14 days.
- Those in self-quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus may return to work once the 14-day quarantine period has ended.
- The work location does not need to be closed.
- The work location does not need to be deep cleaned at this time.
- Staff should communicate their quarantine status to their manager via e-mail. If the exposed staff member subsequently develops symptoms and tests positive for COVID-19, follow the guidelines under the **Confirmed Cases** section of this document. If the exposed staff member completes self-quarantine without developing symptoms, they may return to work after informing their manager.

Suspected Cases

If a staff member has respiratory symptoms consistent with COVID-19, they should leave work and immediately contact a healthcare provider for further clinical assessment. No reporting or cleaning is indicated of the workplace unless the staff member was in the workplace while sick. The staff member’s workspace should be closed off pending evaluation by a health care provider and decisions around needing to test for COVID-19.

Confirmed Cases Outside of Work Location

If a staff member at a BSAS-licensed/contracted work site/location tests positive for COVID-19 but has not been to the program while they were symptomatic, no deep cleaning is required. Confirmed cases should still be reported:

- Notify the local board of health or DPH’s Epidemiology Line at 617-983-6800 and follow any provided instruction.
- Notify BSAS through the Required Notification system by faxing the Required Notification form to 617-624-5395. Additionally, fill out and submit the attached spreadsheet for any positive COVID-19 cases to the same fax number. COVID-19 positives must be reported for all BSAS-licensed/contracted programs, both bedded and non-bedded. Please note that any COVID-19 cases which have already been reported to BSAS through the Required Notification system previous to the date of this updated guidance (4/6/2020) do not need to be repeated.

- Follow the CDC [Return to work](#) guidelines to determine when a staff member may safely return to work sites/locations.

Staff Member Resides with Quarantined Individual

If a staff member resides with a quarantined individual, but that quarantined individual has not tested positive for COVID-19, no reporting is required. The staff member may continue to work as normal.

If a staff member resides with an individual who tests positive for COVID-19, the staff member should be quarantined for 14 days following the last close contact with the confirmed case. The quarantine process is managed by the Local Board of Health. If the staff member develops symptoms during that 14-day period, they should immediately contact a healthcare provider for further clinical assessment.

Deep Cleaning

A deep clean of a work location may be required if a staff member is confirmed to have COVID-19 and was present in the program while they were symptomatic.

Definitions

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk for spreading infection.

Timing of Deep Clean Procedures

- Close off the areas used by ill persons.
- Open outside doors and windows to increase air circulation in the area and wait as long as practical before beginning cleaning and disinfection to minimize potential exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.

Personal Protective Equipment

When performing cleaning of any area:

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- If any part of the cleaning may result in sprays, then the cleaning staff should wear a mask, including eye protection.
- After cleaning a room or area occupied by ill persons, remove gloves and immediately clean hands.
- Cleaning staff and others should clean hands often – including after removing gloves and any contact with a sick person – by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.

- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

Cleaning Surfaces

- Clean dirty surfaces with detergent or soap and water prior to disinfection.
- Cleaning staff should clean and disinfect all areas – such as offices, bathrooms, and common areas – that have been used by the ill persons. Focus especially on frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Cleaning Agents

- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or other cleanser.
- A bleach solution can be prepared by mixing 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.
- [Products with EPA-approved emerging viral pathogens claims](#) are expected to be effective against COVID-19 based on data for harder to kill viruses.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- If the items can be laundered, launder items. Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this link](#)) that are suitable for porous surfaces.
- Please see CDC [Clean & Disinfect](#) for further guidance.

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](#)

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

To file a complaint against a licensed substance use disorder treatment program or licensed alcohol and drug counselor (LADC), call (617) 624-5171.

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 for more details.

APPENDIX A: Staff Quarantine and Reporting

