

Reopening Protocol for Substance Use Disorder and Mental Health Support Groups

Recent Updates:

6/29/20: In the event that 3 or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Department of Public Health

The County of Los Angeles Department of Public Health is adopting a staged approach, supported by science and public health expertise, to allow certain retail businesses to safely reopen. The reopening protocols below are specific to lower risk settings and activities that are permitted to reopen by the County Health Officer Order issue on May 13, 2020. In addition to the conditions imposed on these specific settings and activities by the State Public Health Officer, these settings and activities must also be in compliance with the conditions laid out in the Checklist for Substance Use Disorder and Mental Health Support Groups provided below.

Please note: This document may be updated as additional information and resources become available so be sure to check the LA County website <http://www.ph.lacounty.gov/media/Coronavirus/> regularly for any updates to this document

This checklist covers steps required to assure the safe reinstitution of mental health, substance use disorder, and other therapeutic support groups in residential and nonresidential mental health and substance use treatment programs, congregate living facilities, homeless shelters and similar settings, as well as stand alone self-help groups which may take place in a variety of settings.

These therapeutic support groups are required to comply with public health guidance applicable to those settings and activities concerning employee safety, use of physical distancing, and infection control measures. The practices listed below must be implemented in addition to those measures.

All settings engaging in activities covered by this guidance must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is not applicable to the setting.

Group/Setting name:

Facility Address:

Maximum Occupancy, per Fire
Code:

Approximate total square footage
of space of facility:

A. POLICIES AND PRACTICES TO PROTECT PARTICIPANT HEALTH (CHECK ALL THAT APPLY TO THE FACILITY)

- ☐ All participants have been told not to attend the group if sick or if they have been exposed to a person who has COVID-19 and to follow Department of Public Health guidance concerning isolation or quarantine, as applicable. Participants are not penalized if required to miss one or more meetings due to illness or exposure.
- ☐ Upon being informed that one or more employees test positive for, or has symptoms consistent with COVID-19 (case), the employer has a plan or protocol in place to have the case(s) isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s). The employer's plan should consider a protocol for all quarantined employees to have access to or be tested for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures.
- ☐ Symptom checks are conducted before employees may enter the workspace. Checks must include a check-in concerning cough, shortness of breath or fever and any other symptoms the employee may be experiencing. These checks can be done remotely or in person upon the employees' arrival. A temperature check should be done at the worksite if feasible.
- ☐ Symptom checks are conducted before participants may enter the group unless conducted at entry to the site in which the group occurs. A verbal check-in concerning cough, shortness of breath or fever and any other symptoms the participant may be experiencing can be done in-person upon arrival or remotely, before the participant attends the group. A temperature check should be done at the site of the support group, if feasible.
- ☐ In the event that 3 or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Department of Public Health at (888) 397-3993 or (213) 240-7821. If a cluster is identified at a worksite, the Department of Public Health will initiate a cluster response which includes providing infection control guidance and recommendations, technical support and site-specific control measures. A public health case manager will be assigned to the cluster investigation to help guide the facility response.
- ☐ A copy of this completed protocol has been distributed to each participant.
- ☐ This protocol and other COVID-19 related materials offered in translation on the County's DPH Coronavirus Website are provided to participants in their own languages, when available.
- ☐ Optional—Describe other measures:

B. MEASURES TO ENSURE PHYSICAL DISTANCING

- ☐ The total number of participants in the group, including participants and group facilitators/leads, may not exceed 10.
- ☐ To the extent feasible, groups are scheduled at times that will not lead to overcrowding as participants arrive at site entryways and exits.
- ☐ Chairs, sofas and other seating in the group meeting space are arranged to permit at least 6 feet of space between any two participants.
- ☐ To the extent feasible, entry to the meeting space is limited to participants and group facilitators/leads.

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- ☐ All group participants must comply with site guidance concerning occupancy limits in restrooms and in any common areas, including smoking areas, near the meeting room or space.

C. MEASURES FOR INFECTION CONTROL

- ☐ All group participants wear cloth face coverings at all times in the group and in moving through the site in which the group takes place.
- ☐ All group participants sign in using their own pens or using a pen that is sanitized between users, or electronically using personal devices or devices that are sanitized between users.
- ☐ No food or drink is served within the meeting and no sharing of food/drink/cigarettes/etc. is permitted
- ☐ Hand sanitizer, tissues and trash cans are available to the public at or near the entrance and exits of the facility.
- ☐ Optional – Describe other measures to promote infection control:
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Any additional measures not included above should be listed on separate pages, which group facilitators/leads should attach to this document.

You may contact the following person with any questions or comments about this protocol:

**Group Contact
Name:**

Phone number:

**Date Last
Revised:**