

ALL BHA Provider Call w/Public Health Services – May 15, 2020 – 10 a.m. – 11 a.m.

MEETING NOTES

ATTENDING

Aliya Jones, Stephanie Slowly, Kathleen Rebbert- Franklin, Frank Dyson, Angela Onme, Darren McGregor, Iva Jean Smith, Jaime L Barnes, Jessica Sexauer, Marian Bland, Marion Katsereles, Mary Vigiani, Priya Arokiaswamy, Risa Davis, Sandra Ulrich, Stefani Odea, Susan R. Steinberg, Suzette Tucker, Sydney Rossetti, Tammy M. Lowe, Tracy Vesta, BHA providers, Rebecca Perlmatter

ANNOUNCEMENTS

Opening Remarks from Dr. Aliya Jones, Deputy Secretary for Behavioral Health, MDH - Good morning everyone and thank you for joining us again for our weekly call with All BH providers and PH to discuss issues and areas around COVID-19. This meeting is being recorded. I would like to share some words of encouragement during this time to help keep us centered. This comes from the Five Techniques to Protect your Mind from the Coronavirus - Building Greater Mental and Emotional Resilience, all comes down to our everyday habits. How do we management our own mental health during this time? Here are somethings to consider: 1) reframe the value of self-care, it speaks to the fact that often times we think that self-care is a luxury. We have to make sure we are prioritizing self-care, so that we can continue with what we have to do 2) building time for self-care into each day, whether you are leaving your home to go to a clinic or other type of work environment, or at home and have the challenge of balancing taking care of your family, work and self, be sure to take time for self-care in doing things that are important to you including exercising, meditating, preparing a meal instead of ordering out and connecting with friends and family; 3) making sure you get proper sleep, there are several studies out in the lay media that inform us that lots of people are having significant problems with sleep during this time of crisis. If you do not get proper sleep, it is difficult to feel good; 4) managing your digital consumption and being thoughtful about the amount of time you are spending in front of media and thinking about is it important that I do this. Is it necessary for us to meet; is going to accomplish anything; 5) cultivating a spirit of kindness, this is a very challenging time and it is important that we are kind to ourselves and that we also are extending that kindness to others. Thank you for continuing to take care of yourself so that you can be present to take care of the many people who need you. Again, we thank you for joining us this morning for our meeting with PH. Also, with the changes that were announced by the Governor on Wednesday regarding the lifting of the stay at home order and moving into this new space of being safer at home, as it pertains to the BH care industry in the State of Maryland, nothing is changing due to the new executive orders. We remain essential personnel and our practices and businesses do as well. We are in constant communication with our Medicaid partners around the allowances of telehealth, and expansion. We will make sure you are aware of any changes and I also will invite Medicaid to this meeting for any questions you may have about the future. When there are changes down the pike, we want you to know that we are in very close communications

with the Attorney General's Office and they are closely monitoring these orders. When there is a change, we will also invite them to participate in this meeting for any questions you might have.

These weekly BH Call-ins will provide a platform for PH to provide an overview of the PH response to COVID-19 to help you be responsive, effective, and remain well.

Any questions that arise after these sessions, we encourage you to continue to submit them to Sydney.rossetti@maryland.gov by Wednesday before that week's Friday call.

DISCUSSION

Rebecca Perlmatter, Epidemiologist, Infectious Disease Epidemiology and Outbreak Response Bureau, Public Health Services will give updates today on COVID-19 issues.

1. Latest Data from CDC on Coronavirus (See attached PP)

We will look at some of the numbers that have come out in the last 24 hours.

It is reported that we are at 4,444,670 detected worldwide.

It was reported early this morning that Lesotho in Africa have detected their first case, so now every country in Africa is also reporting cases. There are still a few countries in the world who are not reporting any case, these are usually small South Pacific Island nations that get about 2 airplane flights per week. It is easier for them to restrict travelers.

The US continues to be number one with 1,384,930 cases, 20,869 new, 83,947 deaths, 1,701 new. Maryland 36,986 cases, 1,083 new deaths 1,792, 44 new Hospitalizations 6,679, 146 new. These numbers have not changed much in the last week or so. We also continue to have hospitalizations. Here is a death table of confirmed deaths. It looks like it maybe the numbers are leveling off a little bit. We will see what this looks like after this outbreak is over. The hospitalization data seems to be leveling off a little bit and hope this trend continues especially after social distancing have been relaxed, and that we continue to see this trend in the decrease use of acute care and intensive care beds.

CDC Guidance for Behavioral Health

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This is mostly designed for group live in settings but a lot of this will also apply to outpatient settings as well.

Challenge: Cohorting:

One of the main challenges is cohorting. Cohorting means you are putting residents who are positive with COVID-19 in a designated area in the facility and they would have dedicated staff to care for them. Due to patient population, security, or behavioral concerns it may not be possible to do this. Potential suggestions include trying to keep residents 6 feet apart, having a bathroom designated for the COVID-19 positive residents. Ensuring that staff wear masks when interacting with residents.

Isolation and Quarantine

Residents who have tested positive or even in general, residents should be encouraged to stay in room as much as possible, which is a form of social distancing. There are some routines that are hard to disrupt. Try to stagger times when residents do leave their room. Try to keep staff consistent as much as possible.

Challenge: Group Therapy

Another challenge is group therapy. It is also very hard to do social distancing in a group therapy setting. We have been in conversations with several psychiatry and psychotherapy organizations in Maryland on how to do group therapy and social distancing at the same time. There are some virtual platforms out there that facilities can explore. If you are interested, I can refer you to Sheppard Pratt who have been doing very well with this therapy. And, if a facility does have cases of COVID-19, you really do have to move to a video platform. If you do not use video platform, it is suggested decreasing group size and placement setting distancing of chairs in group therapy.

Challenge: Face Coverings:

We have this universal face masking policy in the State that everyone is supposed to wear a mask, including residents and staff, when interacting with patients, but some of your residents are going to be unable to wear mask because of emotional distress for some residents. You can consider not using masks for those particular patients. Also, a face mask should not be used for anyone who can't remove the mask on their own, if you have someone who has mobility issues and cannot take off the mask themselves, or if they have cognitive difficulties and they would not understand how to pull off a mask, then they should not be wearing one. You can consider allowing low risk residents to wear cloth face masks, the short ear loop design is the preferred type to the mask that ties in the back. Ensure that staff and health care workers do wear medical masks when interacting with the residents.

Challenge: Alcohol Hand Sanitizers:

This is a great way for staff and even residents to wash their hands, but you have to make sure that your residents are not going to drink it. This may be in the case of some residents who have substance abuse issues or very small people. There has been cases of death with small children that ingest it. It is suggested that you consider not putting hand sanitizers in residents' rooms and encourage residents and clients to do hand hygiene with soap and water and provide staff with small pocket-sized bottles to carry with them.

Challenge: Dining:

We are encouraging social distancing. However, because of some of the psychiatric medicines patients are on, other issues that can cause choking issues and they have to be observed so that they will not choke when eating. Self-harm. We suggest one-on-one supervision in resident's room. You can also stagger dining to one (1) person at each table with being 6 feet apart.

Challenge: Smoking:

Smoking is a risk factor for severe disease. You may have a high proportion of clients who are smokers and smokers like to congregate together. If it is possible, try to have a schedule for smoking and make sure they use social distancing while smoking. No sharing of cigarettes.

These are some of the new guidelines that came from the CDC.

Return to Work Guidance

When to exclude your staff:

If someone comes in to work and they have any symptoms of COVID-19, they need to be excluded. Recommend testing. If testing is negative and COVID is not suspected, staff may return to work. Because symptoms may be mild having a cough, upper respiratory illness, loss of smell or taste and allergies, we really encourage that if someone thinks they have allergies, have them get tested. Confirm that they do not have COVID. If someone is not able or willing to be tested, they should be excluded for 10 days. Now is a good time to start planning for staffing shortages, because if you do start to have staff test positive and they do have to be excluded, you might have a staff shortage. If you have shortage of staff, start lining up a contract with a staffing agency or checking with others facilities in your network about borrowing staff.

Checking in with acute care hospitals to see if they can lend you staff or other different ways to make sure you are going have enough staff.

When to come back to work:

If someone has tested positive or have not been tested, they can come back in 10 days after symptom on set, 3 days without fever and improving other symptoms. However, if symptoms have not fully resolved, staff should avoid caring for clients, patients or residents who are severely immunocompromised until all those other symptoms have been completely resolved. All staff should continue to wear a mask at all times.

MDH Updates

May 13th Governor Hogan announced commencement of phase one which includes moving from a stay at home order to a safer at home advisory and the gradual start to reopening of retails, manufacturing, houses of worship, and some personal services. The Commencement of phase one does not change recommendations for residential facilities. Residential facilities should continue to restrict visitation, actively screen employees, and encourage healthcare personnel and clients to maintain social distancing both in and out of the workplace and continue wearing masks when appropriate.

Questions for PH:

- 1) A family member who was hospitalized with COVID a month ago and discharged with good recovery, and a daughter and husband who reported negative on the nasal test five days ago and came up IGG positive and IGM negative, how safe are we to meet with them for a memorial services for loss of a son?

PHS Response: The fact that their nasal swab was negative, means they did not have detectable RNA in their nose from COVID. IGG and IGM means that they had the antibody testing, this suggests that they were infected but that infection is getting better. A little note about immunology, I am going to give a brief overview: When you first get infected with a virus, the first thing that is going to spike is IGM and that is going to be the very first reaction that your immune system is going to mount against the virus and that is how your immune system starts to fight that virus off. After you been infected for a little while and start to fight off that virus, then IGG is another type of immune response going to start to go up and the IGG is what usually lasts longer and sometimes IGG is what contributes to a longer immune status. IGM means that you were recently infected IGG means you probably were infected. These people who are IGG positive and IGM negative had been infected but it was a while ago and they are safe to meet with. It is

recommended that both the family and the people meeting with them do continue to wear masks.

2. Traveling out of State:

PHS Response: I am not going to go into the flying issue because of the political issues about traveling out of state and this is question for a legal person.

3. Person did not have fever but they did have loss of taste and smell about six weeks ago.

PHS Response: Even if you are going by symptom on-set 6 weeks ago, more than 10 days have gone by since system on-set and this family is completed recovered from the COVID experience, not sure if immune, but they are recovered.

4. Is temperature testing going to be a requirement as status of the reopening process?

PHS Response: It depends on the establishment, retail settings does not require temperature check but if you are having people come in for patient care, then absolutely.

BHA Office Updates, Cancellations, and Rescheduling

Next meeting will be held on Friday, May 22, 2020 10 a.m. – 11 a.m.