

**Substance Abuse Prevention and Control (SAPC)  
Residential Readiness for COVID-19 – Assessment Tool**

Agency Name		# Licensed Beds		Date	
Site Address		# Contracted Beds		Respondent	
Levels of Care	<input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.2-WM <input type="checkbox"/> 3.7-WM <input type="checkbox"/> 4-WM <input type="checkbox"/> RBH	# Empty Beds Last Night		Interviewer	

**INTERVIEWER INTRODUCTION** The Department of Public Health is contacting all (residential treatment OR Recovery Bridge Housing providers) to learn what you have implemented to reduce the spread of Coronavirus, or COVID-19 within your facilities and adapt services to meet the needs of patients seeking care for their substance use disorder health condition. You and your team are essential members of the health care system; therefore, we need to understand how you are operating during this public health emergency.

The purpose of this call is to learn from you and see if we can support you in offering technical assistance to help you optimize your infection control practices. We understand that providers are working diligently to implement new protocols and encourage you to be honest so we can better serve you. I want to reiterate that the questions I ask are NOT a monitoring or compliance audit. This is an opportunity for us to work together to ensure that COVID-19 prevention protocols have been implemented and for SAPC to support and assist, if needed. Do you have any questions before we get started? [**respond or get started**].

QUESTIONS – ASSESSOR		
QUESTION	RESPONSE	IMMEDIATE ACTION
<i>The purpose of these questions is to solicit an unprompted (open-ended) and basic understanding from the site on what steps it has taken to reduce transmission of COVID-19.</i>		
How has your intake process changed as a result of COVID-19? Walk us through the process and workflow in detail from A-Z. <input type="checkbox"/> Prepared <input type="checkbox"/> Somewhat Prepared <input type="checkbox"/> Not Prepared		
What do you do if a <u>NEW</u> patient has <u>symptoms</u> of COVID-19 (new cough, fever 100.4° or higher, shortness of breath, difficulty breathing, alternating sweats and chills)? <input type="checkbox"/> Prepared <input type="checkbox"/> Somewhat Prepared <input type="checkbox"/> Not Prepared		
What do you do if a <u>CURRENT</u> patient has <u>symptoms</u> of COVID-19 (cough, fever 100.4° or higher, shortness of breath, difficulty breathing)? <input type="checkbox"/> Prepared <input type="checkbox"/> Somewhat Prepared <input type="checkbox"/> Not Prepared		
What do you do if a <u>staff member</u> has <u>SYMPTOMS</u> of COVID-19 (cough, fever 100.4°F or higher, shortness of breath, difficulty breathing)? <input type="checkbox"/> Prepared <input type="checkbox"/> Somewhat Prepared <input type="checkbox"/> Not Prepared		
What do you do if a <u>staff member</u> is <u>EXPOSED</u> to someone with symptoms of COVID-19 (cough, fever 100.4°F or higher, shortness of breath, difficulty breathing)? <input type="checkbox"/> Prepared <input type="checkbox"/> Somewhat Prepared <input type="checkbox"/> Not Prepared		

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What do you do if a <u>PATIENT</u> is <u>exposed</u> to someone with symptoms of COVID-19 (cough, fever 100.4°F or higher, shortness of breath, difficulty breathing)? <input type="checkbox"/> Prepared <input type="checkbox"/> Somewhat Prepared <input type="checkbox"/> Not Prepared						
<b><i>WALK-THROUGH: The purpose of these questions is to personally view how the provider implemented social distancing guidelines (video or in-person ideally, or through verbal description if those options are not available).</i></b>						
Common Areas	Visible signs in each common area (e.g., reception, group rooms, living rooms, kitchen, break rooms) on handwashing (20 seconds), hand sanitizing (60% alcohol), isolation areas, importance of staff and clients reporting if they feel symptoms, etc?	<input type="checkbox"/> All Common Areas <input type="checkbox"/> Some Common Areas <input type="checkbox"/> No Common Areas Sign Type: <input type="checkbox"/> DPH Infographic <input type="checkbox"/> × Agency Developed/Other		Post DPH sign in any room missing a sign and provide extra copies. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Seats spaced 6 feet apart AND facing away from each other (if possible) AND extra chairs/seats removed (if in excess of 10) in the following locations:	Reception: <input type="checkbox"/> Yes <input type="checkbox"/> No (foyer w/o chairs)	Living Room(s): <input type="checkbox"/> × Yes <input type="checkbox"/> No		Remove excess chairs (preferred) or affix "do not use" signs. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		Group Room(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Kitchen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Hand sanitizer is available in all common areas for use by patients and staff (or patients know to how to ask and do if it needs to be stored with staff).	Reception: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Room(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		Recommendation only due to limited access. Provide if available. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		Group Room(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Kitchen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Technical Assistance / Comments:</b>				Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bedrooms	Patients are sleeping head to toe in each bedroom (including bunk beds)	# of Bedrooms →		# Compliant Bedrooms →		
	Beds, end-to-end or side-by-side, are 6 feet apart (including bunk beds)	# of Bedrooms →		# Compliant Bedrooms →	Repositioned beds and bedding (pillow, sheets) to allow for safe distancing Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Beds, end-to-end or side-by-side, cannot be 6 feet apart	# of Bedrooms →		# Impacted Beds →		
	Partition (e.g., sheets from ceiling) between beds if not 6 feet apart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	Partition (e.g., sheets from ceiling) between beds if more than 10 beds per room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>Technical Assistance / Comments:</b>				Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Group Interactions	Onsite visitors are allowed for the following purposes/individuals:		Patient's Friend/Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Workers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Informed provider that none of these individuals should come onsite. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
			Staff's Friend/Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Support Groups: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signs are posted on all building exterior doors about visitor policy during COVID-19		<input type="checkbox"/> Yes <input type="checkbox"/> No		Provided and posted signs on policy. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Meals are staggered to prevent more than 10 staff/patients (with at least 6 feet distance between each person) OR more than one room is now used for meals.		<input type="checkbox"/> Yes <input type="checkbox"/> No	# of sessions for each meal →	Adjusted schedule or spaces for meals. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				# of rooms used for each meal →		
	Conduct group session or patient education sessions with	More than 10 staff/patients →	<input type="checkbox"/> Yes <input type="checkbox"/> No	Less than 10 staff/patients →	<input type="checkbox"/> Yes <input type="checkbox"/> No	Informed provider to suspend group gatherings. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Conduct or allow recreational time with	More than 10 staff/patients →	<input type="checkbox"/> Yes <input type="checkbox"/> No	Less than 10 staff/patients →	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patients educated on maintaining social distancing during recreation time and breaks (e.g., no contact sports, no sharing cigarettes/personal items)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Assistance / Comments:					Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Screening	NEW patients are screened immediately upon entering the facility to determine symptoms of COVID-19?			<input type="checkbox"/> Verbal <input type="checkbox"/> Standardized Tool <input type="checkbox"/> None		
	CURRENT patients are regularly screened to determine symptoms of COVID-19?			<input type="checkbox"/> Verbal <input type="checkbox"/> Standardized Tool <input type="checkbox"/> None		
	Staff are screened immediately upon entering the facility to determine symptoms of COVID-19?			<input type="checkbox"/> Verbal <input type="checkbox"/> Standardized Tool <input type="checkbox"/> None		
	Components of Screening <input type="checkbox"/> Cold or Flu Symptoms <input type="checkbox"/> Feeling Feverish <input type="checkbox"/> Alternating Sweats and Chills <input type="checkbox"/> New Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Other:					
Technical Assistance / Comments:					Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Isolation	Disposition if a new patient has COVID-19 symptoms		<input type="checkbox"/> Placed in Isolation <input type="checkbox"/> Placed in Quarantine <input type="checkbox"/> Referred for Medical Care First <input type="checkbox"/> Denied Admission			
	Number of patients with have COVID-19 symptoms →		Number of patients with symptoms in isolation →			
	Number of patients with confirmed COVID-19 tests →		Designated a separate sick room, building, or area →	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signage outside of isolation area identifying it as an isolation area →	<input type="checkbox"/> Yes <input type="checkbox"/> No	Symptomatic clients eat meals separate from clients without symptoms →	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If needed to move through areas with other patients, are symptomatic patients required to wear a surgical mask and minimize the time in these areas →	<input type="checkbox"/> Yes <input type="checkbox"/> No	High-risk clients, defined as clients who are over the age of 65 or have a chronic medical illness (chronic lung, kidney or heart disease, diabetes or other immune compromising disease such as cancer) are isolated separate from symptomatic clients →	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Patients are removed from isolation when at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND at least 7 days have passed since symptoms first appeared, whichever is longer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patients who come in contact (w/in 6 feet of the affected individual for more than 10 minutes) without PPE with another patient or staff with symptoms is quarantined for 14 days	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Staff are designated to exclusively work with people who are ill →	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff maintain a log of patients isolated with acute respiratory illness and/or exposures. →	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					Informed provider that symptomatic patients need to be isolated from other patients. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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	Staff experiencing COVID-19 symptoms are instructed to stay home for at least 3 days (72 hours) since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND at least 7 days have passed since symptoms first appeared, whichever is longer.		<input type="checkbox"/> Yes <input type="checkbox"/> No	# of staff who are on leave or telework due to COVID-19 symptoms →	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Technical Assistance / Comments:					Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff PPE	Staff providing direct clinical care to a client involving contact (including delivering food, administering medications, performing a physical exam or procedures) put on a surgical mask and gloves, in addition to other PPE (eye protection and gown) as indicated by DPH guidelines. →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Staff interacting with <u>symptomatic</u> individuals provide a surgical mask to the client and put on a surgical mask and gloves themselves during close contact with clients. (Close contact is defined as within 6 feet for greater than 10 minutes for non-healthcare workers, or greater than 2 minutes if providing direct clinical care.) →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Informed provider of staff PPE requirements Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A.		
	Appropriate PPE are available in clinical care areas for staff performing clinical duties (namely surgical masks and gloves given that eye protection and gowns are generally not needed in residential settings where direct clinical care is typically not performed. →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employees clean their hands, including before and after contact with clients, after contact with contaminated surfaces or equipment, and after removing items such as gloves, gowns and masks.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Technical Assistance / Comments:					Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PPE Supplies	Hand Sanitizers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximate quantity →	Surgical masks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximate quantity →	Educated that N95 is generally not recommended in this setting. Advised on obtaining supplies. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Disposable Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximate quantity →	N95 masks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximate quantity →	
	Disposable Gowns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximate quantity →	Face Shields	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approximate quantity →	
	Technical Assistance / Comments:					Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Precautions	Group activities are suspended and replaced with individual encounters, to the extent possible.			<input type="checkbox"/> Yes <input type="checkbox"/> No		Informed provider of CDC and DPH recommended COVID-19 precautions. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) are readily available throughout the facility, especially at the entrances of the facility.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Tissues are available and any sink is well-stocked with soap and paper towels for hand washing.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Employees clean their hands according to CDC guidelines including before and after contact with patients, after contact with contaminated surfaces or equipment, and after removing items such as masks, gloves and gowns.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Patients are educated and reminded to perform hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Trash cans are near the exit inside any patient rooms to make it easy for employees to discard items such as gloves, masks and gowns.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	There are no shared utensils, cups or linens and clients are requested to wash their hands prior to eating meals.			<input type="checkbox"/> Yes <input type="checkbox"/> No			

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		Patients without symptoms are reminded to report to staff any new symptoms, including fever, cough or shortness of breath.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Technical Assistance / Comments:			Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation	If you transport clients in your setting offsite, are you limiting transport to essential purposes only (e.g., essential appointments)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are drivers transporting clients wearing appropriate PPE? For example: - If drivers are involved in driving only → surgical mask and gloves - If drivers are involved in driving and cleaning the vehicle → N95 mask, gloves, eye protection, gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Informed provider of the need to avoid non-essential transportation of clients and driver PPE requirements. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Site avoids transporting symptomatic clients with non-symptomatic clients in the same vehicle?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Informed provider of best practices to minimize transmission risks for drivers and clients during essential transportation. Completed by assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A.
	Site avoids transporting multiple clients in the same vehicle together?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Transporting vehicles are outfitted with plastic coverings or tarps over the seats so they can be easily cleaned and disinfected after each transport?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Precautions are taken during transport to limit transmission risk, such as: having symptomatic clients wear surgical masks and gloves, having signage in the vehicle about proper hygiene and social distancing of > 6 feet in the vehicle for drivers and passengers (to the extent possible), rolling down windows to improve ventilation?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Vehicles used to transport clients contain supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		Technical Assistance / Comments:			Additional technical assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This concludes the survey. Any unanswered questions will be forwarded to SAPC for a response. You may also contact your Contract Program Auditor or email [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov). Your agency will receive a summary of this survey. Thank you!