



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
PO Box 45050, Olympia, WA 98504-5050

March 25, 2020

COVID Responses

Community partners,

I want to provide to all of you information related to both jail-based and hospital-based evaluations and how facilities are addressing the COVID-19 virus. The following also serves as current policy for Office of Forensic Mental Health Services staff to follow during this COVID-19 crisis to ensure their health and safety in addition to the health and safety of you and the people you serve. This policy may change as additional information is received from the Center for Disease Control and Prevention, the Department of Health, local health departments, and other official sources.

1. Evaluators will not conduct an in-person evaluation with a patient who has suspected or confirmed COVID-19 in person; televideo is the only option available under these circumstances.
2. Conducting evaluations at jails
 - a. The current policy for conducting evaluations at jails is the following:
 - i. Use televideo if supported by the jail.
 1. At this time, televideo resources are limited; only Island, Snohomish, and Yakima jails are currently operational. Yakima, Maple Lane, and Fort Steilacoom Competency Restoration Programs have functioning televideo systems, in addition to Western State Hospital and Eastern State Hospital.
 2. For jails that do not have current televideo, please contact Jennifer Popchockakim (popchja@dshs.wa.gov) for assistance in setting up that capacity. Currently work is being done with the Thurston County, Clark County, and SCORE jails.
 - a. In discussing with IT, the jail needs a device or devices that connect to the internet and evaluators can complete evaluations with already deployed laptops using DSHS approved software.
 3. DSHS employees should work with IT to ensure your laptop is equipped for televideo evaluations
 - ii. Complete an evaluation in a no-contact booth. Because these physical spaces are too small to accommodate others and maintain proper social distancing, this must be with no attorney presence or interpreter presence.
 1. If attorneys will not waive presence, then a good cause extension will be submitted.

2. If an interpreter is needed, then a good cause extension will be submitted.
3. If the no contact booth does not provide a safe environment, then interview will be terminated and a good cause extension submitted.
4. Jails will screen evaluators asking questions about cough, fever and may take an infrared temperature as well.
- iii. Reminder, staff will not conduct an in-person evaluation with a patient who has suspected or confirmed COVID-19; televideo is the only option available under these circumstances.
- iv. Staff entering jails do not require PPE but should strictly adhere to hand washing and social distancing guidelines and follow facility guidelines.
3. Conducting hospital/Residential Treatment Facility (RTF) evaluations
 - a. Staff will adhere to hospital/RTF guidelines
 - i. Patients have received education and training from nursing/direct care staff to maintain social distancing, hand hygiene, and COVID-19, etc.
 - ii. Facilities will provide an environment where social distancing in a room can be accomplished with a minimum of six feet from another person
4. Conducting evaluations in Personal Recognizance (PR) cases
 - a. Evaluations in PR cases are to be completed if physical locations are available and the following conditions can be met:
 - i. Defense can provide an environment where social distancing in a room can be accomplished with a minimum of six feet from another person; and
 - ii. Defense conducts a screening that includes questions regarding recent cough and fever developed in the last 14 days and shares that information with the evaluator prior to the evaluation.
 - b. Evaluators have discretion to cancel or reschedule PR evaluations if the social distancing and health and safety precautions stated in 4(a) cannot or have not been exercised.
 - c. Evaluations in PR cases that can be conducted via televideo should be completed as such.
 - d. Alternative assignment is available if evaluations are cancelled or evaluators request reassignment.
5. Submission of reports
 - a. Due to changes in work patterns in response to the direction from the Governor and various health care agencies, forensic evaluation reports will be sent to the courts and other parties by secure email rather than fax. If there is a preferred email address we should use to send these reports; please provide that address to Natasha Carstensen (CARSTNM@dshs.wa.gov).
6. Admission process for RTFs/Hospitals
 - a. All patients are being screened prior to admission. This process includes:
 - i. Asking the following questions:
 1. Has the person been potentially exposed to anyone who has tested positive for the virus?
 2. Does the person currently have a fever? Cough?
 3. Does the jail facility current have anyone that has COVID-19?

- ii. Upon arrival to any BHA facility, a temperature check is done
 - iii. If any signs or symptoms are evident upon arrival, the patient will have a mask placed on them, and will be placed in isolation while awaiting an ambulance to take the patient to the ER for testing.
 - b. Transporting staff will also be screened at all BHA facilities
 - i. At the three RTFs, all transport staff are screened upon entering the sally port.
- *Please note: For discharges, receiving sites will be informed of patient's health status prior to transport. Additionally, the jail will be informed if one of their residents tests positive for COVID-19 while in a BHA facility.
7. Process for staff at ESH/WSH/RTF (include use of PPE) if a patient is:
 - a. Suspected COVID-19
 - i. Patients with suspected COVID-19 (exhibiting signs or symptoms) are placed in isolation, and:
 1. Droplet protocol will be utilized in interacting with patient.
 2. Patient will stay in room, and patient will wear mask.
 3. Use PPE appropriately (as directed by facility).
 - b. Positive COVID-19
 - i. Patients with positive confirmed COVID-19 test are placed in isolation, and:
 1. Droplet protocol will be utilized in interacting with patient.
 2. Patient will stay in room, and patient will wear mask.
 3. Only staff assigned to that unit will be allowed to enter.
 4. Unit will be placed on quarantine.
 5. Use PPE appropriately (as directed by facility).
 - c. If there is no active case or suspected case, staff will not be issued PPE in conducting their work. This is necessary to ensure PPE resources are not exhausted before a confirmed case is identified at a facility, when/if that happens.
 8. Visitors (professional, Disability Rights Washington) to BHA facilities
 - a. Only professional staff (attorneys, DRW) are allowed to visit as of 3/25/20.
 - b. Professional visitors will be screened, including:
 - i. Temperature taken
 - ii. Three questions asked:
 1. Have you experienced a new cough or shortness of breath within the last 14 days?
 2. Have you had direct contact with someone who has tested positive for COVID-19?
 3. Have you travelled internationally within the last 14 days?
 - c. If screen is positive (including any "yes" answers), professional visitor will be denied entry into the facility. Alternative means of access (such as phone access to patients) will be provided where possible.
 9. Staff screening (at BHA facilities)
 - a. All staff will be screened at the BHA facilities.
 - b. The screen will include:
 - i. Temperature check, and
 - ii. Asking the same questions as above (in #7) about fever, cough and travel.

- c. If the screen is positive (including any “yes” answers), staff will be sent home.
 - i. Staff will be instructed to follow-up with their provider.
 - ii. Staff will follow provider’s recommendations.
- 10. High-risk populations
 - a. Staff over 65, or those with pre-existing conditions, or anyone else who is included in a high-risk population, should be working closely with their supervisors to discuss current job assignments.

Again, thank you for working with us to keep everyone healthy.

With gratitude,

Dr. Thomas Kinlen, Director of the Office of Forensic Mental Health Services (OFMHS)
Behavioral Health Administration
Department of Social & Health Services