COVID-19 Standard Guidelines for Recovery Residences

Introduction:

This document was created by a sub-group of the NARR Standards committee charged with identifying essential operational modifications in the wake of COVID-19. It is meant to provide Standards specific guidance for both the recovery residence operator and the certifying affiliate. The Standards review committee determined that most of the individual standards could be applied to COVID-19 management within the recovery residence. The guidelines are aligned to the Standard providing COVID-19 specificity. Social Model principles remain fundamental to operation and are evidenced in these guidelines with modifications reflective of family homes nation-wide in this new era.

Reading the Guidelines:

- Guidelines align with almost all standards (with the exception of 3).
- Left column names the standard.
- Letters within parentheses site the standard subsection that has COVID-19 implications.
- Right column is the guidance for recovery residences related to that standard and COVID-19. Level requirements match the standard except where noted.

Domain 1: Administrative Operations

Standard	Requirement
2. Adhere to legal and ethical codes and use best business practices	- A questionnaire is utilized prior to entry that discerns possible exposure and current manifestation of any related symptoms. If a potential resident evidences any related symptoms, documentation of a clear COVID-19 test must be produced prior to entry.
3. Be financially honest and forthright (a, c)	- Any financial liabilities related to testing or measures to be taken following a positive result are communicated in the entry financial paperwork. - Refund policies apply if a resident leaves the residence for COVID-19 related reasons.
4. Collect data for continuous quality improvement (a)	- State and local mandates regarding reporting and documenting positive results as well as exposure risks within the community are to be adhered to.

	- Evidence a pre-entry questionnaire regarding current health symptoms and exposure potential as part of the entry process.
5. Communicate rights and requirements before agreements are signed (a)	- An airborne pathogen policy is in place outlining safety and behavioral requirements of the community. - Policy and procedure outlining protocols regarding COVID-19 exposure and risk within the community.
6. Protect resident information (b, c)	- Signed informed consent and/or confidentiality agreement regarding resident privacy and non-disclosure of others' health information.
7. Involve residents in governance (c, e)	- Residents have the right to safe, clean environments. - Residents demonstrate safe community support for peers that may be physically compromised by an airborne pathogen.
8. Promote resident involvement in a developmental approach to recovery (a, b, c)	- Consideration is demonstrated in writing or practice for community responsibility issues such as masking, cleaning, hygiene, entry and exit . (Required Levels 2-4) - Residence leaders job descriptions address providing support and accountability to the community regarding the above issues, as well as facilitating household consideration for residents who may be quarantined for a period of time. (Recommended Level 1, required Level 2-4) - Evidence that health challenges are supported in a safe way within the community. (Required Levels 2-4)
9. Staff model and teach recovery skills and behaviors (a, b, c,)	- Staff have clear guidelines regarding self-care and role modeling related to COVID-19 to include masking expectations, hygiene requirements, and exposure mitigation. -There are clear staff guidelines for live vs. virtual interaction, responsive action to exposure, and staff COVID-19 testing requirements.

	-There are clear staff guidelines for when to seek medical attention. (Required Levels 2-4)
10. Ensure potential and current staff are trained or credentialed appropriate to the residence level (a, c)	- Policies for COVID-19 management reflect Social Model practice as delineated in the NARR Standard v.3. -Staff and volunteers that interface with residents must be trained and demonstrate knowledge of best practices for managing airborne pathogen risk in a residential environment. (*Required for all levels)
11. Staff are culturally responsive and competent (a, b)	- All individuals that interface with residents demonstrate knowledge of populations that have increased risk for contracting or complications from COVID-19. (*Required for all levels)
13. Provide Social Model-Oriented Supervision of Staff (a, b, c)	- Policies and procedures reflecting staff training in safety measures related to common infectious diseases. - Documentation evidencing staff training related to the prevention of common infectious diseases. - Evidence of supervisory support for staff development and a social model-based integration of safe COVID- 19 practices within the residence. (Levels 2-4)

Domain 2: Physical Environment

Standard	Requirement

14. The residence is comfortable, inviting, and meets residents' needs (a, d)	- The home evidences daily cleaning of surfaces. - The house must have evidence of the ability to keep other residents socially distanced according to local mandates and CDC guidelines if a resident becomes positive for COVID-19.
15. The living space is conducive to building community (a, b, c, d)	- Larger group meetings (10+) are in compliance with local mandates. - Small group activities and socializing remain a part of community culture, with consideration for resident voice and empowerment to express comfort or discomfort in live (vs. virtual) participation. - Consideration for allowances in scheduling kitchen time, common areas, etc. to accommodate varying needs and comfort levels regarding social distance and sharing items. - Evidence that entertainment and recreation remain a part of community living during altered times. Entertainment and recreation is safe and aligned with outside community mandates.
16. Provide an alcohol and illicit drug free environment (b, c)	- Policies regarding alcohol-based product use within a residence may need amendment and adjustment according to environmental and community variables and needs. Safety measures for the use of alcohol-based products are evidenced. - Evidence that safety protocols for drug testing are practiced. Testing will include disposable gloves for urine cup testing. If a breathalyzer is used it must be a model that utilizes disposable, single use tubes.
17. Promote home safety (b, c)	- Evidence that the operator is knowledgeable of local safety guidelines and mandates related to COVID-19. - Safety inspection policy includes verification of cleaning protocols in the home. The operator ensures that residents have sanitizing home cleaning products.

18. Promote health (a, b)	-- Policy regarding smoking and vaping reflects current environment of risk for airborne pathogens. Consideration for social distance and sharing smoking/vaping products is reflected in updated, amended policies and protocols. - Policies and procedures guide response to exposure, symptoms, and/or a positive COVID-19 test result.
19. Plan for emergencies including intoxication, withdrawal and overdose (c)	- Documentation that residents are oriented to all emergency procedures, to include health emergencies. -Providers are knowledgeable about available health care services and are able to connect residents as needed.

Domain 3: Recovery Support

Standard	Requirement
20. Promote meaningful activities (a)	- The standard as written still applies, but modifications may need to be considered depending on location and variables such as local mandates and alterations in available community resources.
21. Engage residents in recovery planning and development of recovery capital (a, b, c)	- Exit planning reflects consideration for a healthy, safe environment. - Health, safety and employment or meaningful activity all reflect consideration for COVID-19. - Peer leadership role models safe practices regarding COVID-19.
22. Promote access to community supports (b)	- Access to tests is provided directly or guided to the resource in the community. - Guidance is provided to access local health care centers.
23. Provide mutually beneficial peer recovery support (a, b)	- Provision is made for residents to access weekly activities and peer recovery support virtually.

24. Provide recovery support and life skills development services (a, b)	- Life skill development reflects health care considerations, guidance and practice. - Evidence that staff are supported and trained in teaching and leading safe practices related to COVID-19. (Levels 3 and 4)
26. Maintain a respectful environment (a, b, c)	- Staff are empathetic and empower resident voices regarding issues and varying individual comfort levels pertaining to social distance and interpersonal interaction related to COVID-19. - Staff, volunteers or any affiliated individuals will always ask permission to come into physical contact with a resident i.e. shake hands, hug. Consideration needs to be demonstrated for temperature taking and the shape and use of thermometer. - Communities are empowered to communicate collective needs related to COVID-19 safety as well as problem-solve related issues within the household.
27. Sustain a "functionally equivalent family" within the residence by meeting at least 50% pf the following…(a, b, c, d, e, f)	- The standard as written still applies, but modifications may need to be considered for each subsection. Examples for consideration may include (but are not limited to): staggered cooking times, staggered use of common space, a cap on number of people using common areas, heightened chore protocols, community agreements regarding masking protocols.
28. Foster ethical, peer-based mutually supportive relationships among residents and staff (a, b ,c, d)	- Staff actively engage with residents in a manner responsive to the individual and community needs with consideration to managing airborne pathogen risk in the current environment. - Virtual staff-resident interaction should not be substituted for live interaction unless there is an exposure risk. - Staff are attuned and observant to residents' responses to heightened stressors and provide ongoing peer-based support.

29. Connect residents to the local community	- Mentoring activities by outside community support may at times be virtual (i.e. video or phone). - Mutual aid meetings may be attended virtually, depending on individual or community needs or location variables.

Domain 4 : Good Neighbor

Standard	Requirement
30. Be responsive to neighbor concerns (c)	- Staff and residents are aware of neighbor and neighborhood concerns related to COVID-19. If there is an exposure risk in the neighborhood social distance is maintained, while service opportunities conducted safely are encouraged.
31. Have courtesy rules (a)	- Masking when outside the home in the presence of neighbors and outside community members is considered a best practice during the pandemic. At a minimum it is a discussion in the residential community, and may be required by affiliates and/or individual providers.