

Behavioral Health EAST 2 PATIENT COVID-19 PLAN

January 2021—Version 2.0

ADMISSION CRITERIA:

Prior to admission to Behavioral Health East 2 ALL of the following must be met:

- No clinical suspicion of COVID-19 (Refer to ED/Hospital Diagnostic algorithm for PUI criteria)
- Negative COVID-19 PCR
 - Patient with a negative COVID-19 test, but is demonstrating respiratory symptoms will not be admitted to 2E. Refer to Infection Prevention: Behavioral Health policy.

Known COVID-19 positive patient with psychiatric concerns precluding hospital admission:

- **Determine date of positive test result.** Refer to Discontinuation of Full Barrier Precautions document for criteria to determine infectivity. Consult with Infection Prevention as needed and to remove COVID flag if patient is determined to be in convalescent stage.
- COVID-19 positive patient with acute psychosis or aggression concerns: Collaboration between ED and Psychiatry teams to stabilize patient and determine disposition. Stabilize in ED. Transfer to Green obs when appropriate.

Testing approach:

- **Non-PUI/Asymptomatic:**
- If 2E bed is immediately available, send rapid COVID 19 (Cepheid). If admitting to Green Obs, use send out COVID-19 PCR screen order per inpatient admission routine.
- **PUI:** Ascertain specimen was ordered correctly and is in process. Patient will be cared for outside of 2E until result is finalized. Must meet additional admission criteria from Infection Prevention: Behavioral Health policy before transfer to unit.
- **Transferring to 2E from General Med/Surg:** If patient was negative upon initial screening in Med/Surg but ≥ 48 hours from test, patient will be re-tested with rapid methodology upon transfer to 2E

Testing Refusal:

- If a patient refuses testing prior to needing 2E placement. The patient will be managed on Green Obs or remain in the ED if not appropriate for Green Obs. The patient should not have visitors while on an inpatient unit.
- Ongoing negotiation for testing will be made and observation for signs/symptoms of COVID-19 evaluated daily. If patient continues to refuse testing, consult with Medical Director, Behavioral Health to determine disposition and if patient would fit criteria for forced testing.
- If testing is ultimately not able to be obtained, consult with Infection Prevention regarding transfer to 2E (ideally a single room).



**Behavior Health COVID 19 Prevention Practice
Masking of Patients**

On admission, 2E patients will be asked/strongly encouraged to wear a surgical procedure mask during their stay. Mask will be disposable.

- Team member will give the patient a new mask each day.
- The used mask will be collected by Team Member and disposed of in a supervised garbage receptacle. Masks will then be securely disposed of to prevent a patient from assuming multiple masks and loop ties.
- Patients participating in Group activities will **need to wear a mask**. Masks may be removed during sleep.
- Meals will be served in patient room, mask replaced post eating.

Development of COVID-19 symptoms while on 2E

- Place surgical procedure mask on patient if not already in place.
- Notify appropriate stakeholders: Acute Care Medicine/Hospitalist, Infection Prevention
- Confine the PUI patient to their room.
- **Obtain rapid Cepheid PCR test. If patient refuses, consult with Infection Prevention and develop plan for transfer to private room (may be on Medical floor).**
- Roommate (s) of PUI
 - Should be masked and remain in the room where the PUI patient was identified.
 - Daily COVID-19 symptoms observations with appropriate documentation.
 - The PUI bed will be blocked if roommate remains in room under observation.

Unit Exposures (PUI tests positive for COVID-19 or COVID exposure by Team Member)

Infection Prevention will notify appropriate stakeholders including: Charge RN, Unit Manager, Unit Director, Medical Director, Behavioral Health, Hospital Epidemiologist. A risk assessment will be performed, considering:

- Testing strategy of exposed individuals (consider timeline of incubation period and test kit inventory, ideally rapid PCR Cepheid would be obtained)
- Patient placement, with goal of reducing patient movement in the unit. Keep exposed patients in current room/roommate assignments.
- Unit quarantine/admissions: Consider quarantine period and closure to new admissions for 14 days.

Changes Since Last Version

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
2	Added step for retesting negative screens if 48 hours or over and transferring from med-surge to 2E	Medical Director, Unit Director, Infection Prevention Task Force	1/18/21