

KEY POINTS

EXPOSURE MANAGEMENT:

Patient develops new COVID symptoms on unit

- Provide medical grade mask to patient
- Notify attending Acute Care Medicine/Hospitalist and obtain rapid PCR test for COVID person under investigation (PUI). Consider other acute respiratory illness such as influenza/RSV.
- Implement Full Barrier Precautions per routine Infection Prevention policy. Patient should remain in room pending test results.
- If testing refused, patient may require discharge to medical unit until resolution of illness. Consult with Infection Prevention.
- Roommate(s) of PUI remain masked and stay in room where the PUI patient was identified until results return negative

COVID + result on unit, Job Actions:

Charge RN/designee	Infection Prevention
<ul style="list-style-type: none"> ◇ Provide source control (mask) to patient and roommate(s) ◇ Follow Full Barrier isolation PPE for team members ◇ Notify stakeholders of new result: Unit Manager, Patient Placement, Admin Manager ◇ If symptomatic, discharge patient to medical unit. If asymptomatic, transfer patient to medical unit, E2 provider will continue to follow. Patient will readmit/transfer back to E2 when convalescent criteria is met. ◇ Block bed to new admission until post-exposure testing* completed ◇ Keep exposed patients in current room/roommate assignments, roommates of + individual should avoid shared dining area until post-exposure testing* completed at day 5 ◇ Obtain post-exposure testing* for high-risk patients as directed by IP ◇ Notify Unit Manager and Infection Prevention if additional COVID-19 case(s) identified 	<ul style="list-style-type: none"> ◇ Ensure appropriate documentation completed in patient chart, including anticipated isolation duration ◇ Assist with barriers/concerns as escalated by Charge RN (e.g. testing refusal) ◇ Evaluate potentially exposed patients and provide recommendations for post-exposure testing* ◇ Escalate recommendations for unit closure if secondary case (2 or more) identified on unit

*Post-exposure testing guidance

- Following current public health guidance (CDC), targeted post-exposure testing will be performed for patients identified at high-risk for transmission:
 - Roommate(s) of positive patient
 - Patients in rooms adjacent/close proximity to positive patient’s room
 - Patients known to be immunocompromised
- Obtain screening test(s) on **day 1 (where day of exposure is day 0), day 3, and day 5**, with low threshold to test if symptoms develop outside of this timeline. *(continues on next page)*



****Post-exposure testing guidance continued***

- Patients not identified at high-risk should continue to be screened q8h for COVID symptoms, with a low threshold for testing.

Unit quarantine/admissions

- The unit may continue to accept new admissions during the post-exposure period.
- If a secondary COVID-19 case is identified, a unit quarantine/admission closure may be implemented. Duration of closure will be at discretion of Infection Prevention/Unit leadership pending post-exposure testing results.

ROUTINE COVID-19 PREVENTION PRACTICES:

Masking of Patients (Source Control)

- Patients will be asked/strongly encouraged to wear a medical-grade mask during their stay. Those participating in group activities/therapies are **required to wear a mask**.
- Provide patients a new medical-grade mask each day.
- Masks will be securely disposed of to prevent ligature risk.

ADMISSION CRITERIA:

Prior to admission to Behavioral Health E2, ALL of the following must be met:

Negative COVID-19 PCR

Respiratory symptoms/COVID PUI

- Patient with a negative COVID-19 test with respiratory symptoms may be admitted IF a private room is available and patient meets criteria in the **Infection Prevention: Behavioral Health** policy.
- Other acute respiratory illness (such as influenza, RSV) should be considered before admittance to unit in addition to COVID-19.

Non-PUI/Asymptomatic:

- If E2 bed is immediately available, order rapid COVID-19 screening test
- Patients transferring to E2 from another unit: ensure patient had negative test at time of admission and has not developed new signs/symptoms of COVID-19. Do not re-test for the purpose of admission to unit.

Testing Refusal:

- If a patient refuses testing: Asymptomatic patients may be admitted to the unit if private room is available.
- Patients should remain masked if outside of room and should avoid using the shared dining area for up to 5 days, or until negative test is obtained.

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 and consult with Infection Prevention as needed to determine convalescence.

SURVEILLANCE:

- Patients will be symptom screened for COVID-19 (q8h). Need for additional screening will be at the discretion of Infection Prevention if ongoing transmission is identified on the unit.



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
4	Updated language for discharge/transfer to medical unit and for simplicity. Reformatted for unit actions. Removed weekly screening test criteria	Infection Prevention Task Force	01/26/23