MOUNT SINAI BEHAVIORAL HEALTH SYSTEM
INPATIENT PSYCHIATRY

Protocol for Suspected and Confirmed COVID-19 in Patients and Staff (3/30/2020)

Definitions:

COVID-19 like illness: new onset of subjective or measured (≥100.4° F or 38.0° C) fever **OR** cough **OR** shortness of breath **OR** sore throat.

Confirmed case of COVID-19: person with a COVID-19 like illness and a positive test

Person Under Investigation (PUI): a symptomatic person who is being tested for COVID-19

Exposure: close contact (<6 feet distance, >10 minutes) with a symptomatic person with confirmed COVID-19 when neither the symptomatic person nor the exposed person was wearing a surgical mask

Assessment and management of patients with COVID-19 Suspected or Confirmed Illness:

1. For patients who have new onset COVID-19 like illness as noted above should be immediately placed in a single room and given a surgical mask. The patient should be placed on special droplet and contact precautions immediately and a sign posted on the door. **Staff should be made aware of all patients pending confirmation**.
2. **Infection Control should be contacted immediately for further guidance as to the management of the patient and his/her environment and if patient should be tested.**
3. **COVID Isolation** -Patients with confirmed COVID-19 and PUI for COVID-19 should be in single room and placed on droplet and contact precautions with the appropriate door signage and must remain in their assigned room with the door closed. If there are two patients with COVID-19 on the unit, they may be cohorted in the same room.

    - All staff entering the COVID patient's room should wear proper PPE (surgical mask, eye shield, gown, and gloves) to preform VS or other medical interventions.
    - The number of staff performing these tasks should be kept at a minimum so that exposure is limited and there is an efficient use of PPE.
    - If patient requires an aerosolizing treatment such as CPAP/BiPAP or Nebulizer the staff assisting should use a N95 mask as per system and hospital PPE infection protection guidelines. The patient should be evaluated for the need for CVO (keeping distance of 6-10 feet) for the duration of the intervention.
4. If patients with COVID-19 are not amenable to remaining in their room, a specialized behavioral and management plan will be developed to quickly sequester the patient, while other patients may have to be moved to safe locations elsewhere on the unit. Uncooperative patients may require IM medications, seclusion or, in more extreme circumstance, restraints for medical purposes until such time that they can cooperate with the plan of care. It is suggested that the units make pre-prepared packages of the full don PPE (surgical mask, eye shield, gown, gloves) in the event

that the staff have to place hands on the patient. Available supplies for security is necessary as well if they are to assist.
Confining patients to their bedrooms is not considered seclusion if patients voluntarily stay in their room.

5. Staff performing observation checks, delivering meals, or other activities that do not require room entry should wear a surgical mask and knock on the patient's door, and ask that the patient move away from the doorway before proceeding.
6. In the event that the COVID patient requires 1:1 observation for suicidality the rules of observation have been altered during this crisis period. Staff assigned to provide observation will wear the full PPE (surgical mask, eye shield, gown, and gloves) and will be required to maintain the safe distance of 6 ft from the patient but must maintain constant eyes on patient no matter where the patient goes in their room, including the bathroom and shower.
7. If the patient is showing signs of medical decompensation, a medical consult should be placed.
   Indications for medical re-assessment include increased respiratory rate >20-24 or observed dyspnea, subjective worsening of shortness of breath or cough, or elevated temperature >100.0F for 3 consecutive days.
8. PUIs who test negative for COVID-19 who remain symptomatic (cough, fever, shortness of breath) and for whom an alternative diagnosis has not been established should remain on droplet and contact isolation with further observation.
9. Any room with confirmed or suspect COVID-19 patients should be terminally cleaned before a new patient can be admitted.
10. To minimize exposure overall, patients should be housed in rooms with no more than 2 beds. Meals should be provided in patient bedrooms and group activities are suspended until further notice. Staff is to wear masks at all times and continue to maintain at least 6 feet distance when possible. Group therapists and nursing staff will provide patient will personal use activities for the duration of their stay.
11. All efforts are made to safety discharge COVID-19 positive patients to a place they can stay quarantined as soon as they no longer require inpatient hospitalization.

Unit Staff and other patients with possible COVID exposure: immediate actions

1. Staff who have been exposed to a patient or staff member with confirmed COVID-19 should assume that this risk is similar to their risk of developing coronavirus illness from an exposure in the community. Staff should continue to wear a surgical mask at all times while on the Unit. The staff should take their temperature twice daily and be alert for any COVID-10 like illness. If symptoms appear staff should contact their primary care physician or Mount Sinai Now for a video Urgent Care visit for further medical directions. To conserve resources, the system is not routinely performing COVID-10 testing on staff exposed to the virus and this will be up to your medical provider. <u>Staff should be instructed do not come in requesting testing at this time.</u>
2. Other unit patients who have been exposed to a confirmed case of COVID-19 should don surgical mask on the unit; they may remove mask when in their room if they are in a single room. All unit patients should be monitored with VSs including temperatures and symptom (fever, cough, SOB, sore throat, diarrhea) checks twice daily, with checks occurring at least 8 hours apart.
3. For patients who have been discharged an assigned staff member will contact the discharged patient to inform them of exposure, provide reassurance and instructions on what to do.