

# COVID-19 Operational Guidelines

## Department of Behavioral Health

Effective Date: March 2020

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8/20, 9/20, 12/20, 10/21, 12/21

### PURPOSE:

To establish protocols and practice standards for infection control and mitigation of COVID-19 in the inpatient adult and pediatric behavioral health units (BHU), the partial hospital programs, and residential programs. The following standards may differ from that of the general hospital-wide infection control practices for COVID-19 management and mitigation.

### PROCEDURE:

#### I. Admission Screening

- a. Prior to admission on an inpatient unit, all patients must be tested for COVID-19 via hospital-approved testing standards. Patients being admitted to partial hospital or residential programs may also be requested to test.
  - i. Any patient with a confirmed, documented positive COVID-19 test result within three (3) months prior to the date of admission will not require repeat testing prior to admission. However, if they have symptoms suggestive of COVID-19 during that time, such testing may be necessary.
  - ii. Repeat testing will be considered if more than three (3) months have lapsed from a previously positive test or if a documented positive COVID-19 test result cannot be confirmed.
  - iii. Repeat testing may also be requested serially if indicated.
  - iv. On a case-by-case basis, IC may request a cycle threshold to determine if a patient is able to transmit the virus.
- b. Patients requiring admission to the inpatient or residential behavioral health programs who test positive for COVID-19 at the time of initial assessment, may require admission to one of the medical-care units for isolation before transfer to a behavioral health program. Prior to transfer to the behavioral health program, the patient must meet criteria for discontinuation of isolation precautions. When appropriate and feasible, COVID positive patients may be isolated on the BHU or in the residential group home.
  - i. Any patient requiring admission to the partial hospital program who tests positive for COVID-19 will be unable to attend the program until they are medically cleared as indicated above

#### II. Ongoing Assessment

- a. Patients admitted to any of the inpatient or residential behavioral health units who is subsequently suspected to be infected with COVID-19 or receives a positive test result shall be

treated in accordance with the affiliates current Psychiatry COVID-19 Patient Management Plan.

- b. Patients admitted to the partial hospital program and their families will be screened daily prior to entry into the program. Exclusion from participation in the program will be based on the COVID screening results.
  - i. Exceptions may be made at the discretion of the clinical leadership team, in conjunction with infection control.
- c. Any patient admitted to the partial hospital program and is subsequently suspected to be infected with COVID-19 or receives a positive test result shall be restricted from programming until medically cleared.

### **III. Milieu Management**

- a. For all behavioral health programs, staff must follow current recommended guidance from infection control regarding type of PPE required during their shift in accordance with hospital-approved policies and protocols.
- b. Whenever possible, patients will be provided a mask and asked to wear a mask while in program. Enforcement of masking may not be possible due to safety concerns, behavioral disturbance, and cognitive function.
- c. Regardless of universal masking, patients and staff are required to maintain safe distancing in accordance with hospital-approved policies and protocols.
- d. Mealtimes
  - i. Masks will not be worn during mealtimes, or when a patient requests a drink.
  - ii. In the partial program, patients will eat in general milieu areas, but will be expected to keep a safe distance during mealtimes and when drinking.
  - iii. For inpatient behavioral health programs patient will be asked to eat meals in their rooms, if applicable. For patients sharing a room, they will be asked to keep a safe distance of 3-6 feet while eating meals. Patients may eat in the kitchen areas of programs that can maintain 6 feet of social distancing. This may occur over staggered eating times.
  - iv. Staff shall be permitted to eat or drink in designated areas (e.g. unit break room, cafeteria, etc.) while social distancing.

### **IV. Aerosol-Generating Procedures (RIH/Hasbro/NH Only)**

- a. Aerosol-generating procedures shall be managed in accordance with the hospital-approved policy and protocol except for:
  - i. Use of Continuous Positive Airway Pressure (CPAP) and/or Bilevel Positive Airway Pressure (BiPAP) devices
    - 1. The use of hospital-approved and provided CPAP and BiPAP is permitted on the BHUs.
    - 2. Use of CPAP and BiPAP may only be utilized if the patient is not exhibiting any of the signs or symptoms consistent with COVID-19; otherwise, the use of CPAP and BiPAP can only be permitted in accordance with hospital-approved policy and protocol, which would require the patient be transferred to a medical-care unit.
    - 3. The use of negative-pressure and HEPA filtration is not available on the inpatient behavioral health units. As a result, the use of CPAP and BiPAP for asymptomatic patients must occur in a private room, preferably with the door closed (if safe to do so). The patient may be required to place a mask over the mask used for CPAP or BiPAP to reduce aerosol exposure. When indicated,

the patient will remain under Constant Observation (CO) while the device is in use in accordance with general behavioral health practices.

- a. Any staff member assigned to the CO must remain in the room with the patient and don the required PPE during an aerosol generating procedure, regardless of the patient's COVID-19 status. PPE to include: N-95 or equivalent and eye protection. Additionally, use of gown and gloves may be required if the patient has known or suspected infection requiring further precautions, e.g. MRSA.
- ii. Code Blue / Rapid Response (all affiliates)
  1. Response to Code Blue / Rapid Response shall be consistent with hospital-approved policy and protocol.

**V. Inpatient visitation on behavioral health units will based on each affiliates policy.**

**VI. Employee Illness / Communal Exposure Mitigation**

- a. Any employee exhibiting signs or symptoms of illness are expected to stay home in accordance with the hospital-approved policies and protocols.  
Return to work following a suspected or confirmed COVID-19 infection shall be in accordance with standards set forth by employee health, infection control and the RI Department of Health (RIDOH).

**VII. COVID Exposure Management**

- a. If a COVID (+) patient or staff member is suspected to have exposed other patients and/or staff on any of the programs, the following is to occur:
  - i. A list of all staff exposed will be sent to employee health.
  - ii. At the direction of infection control, all exposed staff and/or patients may be tested.
  - iii. All staff will be asked to self-monitor for symptoms in accordance with RIDOH guidelines, including twice per day temperature checks.
  - iv. A list of all patients exposed will be sent to infection control and will be sent to the RIDOH by a member of the infection control team. RIDOH will be responsible for reporting potential COVID-19 exposures to all patients who have already been discharged from one of the Behavioral Health Programs prior to identification of the potential exposure.
  - v. Patients, or parents/guardians of patients who are not independent, will be provided with verbal communication and/or a letter informing them of exposure.
  - vi. Infection control will provide a post exposure mitigation plan.
- b. **Inpatient & Residential Programs:** patients will be managed according to current RIDOH guidance for isolation and quarantine. IC may need to close units and suspend visitation to minimize spread.
  1. All patients will be monitored for signs and symptoms of illness at minimum of once per shift, including temperature checks twice per day, with an increase in frequency if warranted.
  2. Staffing will be adjusted according to unit needs to ensure appropriate/safe management of patients.

3. Census may be reduced by attrition to provide all single-room accommodations for patients being treated on the inpatient behavioral health unit. (except in residential settings).
4. The number of patients in the communal areas will be limited to ensure appropriate social distancing: a rotating schedule for group activity and use of community areas will be developed by unit leadership and managed by the unit staff. The number of group activities may be increased, as necessary, in order to accommodate those who want to attend.
5. Group supplies and communal areas will be cleaned frequently. At minimum, cleaning must occur between the rotation of patients in these areas.
6. Communal areas shall be cleaned at routine intervals.
7. Patients shall be prompted to frequently wash hands.
8. Patients will be asked to use a cordless phone, which will be cleaned between patients. If a cordless phone is unavailable, the communal phone will be disinfected after each use.
9. Whenever possible, all patients will be required to wear a mask while in the program – each patient will be assigned their own mask. Staff shall keep a strict inventory of the masks on the program and distribute to each patient collected at the end of the day. Patients receive a new mask every day or when visibly soiled.

c. **Partial Hospital Programs**, the staff or patient who tested positive for COVID-19 shall not be permitted to attend program until they have been cleared in accordance with the aforementioned procedures.

i. Patients and their families who are suspected to have been exposed will be asked to provide a negative PCR test and self-monitor per RIDOH guidance, including twice per day temperature checks. They will be instructed to remain home if they have any of signs or symptoms of illness until cleared in accordance with the aforementioned assessment procedures.

## VII. Discharge & Coordination of Care

- a. In order to ensure timeliness in care coordination, when indicated, the hospital will make any reasonable accommodation for testing/re-testing of patients prior to discharge.
- b. Whenever possible, care coordination and discharge efforts shall not be delayed as a result of the aforementioned protocols.

### References:

AGP Guidelines: <https://www.lifespan.org/sites/default/files/2021-08/Aerosol-Generating-Procedure-Guidelines-08042021.pdf>