COVID-19 Guidance for Mental Health & Addictions Inpatient Units

Document date: July 9, 2020

Please note: This guidance does not apply to East Coast Forensic Hospital and Offender Health Services; for guidance in this area, please refer to the ECFH & OHS Screening for COVID-19 Care Directive.

Planning for potential COVID-19 on MHA Inpatient Units

- Ensure sufficient stock of PPE, as appropriate—every unit should inventory what they have in stock currently.
- Staff should review the Vimeo video for donning and doffing PPE.
- Ensure the unit has an adequate supply of "Droplet Precaution" signage (print Number A843_07_2017) and that it is available for your staff when needed.
- Each unit will, in advance of admission of a patient with suspected or confirmed COVID-19, identify a room that meets the criteria outlined in the Plan of Care for Admitted COVID-19 Patient. If a patient with suspected or confirmed COVID-19 is admitted to the unit, an additional room should be identified, and so on.
- Western, Northern, and Eastern Zones – Managers should contact the Director of IPPL in each zone for access to training for swabbing:
    - EZ – Jennifer MacDougall
    - NZ – Nancy MacConnell-Maxner
    - WZ – Dylana Arsenault
- Central Zone staff should contact their unit's CNE for access to training
- Staff must review the how-to video for using a HOLOGIC swab and discuss procedure with a CNE
- Notify Environmental Service Staff/housekeeping/unit aides when hand sanitizer stations are low and/or empty so that they are refilled routinely; Environmental Service Staff/housekeeping will be increasing touch surface cleaning (e.g. phones, computers, etc.)
- Ensure that disposable environmental cleaning wipes (chlorox, Sani, Excel) are available for staff after use of shared patient equipment and spaces.
- Continue to complete COVID-19 admission screening protocol, as outlined below, for ALL admissions and transfers; be conscious that this is an evolving situation, please refer to updated criteria.
- Enforce all visitor restrictions and ensure that appropriate signage is placed on entrance and egress.
    - Guidelines for staff on Visitor Restrictions
    - Information and requirements for patients and families on visitor restrictions
    - Visitor Restrictions Poster
- Ensure our patients perform regular hand hygiene and cough etiquette on and off the units.

- Inform and educate all clients on current COVID-19 pass restrictions, as per the Inpatient Passes during COVID-19 guideline.

Patient Screening and Assessment Protocol for COVID-19

1. Always be conscious of signs and symptoms of COVID-19 when interacting with patients admitted to the unit. Regular active symptom monitoring will take the form of BID temperature checks and assessment of other ILI symptoms; please ensure this information is well documented, using the COVID-19 ILI Symptom Monitoring for Inpatients Form. If symptoms develop, patients will be immediately isolated, placed on droplet and contact precautions, re-swabbed, and IPAC will be contacted.
2. The COVID-19 Risk Assessment form is required to be completed at the patient's first point of contact within NSHA and will communicate to team members providing face to face care to take appropriate precautions, including PPE. If the MHA inpatient unit is the patient's first point of face-to-face contact with NSHA, the COVID-19 Risk Assessment should be completed by inpatient unit staff following the instructions outlined on the form and the memo, in addition to completing the documentation outlined below. As a part of the COVID-19 risk assessment, staff will determine if the patient resides within a community or facility cluster by searching the patient's postal code using the community cluster postal code search and reviewing the facility cluster list.
3. At admission, the following risk assessment criteria will be used to determine if a patient requires a COVID-19 nursing assessment on unit; this will be documented using the *Mental Health & Addictions Inpatient Units COVID-19 Assessment Chart*.

Patients presenting ANY of the risk identification criteria below will be assessed in a timely manner, isolated, placed on contact and droplet precautions immediately, and IPAC will be notified immediately:

- ***Does the patient have <u>two or more</u> of the following symptoms:***
  - New or worsening cough
  - Fever greater than 38°C
  - Sore throat
  - Headache
  - Runny nose
  - New or worsening shortness of breath
- ***Has patient travelled outside of Atlantic Canada (NB, NS, PEI, Nfld) in the last 14 days?***
- ***Has the patient had close contact with:***
  - Suspected case <u>OR</u>
  - Known case
- ***Does the patient live within a known:***
  - COVID-19 Community Cluster <u>OR</u>
  - COVID-19 Facility Cluster

4. If patient is symptomatic they must have a procedure mask applied immediately (regardless of their exposure history).

5. Community and facility are identified by postal codes and will be updated daily on the NSHA COVID-19 Hub. Unit clerks will ensure a Droplet Contact Precaution Flag for Community/Facility Cluster postal codes is placed on the patient's chart following HIS instructions.

6. If a patient presents with any of the risk identification criteria above, they should immediately be isolated, placed on droplet and contact precautions, and local Infection Prevention and Control should be notified. Please refer to the following posters for guidance on donning and doffing PPE for droplet and contact precautions:

    - Donning PPE for droplet and contact precautions
    - Doffing PPE for droplet and contact precautions
    - Dos and don'ts for gloves
    - Dos and don'ts for gowns
    - Dos and don'ts for masks
    - Donning and doffing PPE

7. Any patient presenting to hospital who is unable to engage or participate in a proper COVID-19 risk assessment by providing reliable responses to both symptomology and travel/exposure criteria because of their physical and/or mental condition will be immediately isolated, placed on droplet and contact precautions, swabbed (following process outlined below), and local Infection Prevention and Control should be notified.

8. If a patient is an **identified risk**, according to criteria above, or is unable to provide a reliable history, an RN or Physician will complete a COVID-19 assessment using the *Mental Health & Addictions Inpatient Units COVID-19 Assessment Chart*, which includes vitals, assessment for red flags, risk factors, and reportable symptoms.

Reportable Symptoms
- Shortness of breath - Malaise/fatigue - Vomiting - Muscle/joint pain - Diarrhea - Abdominal pain - Medication: ACE-I (e.g.: Ramipril, Lisinopril, Captopril, Enalopril or medication that ends in "pril")

9. If red flags are identified through the assessment, RN will call a physician who will contact the closest COVID unit physician and engage EHS, where necessary. If the inpatient COVID Unit is not a feasible transfer, the on-call COVID Secondary Assessment Centre physician should be contacted to assess the patient.

Adult COVID-19 Red Flags
- HR > 110 - RR > 30 - SBP < 95 mmHg - SpO2 < 92% on RA - New Confusion - New dizziness/pre-syncope - Chest Pain - New cannot walk - New decline in self-care

10. Following the nursing assessment, an RN or LPN will obtain an order from a physician to complete throat and nares or nasopharyngeal swabbing, as indicated. Swabbing can be completed by RN or LPN according to the following instructions:
    - For throat and nares, follow throat and nares collection instructions and procedure for using a HOLOGIC swab.
    - For NP, refer to the NP Swab Collection Policy, NP collection instructions, and instructional video.

    Note: RN or LPN may be directed to complete swabbing by IPAC; in this case, an order from a physician will still be obtained by the RN or LPN prior to completing the swab.
11. Once a specimen has been obtained, it must be kept in the fridge until it is transported to the lab; a process will need to be developed for each area to ensure specimens are packaged correctly for transport/who is responsible.
12. For patients in isolation and under precautions who were **unable to provide a reliable history**, if, after 48 hours, the swab result is negative and the patient is asymptomatic, the patient will return to the unit general milieu, with approval from IPAC.
13. Patients in isolation and on precautions as a result of **close contact with a known or suspected case of COVID-19, having travelled outside of Maritime Canada,** or living within a **known COVID-19 facility cluster** will remain on droplet and contact precautions and in isolation for 14 days, monitoring symptoms BID using the COVID-19 ILI Symptom Monitoring for Inpatients Form.
14. Patients in isolation and on precautions as a result of living within a **known COVID-19 community cluster** will remain on droplet and contact precautions and in isolation until the swab result is confirmed negative. Following confirmation of negative swab, patient will return to the unit general milieu, with the approval of IPAC.
15. All patients should be monitored closely for symptoms throughout their admission, through BID active screening using the COVID-19 ILI Symptom Monitoring for Inpatients Form. If symptoms develop, patients will be immediately isolated, placed on droplet and contact precautions, re-swabbed, and IPAC will be contacted.

Care of Patient with diagnosed COVID-19 on MHA Care in Place Unit/Inpatient Unit

Any patients on droplet and contact precautions should remain on precautions unless authorized to be discontinued by IPAC.

- MHA Inpatient Units will admit and provide care to patients who have (1) a psychiatric or substance use disorder requiring inpatient admission and (2) happen to be COVID positive but are not medically ill (at least not beyond the capacity of the hospitalist to manage). Patients who are medically ill with respiratory or other medical symptoms will go to a medical COVID unit and have their psychiatric or medical withdrawal management needs supported by psychiatry or the medical withdrawal management physician.
- For detailed instructions on providing care to a patient with confirmed COVID-19 on an MHA Care in Place Unit (as per zone protocols) or MHA Inpatient Unit, please refer to the Plan of Care for Admitted COVID-19 Patient.
- The recovery algorithm will be followed to determine details of protocol such as length of time on precautions, frequency of retesting, appropriateness for discharge, etc. *This is currently in development and will be included once available.*

Special considerations for MHA:

- Place the patient in a private room with private toilet and sink; keep the door closed as much as safely possible, please refer to the Plan of Care for Admitted COVID-19 Patient. **Note:** An Airborne Infection Isolation Room (Negative Pressure Room) as well as PPE including N95 mask, is only required when performing an Aerosol Generating Medical Procedure; please refer to 2019 Novel Coronavirus Disease (COVID-19): Aerosol Generating Medical Procedures in Healthcare Settings for a list of AGMPs requiring N95 respiratory protection for COVID-19.
- If cohorting is considered, it should be done in consultation with IPAC.
- Droplet and contact precaution signage should be posted outside the room.
- If there are challenges with maintaining isolation due to patient behaviour, involve the psychiatrist/physician to determine care options.

Transfer to COVID-19 Unit

- If patient is deteriorating due to COVID-19 symptoms, follow current guidelines for rapid medical response.
- Anytime a symptomatic patient is **medically required** (i.e. necessary medical appointments) to come out of isolation, patient should perform hand hygiene and wear a procedure mask.
- Transfer of patient from MHA Care in Place/Inpatient Unit to COVID-19 Unit will be made on a case by case basis, as the need arises.
- Ongoing collaboration will be required for patients admitted to the designated COVID unit.