Regional Psychiatric Hospital COVID-19 Quarantine and Medical Isolation Plan

March 2020

Stage I: Quarantine — All admitted RPH patients screening negative for COVID-19 illness

- Escort patient to designated quarantine area, which should be isolated from areas with patients who have cleared quarantine status.
- Request patient remain in his/her room at all times. Room will be single occupancy to the extent possible.
  - If necessary, quarantined patients can occupy double-occupancy room if able to cooperate with social distancing. Meals will be provided in room.
  - With appropriate staff supervision and patient cooperation, patients on quarantine status may be allowed short periods of activity time out of their room.
- Educate patient on COVID-19, standard infection practices.
- Patient will be screened and assessed for the emergence of any symptoms suggestive of COVID-19 illness and have his/her temperature taken each shift.
- Patient will remain in quarantine status for 14 days. If no symptoms of COVID-19 emerge, he/she will be moved to a non-quarantine unit/area of the hospital. If symptoms of COVID-19 emerge, medical isolation will take place.
- If at all possible, patients on quarantine status should be housed on a separate unit. Appropriate precautions should be enacted if this is not possible, such as patients on quarantine status being placed in a single room with meals provided in the room and contact with patients in non-quarantine areas of the hospital not allowed.

Stage II: Identification of symptoms suggestive of COVID-19 illness and medical isolation

- Patient identified with possible COVID-19 symptoms
  - Fever, cough (if associated with exposure to COVID-19), shortness of breath
- Escort patient to designated medical isolation area, which should be isolated from non-infected patients.
- Request patient remain in his/her room at all times. Rooms will be single occupancy. Meals will be provided in room.
- Notify the local health department and coordinate COVID-19 testing.
- Nursing staff will:
  - Enact droplet/contact precautions
    - Droplet/contact precautions:
      - For staff: surgical mask, face shield, gown, gloves
      - For patient: encourage wearing of surgical mask during staff interactions
  - Establish a staging zone for PPE donning and doffing procedure.
  - Educate patient on COVID-19, droplet/contact precautions, and medical isolation process and expectations.
  - Place patient on appropriate observation level based on clinical assessment.
  - Utilize signage and other communication to inform staff of patient being placed on medical isolation status.
  - Vacated patient rooms must be thoroughly cleaned and not reopened until two hours post-clean.
  - Notify attending practitioner, general medical practitioner, MOD (after normal hours).
  - Practitioner/provider/designated COVID care team will:
    - Coordinate services
    - Assess patient
    - Discuss testing options
    - Test patient as appropriate
    - Determine need to request transfer for acute medical care services as medically indicated, with advance notification of suspected infection to ambulance/EMS/receiving hospital ER
  - Patient remains on droplet/contact precautions until result of test or for 14 days/until symptoms remit (whichever is longer).
• If at all possible, patients in medical isolation status should be housed on a separate unit. Appropriate precautions should be enacted if this is not possible, such as patients in medical isolation status being placed in a single room with meals provided in the room and contact with unaffected patients not allowed.

Stage III: Positive COVID-19 result and patient not transferred to a general medical hospital
• Positive COVID-19 result communicated to practitioner/provider/designated COVID care team.
• Patient remains on droplet/contact precautions and in designated medical isolation area.
• Request patient remain in his/her room at all times. Room will be single occupancy. Meals will be provided in room.
• Utilize signage and other communication to inform staff of patient’s positive COVID-19 status.
• Staff maintain PPE use and practices as for patient in medical isolation status.
• If at all possible, patients with a known COVID-19 positive result should be housed on a separate unit. Appropriate precautions should be enacted if this is not possible, such as patients with COVID-19 positive test result being placed in a single room with meals provided in the room and contact with unaffected patients not allowed.

* N95 masks are only used for procedures that are likely to generate respiratory aerosols, keeping in mind that patients who are critically ill — as well as those requiring aerosol generating procedures like intubation or nebulizer therapy — will be transferred to a medical care facility.