***Massachusetts Department of Mental Health (DMH) Response Plan to Prevent and Mitigate the Impact of COVID-19***

***Facility and 24/7 operations***

1. **Overview:**

The following Plan components are intended to mitigate and contain the impact of COVID-19 by utilizing the design of the hospital, the quality of its workforce, the depth of medical staff, and linkages to external facilities and resources. While these guidelines establish standards and clinical guidance, individual patient and staff circumstances may dictate need for modification after consultation with local clinical leadership, infection disease expertise, and/or the DMH Office of inpatient Management (OIM).

To date and in an ongoing manner, DMH is proactive in developing and implementing strategies based on guidelines from the MA Executive Office of Health and Human Services (EOHHS), the Massachusetts Department of Public Health (MDPH), and the Centers of Disease Control and Prevention (CDC). The goal of these strategies is to maintain the safety of patients and staff by preventing and mitigating the impact of future COVID-19 outbreaks. The sections below outline in detail the actions/activities DMH is engaged in to facilitate achieving this goal.

1. **Sections:**

**Section 1. Screening for Building Access**

1. COVID-19 EOHHS Guidance for Screening
2. **All individuals** seeking entrance to a DMH facility **will be screened** prior to being allowed entry.
3. Screening of staff, approved vendors and contractors, attorneys, and visitors who have been authorized to be at the facility will be performed **at the designated entry to the facility** and provided in the languages prevalent in the population served.
4. Each facility will reduce access points to a single point of entry (SPE) for screening.
   1. A second point of entry may be approved if it meets the same criteria as the main entry point and approved by the Director of the DMH OIM.
5. Access to all points of entry other than the one designated SPE will be deactivated or closed with the exception of supply loading docks.
6. Staff, approved vendors and contractors, attorneys, and visitors will not be allowed to enter patient care locations within the facility until they successfully pass the screening protocols at the SPE
7. Staff, approved vendors and contractors, attorneys, and visitors are required to wear masks provided at all times; patients are encouraged to wear masks outside their room.
8. Each facility has prominent signage with COVID symptoms, contact and travel history clearly visible in the screening area and in appropriate languages for all patient populations.
9. Supplies for respiratory hygiene and cough etiquette, including 60% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks are made available at the facility entrances.
10. Screening Procedures:
11. Individuals seeking entrance to a DMH 24/7 facility will be screened at the SPE screening location.
12. The facility trains staff on appropriate screening processes and processes to rapidly identify and isolate suspected COVID-19 cases.
13. Designated facility staff member(s), with demonstrated competency, will be assigned to conduct a Covid-19 screening of every individual seeking entrance into the facility
14. A distance of at least 6 feet is maintained between all persons waiting to be screened
15. Proper Personal Protective Equipment (PPE) is assigned to SPE staff as required by DPH (see Appendix A for PPE grid) and CDC guidelines <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19>

1. Screening will consist of at least, but not limited to, the following:
   * The screener actively inquiring about the symptoms
   * The screener actively inquiring about contact and travel
   * Screeners are no longer required to actively measure body temperature but are required to ask if the individual has a temperature > 100.4F.
2. If an individual responds, “yes,” to any of the screening questions, they will **NOT** be permitted to enter the facility
3. Individuals who refuse to answer the screening questions will not be permitted to enter the facility
4. No forms are required for people allowed entrance; however, the screener will complete a brief form for people denied entrance (Appendix B for Entry Denial Form) and the facility will retain this form. Follow up on circumstance where a facility employee is denied entrance will occur by the Infection Prevention and Control (IC) Nurse in consultation with the appropriate supervisor/department head
   * + - 1. NOTE: if approved vendors and contractors, attorneys, and visitors have multiple visits to the facility within the same day, all must be screened and approved prior to each entry.
         2. If staff have already been screened and they leave for break, there is a system in place to allow reentry into the facility without being further screened on the same day.

**Section 2: Patient Admission Processes:**

1. General Guidelines:

A. Pre-Admission Processes:

1. Where possible, the following pre-admission screening activities will take place prior to a patient’s arrival at a DMH facility.

2. Pre-admission screening should include health history and vitals, temperature, and oxygen saturation monitoring, clarification of COVID-19 exposure/activity from referring unit, and results of COVID-19 test completed within 48-72 hours of proposed transfer date where feasible.

3. If a person has been COVID positive in past, efforts should be made to:

1. ascertain what type of test was used to determine their COVID status,
2. when the testing was done,
3. whether PCR CT value was determined and result,
4. where testing done, and
5. When and how, if applicable, patient was determined to be in recovery

4. Any issues related to concerns around testing prior to admission should be directed to OIM.

1. Admission
2. Once the patient arrives, the patient is rescreened in the designated area. Any positive response(s) are concerning and should immediately be reported to the facility’s Chief Operating Officer (COO), Facility Medical Director (FMD), Director of Nursing (DON) and the Medical Director (MD) of OIM. After business hours, any positive response should be reported to the Facility Administrator On-Call (AOC) and to the DMH Executive On-Call, who is accessible through the WRCH operator.

II. Specific Guidelines

A. Pre-admission

* 1. Section 3 transfer from acute licensed psychiatric facilities:
     1. There will be a nurse to nurse handoff communication with written documentation of the Screening Questions for COVID-19 on the day of transfer.
     2. Any positive response will trigger expectation that further assessment is required to complete medical clearance of a suspected case of COVID-19 before a patient is accepted for transfer.
     3. If a person has been COVID-19 positive, ascertain
        1. what type of test was used to determine their COVID-19 status,
        2. when the testing was done,
        3. whether PCR CT value was determined and result,
        4. where testing done, and
        5. When and how, if applicable, patient was determined to be in recovery
  2. For those whose COVID-19 status is unknown, or have not tested positive in past, testing should occur 48 - 72 hours prior to scheduled transfer and evidence of COVID-19 testing (date and time) even if results are not known must be documented before transfer.
  3. For those arriving by Section 12a (to either the DMH’s acute units or continuing care units), a review of the Screening Questions and COVID-19 testing must be part of medical clearance and received prior to acceptance of the admission.
  4. Transfers from Bridgewater State Facility(BSH):
     1. Once a patient is assigned a DMH facility for transfer, the transfer documentation will include written documentation of the Screening Questions and confirmation via nurse to nurse and doctor to doctor transfer hand-off communication.
     2. Results of a COVID-19 test during BSH hospitalization as well as evidence of a COVID-19 test (date and time) within 48-72 hours of transfer should be provided. Test results may not be known at the time of transfer.
     3. If a person has been COVID-19 positive, ascertain
        1. what type of test was used to determine their COVID status,
        2. when the testing was done,
        3. whether PCR CT value was determined and result,
        4. where testing done, and
        5. When and how, if applicable, patient was determined to be in recovery
     4. Any positive response will trigger preparation for their arrival and further assessment at the DMH facility assigned.
  5. 18a admissions from Houses of Correction and State Prisons:
     1. The health services associated with each House of Correction or State Prison will provide documentation of the answers to the Screening Questions.
     2. Any positive response will trigger preparation for their arrival and further assessment upon arrival to DMH as indicated.
     3. Should there not be a health services at Houses of Correction or State Prisons from where the admission is coming from, or the admission is coming after hours or on weekends, prescreening will be done at the entrance to the DMH facility assigned to receive the patient
     4. COVID-19 testing or results are not expected for these admissions. If there is a known COVID-19 test result, that information (date of the test and results) will be provided to the receiving DMH facility
  6. Court ordered Section 15s and pretrial 18a (generally from a police lock-up or Emergency Department and often arriving to DMH after regular business hours)
     1. Courthouses and police lock-ups do not have health services capacity. Accordingly, the receiving DMH facility will immediately screen the patient upon arrival to DMH and prior to admission.
     2. Any positive response to the COVID-19 assessments will result in immediate assessment by the designated facility’s internal medicine coverage/designee or the Doctor on Call (DOC).

B. Admission Processes:

1. All patients are screened upon entry into the facility even if they were prescreened
2. Upon arrival, the patient will be given a face mask to wear. Airborne, droplet and contact precautions are instituted for staff interacting with the patient and the patient is placed in a single room off the unit to wait further assessment. The patient will wear a mask during the admission process and remain under constant observation.
3. Admitting staff will wear appropriate personal protective equipment (PPE) (surgical/procedural mask, gloves, gowns, and face shield/googles) during the history and physical examination.
4. Prescreened and re-screened negative patients are assigned units based on protocols
5. Either from pre-screening or as the result of re-screening through the admission process a patient is identified as a suspected or confirmed COVID-19 case and does not require medical hospitalization, the admission process will be completed, and the patient will be admitted to an appropriate inpatient unit for isolation precautions. Actions would also include:
   * + - 1. Positive patients are asked to don a DMH approved surgical mask and move to an isolation room on the identified unit where the patient is being admitted.
         2. Notify the admitting MD immediately if not already engaged.
         3. Patients will be instructed on respiratory hygiene, and placed in constant observation in a single room with the door closed and 6 feet distance from others until further evaluation.
         4. Until further instruction is provided all contact with patient will be with contact, droplet and airborne precautions and patient is not allowed access to the unit. If patient movement through the unit is required, necessary precautions, including the patient wearing a surgical mask and minimizing interpersonal contact, will be implemented.
         5. Depending on a patient’s COVID-19 status (suspected or confirmed positive), if they refuse to voluntarily enter and stay in a single room, the patient should be considered a potential imminent risk of harm to others and should be assessed for the need for seclusion or other emergency interventions, in accordance with DMH regulations [see DMH OPERATED FACILITY BULLETIN 20-01R May 1, 2020 at <https://www.mass.gov/doc/dmh-state-operated-facility-bulletin-20-01-admission-and-treatment/download>].
         6. The room utilization, if at all possible, will have contiguous or proximal bathroom and access to tissues, discard receptacle and alcohol-based hand sanitizer (ABHS). Use appropriate infection control procedures. The need for involuntary containment for infection control purposes should be reviewed as soon as practically possible with the team, FMD, and AOC
         7. The physician will order precautions for patients with modifications that may be required by the physical plant (e.g. availability of singles, cohorting recovered patients)
         8. The patient must remain in isolation pursuant to the specific facility isolation plans. Patients at Worcester Recovery Center and Hospital (WRCH), Metro Boston Mental Health Units at Lemuel Shattuck Hospital (LSH) and Tewksbury Hospital (TH) psychiatric units will likely be managed within the facility. Patients at other DMH facilities will be considered for transfer to the WRCH COVID or person under investigation (PUI) units as applicable
         9. Once the patient is moved from the admission screening room, the nursing supervisor will notify housekeeping and request that the screening room be terminally cleaned. If housekeeping services are not available, the inpatient staff will follow COVID-19 terminal cleaning procedures (see Section VII).
6. If the patient appears to be in respiratory distress or otherwise has significant symptoms, they should be seen by an MD immediately to determine need for transfer of the patient to a general medical facility per the facility’s existing medical transfer protocols.
7. Once the clinical situation has been addressed and stabilized, the MD will contact Facility leadership (FMD, DON, COO) and the MD of OIM for case discussion, symptom verification and next steps. After hours, contact the Facility AOC as well as the DMH Executive on call for similar discussion and next steps.

**C**. Readmission/Return from outside the facility:

The processes utilized for the return/readmission of patients who have been outside of the facility depends on the nature and location of the absence from the facility (see Appendix E COVID: Patient management clarifications 7/15/2020).

**Section 3: Patient COVID-19 Risk Management on the Unit**

I. General:

1. Once admitted, questions about new onset of COVID-19 symptoms and vitals are incorporated into twice daily assessments of patients according to OIM guidelines and facility protocols. Patients will be monitored and evaluated for new fevers and symptoms consistent with COVID-19 assessment. Any patient with unexplained fever or symptoms of COVID-19 will be placed in isolation immediately with all COVID-19 transmission based precautions (airborne, droplet, and contact) and medically evaluated.

2. Isolated patients will have access to bathroom facilities upon request, and shall otherwise receive meals, clinical and medical care and treatment in their designated isolation room. All such patients should receive frequent safety and medical checks determined by clinical assessment, but should be no less frequent than every 15 minutes. Patients who voluntarily agree to remain in isolation in their designated isolation room are not considered to be in seclusion.

1. Quarantine Guidelines
2. Admission/patient management processes not specific to admission type: (see admission grid in Appendix C)
3. Except for acute individuals referred to the Community Mental Health Center (CMHC), all individuals who are positive for COVID-19 or have symptoms suggestive of COVID-19 with no clear explanation (even with negative test results) if possible will be admitted to the WRCH COVID-19 or PUI/observation units respectively.
4. Unless otherwise stated, testing standard is molecular PCR tests for COVID-19 (rapid or other).
5. Moving a patient who is determined positive for COVID-19 or PUI/observation out of isolation is determined by the inpatient attending in consultation with medicine, inpatient nursing, and FMD.
6. Individuals who are admitted that are in COVID-19 recovery are not retested and are managed based on timeline since positive status was determined and current clinical presentation. Patients in COVID-19 recovery for less than 3 months can be admitted directly to a general unit. Admission of individuals in COVID – 19 recovery for 3-6 months, or beyond 6 months should be admitted pursuant to Appendix C Admission Grid. If a person in COVID-19 recovery is mistakenly retested and positive, disposition requires review by inpatient attending, FMD, DON, and OIM/Clinical and Professional Service (CPS) prior to unit placement.
7. Refusal of COVID-19 testing will be managed as if the patient is a PUI through use of isolation for 14 days. The location for management of these patients at WRCH and DMH patients at LSH and TH will be per existing facility protocols. The location for the management of these patients at other DMH facilities will be determined on a case by case basis between the facility and WRCH clinical and operational leadership OIM.
8. The use of quarantine processes for affected patients or other patients who remain well, but may have been exposed, is maintained at all DMH facilities during the pendency of testing and admission assessment. If a patient is in isolation because they are positive for COVID-19, isolation ends when criteria is met for being in COVID-19 recovery. If a patient is in isolation because they are symptomatic, isolation ends when determined by inpatient attending in consultation with medicine, inpatient nursing, and FMD. Retesting of patients who are symptomatic and with a single negative COVID-19 test should be retested again but not sooner than 72 hours after their last test
9. The decision on where to manage a patient who is positive for COVID-19 or symptomatic without clear explanation will be determined by the patient’s team, facility leadership (FMD, DON, COO), the facility IC nurse in consultation with DMH OIM or State Medical Director/designees.
10. While hospitalized at a DMH inpatient facility, all inpatients are monitored with twice daily vitals including temperature and oxygen saturation (pulse oximeter) and the COVID-19 screening.
11. Specific Management Guidelines:
12. The facility will utilize surveillance testing. See <https://www.mass.gov/doc/eohhs-congregate-care-surveillance-testing-guidance>
13. If a patient becomes symptomatic (see <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>):
    1. The patient will be isolated with airborne, droplet and contact precautions
    2. The patient will be tested for COVID-19.
    3. Isolate each patient that came into contact with the PUI patient and quarantine. In certain circumstances it may be necessary to quarantine individuals in a cohort. Such cohorting decisions should involve facility and operational leadership in consultation with IC professionals.
    4. Medications will be brought to the patients in their isolation room.
    5. Patient care is clustered so as to minimize the number of times entering and exiting the room.
    6. Meals are served on paper products to patients in their rooms.
    7. Treatment teams are done remotely by WebEx. Patient phones are thoroughly cleaned after each use
    8. Treatment will be modified (e.g. no face to face groups, enhanced electronic clinical interface).
    9. Bathrooms are cleaned and disinfected with increased frequency.
    10. If the PUI has a positive test, all other patients on the unit will remain in quarantine and will be tested. Isolate each patient in a separate room with an adjacent bathroom and if that is not available assign and label a bathroom stall/sink to the patient with post use cleaning and disinfection procedures to be used and quarantine for 14 days. The individual with a positive result should be reviewed for need to transfer to WRCH or COVID units within their facility.
        1. All patients will maintain social distancing and wear a mask outside their room and be monitored for symptoms twice a day using the COVID-19 screening.
    11. All staff with direct care contact with patients presumed or confirmed to be infected with COVID-19 (including housekeeping staff) will be required to don an NIOSH-approved N95 filtering face piece respirator or higher, eye protection, isolation gown and gloves, and use airborne, droplet and contact precautions.
        1. Staff should wear an N95 or equivalent or higher-level respirator, instead of a facemask, for any aerosol generating procedures (APG), such as nebulizer treatments or intubations (see Appendix D for APG Guidelines)
        2. If a N95 respirator or equivalent is not available, full face shield should be used.
        3. Limited re-use of an N95 respirator when caring for patients with COVID-19 may be necessary but should be limited to one shift and follow the DPH guidelines <https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19>
        4. Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134). HCP should be medically cleared and fit tested if using respirators with tight-fitting face pieces and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html>

<https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

* + 1. Under the Non-NIOSH Approved Respirator Emergency Use Authorization (EUA), KN95 respirators may be considered for use as a substitute for N95 respirators only if:
       1. N95 respirators are not available, and
       2. The KN95 respirators have been tested for filtration effectiveness, and
       3. The use of KN95 respirators has been approved by your organization.
    2. While working at a DMH Facility, all staff will be trained and be able to demonstrate competency in the skills for PPE storage and re-use procedures.
  1. Patients who test negative on a COVID-19 test:
     1. If a patient isolated has a negative COVID-19 result WITH continued symptoms, vigilant clinical monitoring must still be maintained.
        1. The patient will remain in isolation and treated as if patient may still be COVID-19 positive, given the potential for false negatives.
        2. Medical staff will consider other potential medical issues causing symptoms.
        3. Patient will continue to wear a mask when outside their room and/or when in close contact with other.
        4. Patient will remain in quarantine (in room with door closed or a designated part of a unit).
           1. All efforts will be made to cluster the care of the patient. Medications, meals, and vital signs will be taken in room with appropriate airborne, contact and droplet precautions in place.
           2. Repeat test as determined by medical staff and/or unit MD.
        5. When a patient is asymptomatic (including no fever) for 72 hours without the use of fever reducing medication, medical provider will be contacted for determination of discontinuation of quarantine/isolation precaution, room restriction, and frequency of vital signs.

1. Asymptomatic patients who underwent testing upon routine admission to DMH facility or ED return (see Appendix E COVID: Patient management clarifications 7/15/2020).
   1. Vital signs will continue to be twice a day
   2. Patient will continue to wear a facemask.
   3. Patient will be encouraged to stay in room.
      * 1. Patient care is clustered. Medications, meals, and vital signs will be taken in room with appropriate airborne, contact, and droplet precautions.
   4. If the test results are negative, and the patient remains asymptomatic (including afebrile) for 72 hours without the use of fever reducing medications the above precautions and room isolation can be discontinued (unless otherwise specified by medical provider).
2. Retesting after exposure/close contact with COVID-19 positive person: See Updated Staff Surveillance Testing for COVID-19 – State Operated Facilities and Congregate Care Sites of 10/14/20 <https://www.mass.gov/doc/eohhs-congregate-care-surveillance-testing-guidance>)
3. Medical appointments at physician offices, clinics, or ED:
   1. Before they leave the patient is reminded of mask requirements, hand hygiene, cough/sneeze etiquette, social/physical distancing. If staff is transporting, they will be given gloves, eye protection, and a DMH approved mask to wear.
   2. When transport is provided the facility assumes transport cleaning guidelines are followed.
      1. All medical/facility settings in Massachusetts (MA) are assumed to meet the reopening criteria for MA and infection control and prevention practices related to COVID-19.
   3. Upon their return:
      1. Assess how the trip went and if there were any issues. If there were issues, review with the nurse/provider immediately.
      2. Successful practices of mask requirements, hand hygiene, cough/sneeze etiquette, distancing should be acknowledged.
      3. The facility continues to monitor patients for new onset symptoms, including measuring vitals twice a day and providing ongoing encouragement/reminders around social distancing, mask wearing, hand hygiene, and cough/sneeze etiquette.
4. Admissions to medical facilities for >24 hours – under active review with DPH , but for now, readmitted into quarantine with retesting in 36-48 hours
5. Absent without Authorization (AWA) COVID-19: Patient management clarifications; 7/15/2020 (see Appendix E)
   1. Upon return, staff should assume the patient is potentially infectious and wear appropriate PPE noted above while assessing the details as to where they were and who they were in contact with.
   2. The patient should be screened for COVID-19 symptoms using the COVID-19 screening (see Appendix B).
   3. Perform testing for COVID-19 and keep in isolation pending test results and further clinical review and guidance from FMD, COO and OIM leadership.
      1. Actions performed are highly dependent on queries; a conservative approach is supported unless AWA was very brief and the patient remained in sight.
   4. The facility continues to monitor patients for new onset symptoms, including measuring vitals twice a day and providing ongoing encouragement/reminders around social distancing, mask wearing, hand hygiene, and cough/sneeze etiquette.
6. Passes with staff/vendor (see Appendix E COVID-19: Patient management clarifications; 7/15/2020)
   1. Before leaving the patient is reminded of mask requirements, hand hygiene, cough/sneeze etiquette, social/physical distancing.
   2. When the patient returns, the unit nurse/provider will review with the patient and the accompanying staff how the trip went and if there were any issues. If there were issues, review with the nurse/provider immediately. Successful practices of mask requirements, hand hygiene, cough/sneeze etiquette, distancing should be acknowledged.
   3. The facility continues to monitor patients for new onset symptoms, including measuring vitals twice a day and providing ongoing encouragement/reminders around social distancing, mask wearing, hand hygiene, and cough/sneeze etiquette.
   4. Passes to enclosed spaces with poor ventilation (e.g. gyms, movies) are not supported unless strongly connected to discharge plan.
7. Passes or Passes with family/others (see Appendix E COVID-19: Patient management clarifications; 7/15/2020)
   1. Before the patient leaves on a pass the patient is reminded of mask requirements, hand hygiene, cough/sneeze etiquette, social/physical distancing. Establish location, duration, activities for pass and what should not occur. Clarify who else patient might have contact with and encourage outside activities. Consider pass written contract.
   2. Upon return review with family and patient how the trip went and if there were any issues. If there were issues, review with the nurse/provider immediately.
      1. Strongly consider retesting in 72 hours
   3. The facility continues to monitor patients for new onset symptoms, including measuring vitals twice a day and providing ongoing encouragement/reminders around social distancing, mask wearing, hand hygiene, and cough/sneeze etiquette.
8. Medical Transfers:
9. The decision to transfer a patient who is either COVID-19 positive or a PUI will be made by the FMD and AOC after a screening/discussion with admitting staff.
10. If the patient has severe symptoms endangering his or her health, s/he will be transferred to a local general hospital.
11. If the patient’s condition is stable, then arrangements to transfer patient to a COVID-19 positive unit within the facility (WRCH, LSH, and TH or at WRCH for other DMH locations) will be made. If immediate transfer to a COVID-19 positive unit is not possible, patient will be isolated. All these actions will require doctor’s orders.
12. If necessary, Section 3 transfers to a COVID-19 positive unit at another facility may need to be made on an emergency basis.
13. Evening/weekend decisions will be made by:
    1. DOC/AOC
    2. DOC reports to the FMD and on-call psychiatrist to establish next steps for transfer.
14. When patient condition is emergently unstable and cannot wait for this transfer protocol, 911 will be called and patient transferred and all appropriate notifications (to the receiving ED and DMH chain of command) will occur once the situation is stabilized.
15. Return to sending Facility:
16. Patients determined to be in recovery will be returned to the sending Facility.
17. A doctor-to-doctor/nurse-to-nurse hand-off communication will be completed.
18. Once the FMD agrees, patient will be returned to the sending Facility.
19. Patients identified for transfer back to the sending Facility will be transported via ambulance.
20. Fresh Air Access
21. Persons who are in COVID-19 recovery and have transitioned from the COVID-19 positive dedicated space may access outdoor spaces, as individual facility protocol permits.
22. Persons who are in COVID-19 recovery must wear a face mask, practice social distancing, and maintain six feet from other persons, as able, while in outdoor space.
23. Access to fresh air may be limited in emergent clinical situation. Such limits will be for the shortest time possible to ensure safety and be approved by facility administration in consultation with OIM.
24. Vaccination
25. All DMH facilities should offer vaccinations for patients within the ability of the facility to obtain vaccine.
26. Additionally, all DMH clients who received the first dose of the Moderna or Pfizer COVID-19 vaccine while legally admitted to a DMH facility and are discharged prior to the administration of the second dose per recommended timelines and they are unable/arrangements are unable to be made to receive a necessary second vaccine within CDC recommended timelines, are able to receive the second dose at the facility which discharged them or at an agreed upon DMH facility (see Appendix L- COVID-19 Vaccinations for Clients Discharged from DMH Treatment Programs prior to Receiving the Required Second Vaccination Dose).
    1. The administration of the vaccine will be documented in the patients existing medical record as an addendum to the inpatient record.

**Section 4: On unit Actions/Activities**

I. General:

1. To facilitate the provision of groups or other face to face contacts on the units, the following guidelines should be followed as applicable:
2. All patients are encouraged to wear a mask whenever they are out of their rooms in the milieu.
3. Hand hygiene is encouraged before/after group.
4. Groups are limited in size and split into 2 groups when necessary.
5. Each patient has a dedicated box of personal supplies during group not shared with anyone else that is passed out and then collected at the end of the group session.
6. Modify groups that depend on sharing items or require closer physical interaction
7. Treatment team meetings are done in large areas allowing for social distancing and PPE as required.
8. Individual therapy continues with social distancing and mask on both client and staff.
9. All HCP should wear a facemask when they are in a clinical care area at all times (surgical or procedure masks). <https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19>
10. Educational and activity packets are provided to individuals in quarantine and those who would benefit from self-directed activity.
11. Therapeutic-use space is evaluated and modified based on social distancing guidelines.

i. All off-unit groups that include combined patients/staff from multiple units are canceled to prevent cross-contamination. Off-unit groups are modified and offered in an on-unit group fashion weekly to patients to maintain therapeutic gains/progress.

1. Clinicians are assigned to specific units to help prevent cross-contamination.
2. COVID-19 processing and education groups are added to the Active Treatment schedule. In addition, COVID-19 topics are covered in life skills and discharge planning groups.
3. Patients are offered reasonable access to fresh air with social distancing and proper PPE utilization.
4. Coordination with Operations regarding procedural cleaning schedules and implementation.
5. Patient’s perceptions of the preferred and recommended Active Treatment groups are garnered to further bolster therapeutic gains throughout altered COVID-19 facility operations.

II. Use of Telehealth and Electronic Support to provide Treatment:

1. Attainment of appropriate hardware, WebEx accounts and VPN access for all providers is obtained to effectively communicate throughout the COVID-19 crisis and complete tasks related to patient care regardless of the location or quarantine status of the patient.
2. To enable remote treatment capabilities in both individual and group settings, a Telehealth procedure is developed and implemented that includes cross-disciplinary training, hardware deployment and use, scheduling, determination and rationalization of the capability to provide certain treatment services, HIPAA concerns, and emergency preparedness. Guidelines are created and referenced to comply with HIPAA, DMH and CMS standards.
3. For ease of implementation of providing remote services, all clinical and nursing staff are trained in the effective and appropriate use of remote services, including a Telehealth competency.
4. A shared scheduling spreadsheet is created to simplify the process and multiple rooms are outfitted with remote service technologies, such as webcams and audio/visual systems enabling Active Treatment to continue despite the current environmental challenges.
5. Treatment for Patients in Isolation – Active Treatment continues for patients who were isolated due to COVID-19. This includes the ability to utilize WebEx or Zoom to attend group or review group content one on one with the leader. For successful remote treatment, the use of iPads, modified media carts, cordless phones, Bluetooth speakers, and collaboration between clinical and nursing staff are required.
   1. All patients will have access to a tablet to communicate with team members, family and friends. The tablets are sanitized after use is complete and placed in a secure area for future use.
6. Restraint: DMH OPERATED FACILITY BULLETIN 20-01R May 1, 2020 <https://www.mass.gov/doc/dmh-state-operated-facility-bulletin-20-01-admission-and-treatment/download>
7. In the event a patient with COVID-19 who meets the medical criteria for COVID-19 Seclusion cannot be safely maintained in COVID-19 seclusion with safety precautions up to and including constant observation, the patient may be placed in locked door seclusion or mechanical restraints, which shall be considered COVID-19 behavioral restraint. COVID-19 behavioral restraint and seclusion shall be subject to all DMH legal requirements governing restraint and seclusion.
8. Use of medication restraints in the context of COVID-19 seclusion shall be subject to all applicable legal and regulatory requirements, without waiver or modification.
9. Any orders or examinations required to be conducted by a physician for restraint and seclusion under G.L. c. 123 s.21 or 104 CMR 27.12 may be conducted by a Psychiatric APRN in accordance with the Emergency Order of the Commissioner of Public Health, dated April 4, 2020.
10. Examinations may be made via telemedicine pursuant to waiver approved by DMH, where patient is not agitated, and telemedicine intervention is determined to be clinically appropriate by the examining clinician in consultation with on-site staff.

**Section 5: Recovery and Considerations for Caring for COVID – 19 recovered individuals** (see Appendix F- DMH Guidelines for Caring for COVID-19 Recovered Inpatients)

* + 1. Definition of Person in Recovery:

1. A symptomatic person diagnosed with COVID-19 illness is considered in COVID-19 recovery after
   1. At least 10 days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero” AND
   2. At least 3 days (72 hours) have passed since recovery from fever and symptoms without the aid of antipyretic medication
2. Recovery for asymptomatic persons diagnosed with COVID-19 illness occurs after isolation is maintained for at least 10 days since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If the person develops any symptoms, then they would follow the symptomatic criteria.

Cohorting for Persons in COVID-19 Recovery

1. Persons who are in COVID-19 recovery, whether symptomatic or not, will transition from the COVID-19 positive dedicated space no sooner than 14 days since the date of their first positive COVID-19 diagnostic test, or illness onset and at least 3 days (72 hours) after recovery.
2. If needed, the person in COVID-19 recovery will transition to a dedicated recovery space where they can continue to restore their health through gentle but focused nutritional and physical rehabilitation.
3. If transitioning the person in COVID-19 recovery to a dedicated recovery space is not possible, then the person will return to a care area where persons not known to be infected with COVID-19 reside and if necessary may room with others.
4. Persons in COVID-19 recovery will not be cohorted in a room with another person who is immunocompromised

PPE Required for Staff and Persons in Recovery

1. Staff are not required to use full PPE (eye protection, gown, gloves and facemask) when caring for persons in COVID-19 recovery once they have transitioned out of the COVID-19 positive dedicated space.
2. Staff will continue to wear a face shield or mask and goggles at all times in accordance with facility protocol.
3. Staff and persons in COVID-19 recovery will continue to socially distance, as able.
4. Staff will continue to practice hand hygiene before or after an interaction with the person.
5. Staff will select appropriate PPE for the care being provided. As an example, staff should wear gloves if there is any risk of exposure to body fluids such as when performs a blood glucose check.
6. Persons in COVID-19 recovery will wear a facemask when they are outside of their rooms.

Retesting patients deemed COVID-19 recovered

* 1. Retesting and management of patients who are in recovery is determined by the duration of their recovery and symptom presentation and laboratory findings as available/applicable.
  2. Testing is not generally recommended in the first 3 months following an positive test
  3. For details on retesting and management, (see Appendix E COVID-19: Patient management clarifications; 7/15/2020)

**Section 6: Individual Staff Related Actions:**

1. Individual Staff Infection Control and PPE
2. Practice proper hand hygiene. Use ABHS that contains at least 60% alcohol. If hands are visibly dirty, always wash hands with soap and water.
3. Additional key times to practice hand hygiene also include:
   1. Before and after contact with the patient;
   2. After contact with blood, body fluids, or visibly contaminated surfaces;
   3. After contact with objects and surfaces in the patient’s environment;
   4. After removing PPE; and
   5. Before performing a procedure such as an aseptic task
4. Always Don and Doff PPE in designated spaces on each unit.
5. Stay at least 6 feet apart from others and practice social distancing as work duties permit
6. Clean and disinfect workspaces (see Section VII- How to Clean and Disinfect your Facility).
7. All HCP should wear a facemask when they are in a clinical care area at all times (surgical or procedure masks). <https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19>. The extended use of facemasks is allowed for no more than one shift under the following conditions:
   1. The facemask should be removed and discarded if soiled or damaged.
   2. HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
   3. HCP should leave the clinical care area if they need to remove the facemask.
8. HCP should wear eye protection in the clinical care areas and for the care of all patients except those who are COVID-19 recovered.
9. Work Screening and Testing
10. **All individuals** seeking entrance to a DMH facility **will be screened** prior to being admitted entry, per agency policy and protocol. *See section above*
11. For staff who may be symptomatic, supervisor will utilize a phone triage to assess staff for COVID-19 Exposure- utilizing the Phone Triage to Assess Staff for COVID-19 exposure (see appendix H)
12. Return to Work Process see Appendix H- **Exposure & Return to Work Guidance, Revised December 7, 2020** <https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives>
    * + 1. **Workers who are symptomatic** please follow the Exposure & Return to Work Guidance (Appendix H)
           1. All exposed individuals who develop symptoms consistent with COVID-19 should immediately separate themselves from others, inform their established point of contact at their workplace (e.g., supervisor or occupational health program), leave the workplace, and arrange for medical evaluation and testing.
           2. Workers who have symptoms consistent with COVID-19 or who test positive for COVID-19, are required to self-isolate and may not work.
        2. **Workers who are asymptomatic** please see Appendix H for guidance
           1. Additionally, the following risk mitigation precautions should be implemented prior to and during the work shift:

**Pre-Screen**: Quarantined workers planning to enter the workplace must self-screen at home prior to coming onsite. They should not attempt to enter the workplace if any of the following are present: symptoms of COVID-19; temperature greater than 99.9F; or are waiting for the results of a viral test.

**Screen at the workplace:** See work screening and testing section

**Regularly monitor:** If the quarantined worker doesn’t have a fever or other symptoms, they should self-monitor under the supervision of their employer’s occupational health program or their workplace COVID-19 coordinator or team.

1. Options for Shortened Strict Quarantine Period (see Appendix I- Options for Shortened Strict Quarantine Period) <https://www.mass.gov/doc/return-to-work-guidance/download>

DMH supports the use of a shortened quarantine period for staff determined to be close contacts of an individual, as defined by The Centers for Disease Control and Prevention (CDC)[[1]](#footnote-1), with active (non-recovery) COVID -19 infections from 14 days to 10 days as a careful risk/benefit by DMH Office of Inpatient Management (OIM) and Clinical and Professional Services (CPS) to DMH staff and the patients under our care. DMH Protocol for Shortened Quarantine 12-15-2020

1. Ending of quarantine with release on Day 11 after exposure assumes:

The persons exposure to COVID -19 was not deemed extremely high risk (e.g. direct exposure during aerosol generating procedure, exposure without personal protective equipment (PPE), person exposed as confounding medical concerns) as determined by the Infection Prevention (IP) nurse in consultation with OIM;

* + 1. That the person has NOT experienced any COVID -19 symptoms up to that point;
    2. As an added precaution, the facility should ensure staff is retested on day 8 to ensure results are available prior to return;
    3. The person agrees and participates in active monitoring with the facility or area IP professional from days 11-14 (with daily temperature and symptom checks);
    4. The person continues to participate minimally in masking and wearing eye protection when in any patient care area.
  1. Restarting Quarantine must occur if:

1. mild nonspecific symptoms develop, or
2. Person develops temperature of greater than 99.9F, or
3. Any COVID testing returns as positive.

If quarantine is restarted, the tracking clinician should review with OIM. The duration of said quarantine will be per existing DMH COVID recovery guidelines. Health management of the staff will be per their primary care physician (PCP).

1. Return to Work Practices and Restrictions
2. After returning to work, HCP should:
   1. Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility protocol regarding [universal source control](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) during the pandemic.
      1. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
      2. Of note, N95 or other respirators with an exhaust valve might not provide source control.
   2. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen
3. Vaccinations

The Massachusetts Department of Public Health (MDPH) strongly encourages health care personnel and staff receive the COVID-19 vaccine as soon as they are eligible to do so.

* + - 1. The voluntary vaccination is offered at no cost to staff and will be administered on work time.

1. See DMH Standing Order for staff COVID Vaccination (Appendix J)
2. Ensure HCP handling and/or administering COVID-19 vaccine receive appropriate training <https://www.mass.gov/doc/guidance-for-healthcare-providers-and-organizations-0/download>
   * + 1. Follow guidance to health care organizations and providers regarding health care personnel working in the three days following COVID-19 vaccination as personnel may experience side effects (see Appendix K)
       2. Continue to practice important, basic public health measures, including:
3. Wear a mask that covers your nose and mouth
4. Wash your hands frequently with soap and water
5. Keep your distance
6. Don’t gather in groups
   * + 1. HCP who develop any symptoms consistent with COVID-19 after vaccination should receive a test for SARS-CoV-2 as soon as possible. See appendix K for further clarification.
       2. HCP are required to report certain adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) at: <https://vaers.hhs.gov/reportevent.html> Please also work with your employee health department or designee to share any adverse events.
       3. Health care organizations and providers in Massachusetts are encouraged to monitor the following CMS and CDC websites for up-to-date information and resources:
7. CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
8. CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
9. DPH resources for up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus and <https://www.mass.gov/covid-19-vaccine-in-massachusetts>

Of note, in accordance with the order issued by the Commissioner of Public Health, all staff working at all state run 24/7 operations, including hospitals, facilities and congregate care or program sites are required to be vaccinated against the influenza virus during the 2020-2021 Flu season.

**Section 7: Facility Actions**

* + - * 1. Infection Control Activities and Surveillance

1. Each facility has an established and implemented surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
   1. The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
2. The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care facility or other healthcare provider.
3. In regards to the mandatory surveillance testing of staff and patients, all facilities and staff will abide by Commissioner Doyle’s 10/14/20 memorandum guidance titled “Updated Staff Surveillance Testing for COVID-19 – State Operated Facilities and Congregate Care Sites as outlined at <https://www.mass.gov/doc/eohhs-congregate-care-surveillance-testing-guidance>)
4. Education, Training, and Competency
5. HCP must demonstrate competency on hire and on an annual basis that includes (*DMH Admission Screening for COVID-19*):
   1. Comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, proper care, maintenance, storage, and disposal of PPE
      1. Staff will demonstrate the ability to don and doff PPE according to CDC guidelines
   2. Levels of infection precaution (standard, airborne, contact, and droplet)
   3. How to perform adequate hand hygiene (washing hands interdigitating fingers for 20 seconds or using ABHS with 60% alcohol)
   4. How to perform diagnostic testing in a manner that minimizes aerosol generation
   5. Cleaning/disinfecting procedures to aid in maximizing a safe DMH environment
   6. Cohorting of patients
   7. High touch contact/ surface cleaning
6. Environmental Infection Control
7. All environmental service staff (EVS) are educated on how to perform cleaning, laundry, and trash pick-up; how to recognize the symptoms of COVID-19 in themselves or family members; and how to quarantine when exposed to the virus; and provided instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.
8. All staff are trained on staff protection and PPE. Training includes when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
9. How to Clean and Disinfect your Facility
10. All high contact surfaces will be cleaned a minimum of twice a day in order to minimize the spread of germs in areas that people touch frequently. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
11. Clean dirty surfaces with detergent or soap and water prior to disinfection.
12. For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
13. Follow the manufacturer’s instructions for application and proper ventilation.
    1. [Products with EPA-approved emerging viral pathogens claims](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) are expected to be effective against COVID-19 based on data for harder to kill viruses.
14. For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
    1. For clothing, towels, linens and other items, launder items according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
    2. For items that cannot be laundered, use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fcleaning-disinfection.html>
15. [Vacuum the space if needed](https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Cleaning-and-Disinfection). Use vacuum equipped with high-efficiency air (HEPA) filter, if available.
    1. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms
    2. Consider temporarily turning off in-room, window-mounted, or on-wall recirculation HVAC that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
    3. Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.
16. For electronics, such as tablets, touch screens, keyboards, and remote controls
    1. Consider putting a **wipe-able cover** on electronics.
    2. **Follow manufacturer’s instruction** for cleaning and disinfecting.
    3. If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
17. Outdoor areas generally require **normal routine cleaning**, but **do not require disinfection.** High touch surfaces made of plastic or metal should be cleaned routinely. Cleaning and disinfection of wooden surfaces (benches, tables) or groundcovers (mulch, sand) is not recommended.
18. Routine cleaning of office spaces: <https://www.mass.gov/info-details/safety-standards-and-checklist-office-spaces>
    1. Conduct frequent cleaning and disinfection of site (at least daily and more frequently if feasible)
    2. Keep cleaning logs that include date, time, and scope of cleaning
    3. Conduct frequent disinfecting of heavy transit areas and high-touch surfaces (e.g., doorknobs, elevator buttons, staircases, vending machine, bathrooms)
    4. Clean shared spaces (e.g., conference rooms) between use and supply cleaning products (e.g., sanitizer, disinfecting wipes)
    5. In event of a positive case, shut down site for a deep cleaning and disinfecting of the workplace in accordance with current CDC guidance
19. Dedicated medical equipment will be used when caring for patients with known or suspected COVID-19. All non-dedicated, non-disposable medical equipment used for patient care will be cleaned and disinfected between patient use according to manufacturer’s instructions and facility policies.
20. Cleaning in the Event of Potential Employee/Patient/Vendor Exposure *-COVID-19 Prevention Procedures EOHHS Agency Guidance Regarding COVID-19 Cases at the Workplace 4/24/2020*

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1. In the event an employee, patient or vendor has tested positive for COVID-19 and has been at the work site within 2 days of taking the test or experiencing symptoms facilities will follow the below action steps.
   1. Close all areas used by the person. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
   2. Increase air circulation in that area.
   3. Schedule a deep clean of all areas used by the confirmed or suspected COVID-19 positive person.
   4. Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible to minimize exposure to respiratory droplets. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
2. Clean and disinfect all areas – such as offices, bathrooms, and common areas – that have been used by the ill persons. Focus especially on frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
3. For clothing, towels, linens and other items, launder items according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
   1. Wear disposable gloves when handling dirty laundry from a person who is sick.
   2. Dirty laundry from a person who is sick can be washed with other people’s items.
   3. Do not shake dirty laundry (it could cause aerosolizing of infected material).
   4. Clean and disinfect clothes hampers according to guidance above for surfaces.
   5. Remove gloves, and wash hands right away.
4. Once area has been appropriately disinfected, it can be opened for use.
   1. Workers without close contact with the person who is sick can return to work immediately after disinfection.
   2. If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

**Section 8: Visitors**

1. Facilities are allowed to have visitors on a limited basis while strictly adhering to recommended safety precautions from CDC and DPH guidelines such as physical distancing, PPE, and increased frequency of cleaning of commons space, especially visiting areas.
2. All visitors will be screened for fever and COVID-19 symptoms prior to entry into the facility.
   1. If fever or COVID-19 symptoms are present, the visitor will not be allowed entry into the facility.
   2. All visitors shall be required to provide an ID and contact information to allow for contact tracing should it be necessary.
   3. In-person visits will not be permitted for patients who are isolated as a result of confirmed or suspected positive COVID-19, or if access to the unit or Facility has been further restricted as a result of infection control or quarantine directives.
3. Entry to Facilities shall continue to be through a designated SPE
   1. People waiting to visit a patient must wait outside the Facility rather than in Facility lobbies, entrances or waiting rooms, until the time of their visit.
4. Each facility has established procedures for monitoring, managing, and educating all visitors, which includes:
   1. All visitors are instructed to wear a facemask at all times while in the facility, perform frequent hand hygiene, social distance, and restrict their visit to the patient’s room or other area designated by the facility. Patients will also be strongly encouraged to wear masks, if they can tolerate them, during the visit.
      1. Each facility should develop a handout with the above information in the languages prevalent in the population served and ensure it is handed out to visitors/vendors/contractors.
   2. Each Facility has hand washing or hand sanitizer available for visitors and provides facemasks to all visitors.
   3. All visitors are informed about appropriate PPE use according to current visitor protocol.
   4. All provisions of a Hospital’s search, contraband and visitation protocols shall remain in effect.
5. Visits will be scheduled and controlled to allow for the following:
   1. A patient is allowed one visitor at a time. No visitors under the age of 18 years old are allowed in the hospital, unless the visitor is a child of a patient. Exceptions to the one-visitor limit may be made when a visitor is a patient’s minor child accompanied by any adult.
   2. Visits must be scheduled in advance, and are limited to 30 minutes, with adequate interval in between scheduled visits to allow for cleaning of the visiting space.
   3. Each Facility shall establish visiting hours in such a way as to minimize interference with scheduled treatment. Visit appointments shall be available in accordance with each Hospital’s policies.
   4. The staff monitoring the SPE will have a daily schedule of approved visitors by time, patient name and unit name. In the event a visitor arrives without having scheduled the visit in advance, the visit may be denied or deferred until there is an available unscheduled time.
   5. Facilities will evaluate risk to the health of the visitor and ability to comply with precautions.
   6. Visitors will not be present during aerosol generating procedures or other procedures.
   7. Visitors are instructed to only visit in the designated visitation space. They should not go to other locations in the facility.
   8. Visitors may not bring items, including food, to leave with the patient until such time as infection control guidelines do not require disinfecting of items brought into the Hospital.
   9. Visitors and patients must follow physical distancing guidelines and remain 6 feet apart, and may be asked to leave the Facility if they fail to do so after prompting by staff. Hugging, kissing and handholding are not permitted.
   10. Each Facility shall have designated lavatories for visitors’ use, which shall be cleaned between each use.
6. Designated Areas:
   1. All visits will take place in designated spaces that have a table and chairs limited to the patient and number of visitors to support physical distancing.
   2. Where Facility space permits, visits may take place in outdoor space, so long as utilization of such space does not interfere with other patients’ access to fresh air.
   3. Facilities may limit the number of visitors at any given time to accommodate available space.
   4. Furnishings in the designated indoor or outdoor visiting area including chairs, tables, or a picnic bench, are disinfected after each visit, using an EPA approved disinfectant for use against SARS-CoV-2.
7. Special Exceptions:
   1. The following categories of individuals are not considered visitors and may be permitted increased access in accordance with Facility specific protocols:
      1. Parents or guardians of patients who are under the age of 18 years old, companions for patients with intellectual and/or physical disabilities, and children of patients.
      2. Clergy
      3. Judges, attorneys, independent medical examiners (IMEs) and other court personnel involved in pending commitment related or criminal litigation.
         1. Attorneys and IMEs shall be provided with space to permit confidential communication and shall be permitted to visit with their clients for extended periods, not to exceed 90 minutes (additional time may be permitted if there is not another attorney visit scheduled). [https://www.mass.gov/guides/court-system-response-to-COVID-19](https://www.mass.gov/guides/court-system-response-to-covid-19)
         2. Attorney visits are scheduled in advance and should take place during regular business hours or scheduled visiting hours only.
         3. Facilities allow patients access to technology, and provide confidential space for communications with attorneys and IMEs for remote visits and consultations; however, patients and their attorneys (and IME’s) are encouraged to utilize their own technology to the extent they can.
   2. All individuals in this special exceptions’ category must be screened for COVID-19 symptoms prior to entry into the facility
   3. Facilities shall continue to encourage and facilitate the use of telephonic or video conferencing technology for all visits.
8. Access to facilities continue to be restricted to Facility personnel, including provider and contracted staff, who provide essential direct care, clinical treatment, administrative, legal, educational, and core services.
   1. Included in this category are medically necessary providers such as outside laboratory personnel, medical consultants and forensic evaluators.
9. Temporary Restriction or Suspension of Patient Visitation DMH 12/9/2020
10. Restricted visitation to one visitor/patient\*
    1. Visitation may be restricted to one visitor per patient per day if the facility is in a community where the average daily incidence rate per 100,000 color calculation is yellow. Recommended maximum length of a visit is one hour.
    2. If the facility is in a community where the average daily incidence rate per 100,000 color calculation is red, when possible and, as an alternative to visitation on the unit, the facility may consider holding visitation in a designated area off the patient care units or using virtual communication platforms.
11. Temporarily suspension of visitation
    1. **Unit specific:** When the facility identifies a cluster of COVID positive staff or patients, for the safety of patients, staff, and visitors, visitation may be suspended on the affected units until the extent of the cluster is understood. This will be done in consultation with OIM, the Medical Director and Incident Command. The appropriate state agencies will be notified as appropriate. The unit level suspension of visitation generally ends when contact tracing and testing has been completed so that only exposed patients are subject to quarantine and must pause in-person visitation.
    2. **Facility-wide:** If there is a strong indication that the cluster will involve multiple units, visitation for the entire facility may be suspended until contact tracing and the results of the pending tests are known. Hospital-wide suspension will be done in consultation with OIM, the Medical Director and Incident Command. The appropriate state agencies will be notified as appropriate.
    3. At the Incident Command daily briefings, the status of visitation will be discussed. Visitation should be resumed on units unaffected by the cluster, as soon as possible.
12. Out of State Visitors
    1. Facilities cannot implement policies for out-of-state visitors traveling to Massachusetts to visit patients or residents that are more restrictive than those put in place by Governor Baker’s Travel Order. Information on the requirements for out-of-state visitors can be found here: [https://www.mass.gov/info-details/covid-19-travel-order](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mass.gov%2Finfo-details%2Fcovid-19-travel-order&data=04%7C01%7CMaureen.Mulkerrin1%40umassmed.edu%7C91144606ffa84480d3f908d890ab55db%7Cee9155fe2da34378a6c44405faf57b2e%7C0%7C0%7C637418413913310710%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=aFryyzybZ%2BG6MHwCq%2BtMXBibcn%2BFpATcXiDwPdRqq4U%3D&reserved=0).
    2. Out-of-state visitors are exempt from the requirements to fill out a travel form, self-quarantine or obtain a negative COVID-19 test result if their travel is limited to brief trips for purposes that have been designated as Critical Life Activities. This allowance is limited to short, same-day trips across the state border and back for visiting persons residing in congregate care settings.

\*The restrictions do not apply to companions, designated support persons or others as defined by the MA DPH guidance published Sept. 16, 2020 as these individuals are not considered visitors.

1. All consultations and evaluations will be conducted via telemedicine technology if possible.
   1. Consultations and evaluations that cannot be conducted via telemedicine technology will be postponed, provided that postponement will not result in unreasonably delayed treatment and discharge.

10. Deliveries:

* 1. A SPE will be identified for all deliveries. Delivery personnel should not enter buildings. Agency staff should bring deliveries inside from the designed delivery entrance and proper cleaning protocols should be executed.

**References**

<https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives>

<https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#health-care-professionals->

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<https://www.mass.gov/info-details/dmh-covid-19-facility-and-telework-information>

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

<https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19>

Appendix A

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8/28/2020 | | | | | **Types of PPE** | | | |
| LOCATIONS | SETTINGS | JOB FUNCTION OR PATIENT | STAFF EFFECTED | SOCIAL DISTANCE | **Mask** | **Shields[[2]](#footnote-2)** | **Gloves** | **Gowns** |
| **Facility– COVID + or PUI** | Patient Rooms/Exam rooms | Providing general care to a PUI or confirmed COVID + patient | All | n/a | N95 or FFP@ mask or higher | Yes | yes | Yes |
|  | On Unit | Monitoring, charting, etc. | All | Yes | Medical mask | No | yes | Yes |
|  | On unit | Patient in setting with PUI/other COVID+ with resp. symptoms | n/a | Yes | Medical mask as tolerated | yes | No | No |
|  | Facility Building | Varies | All | Yes as able | Medical Mask | No | no | No |
| **Facility– presumptive negative/post COVID positive** | Patient Rooms/Exam rooms | Providing general care to a negative COVID person | All | n/a | Medical Mask | Yes | yes | No |
|  | Inpt. unit | All other activities on the units | All | Depends | Medical Mask | Yes | Dependent on task | No |
| **Transport – COVID +/PUI** | Vehicle | Contact with PUI or COVID + likely with respiratory issues | Any in vehicle | Not likely possible – maximize distance | N95 or FFP@ mask or higher | Yes | Yes | Yes |
|  | Vehicle | Contact with PUI or COVID + likely without respiratory issues | Any in vehicle | Not likely possible – maximize distance | N95 or FFP@ mask or higher | Yes | Yes | No |
| **Transport – presumptive COVID neg or post COVID positive** | Vehicle | Contact with negative pts | Any in vehicle | Not likely possible – maximize distance | Medical Mask | No | No – avoid all contact with person | No |

**Appendix B**

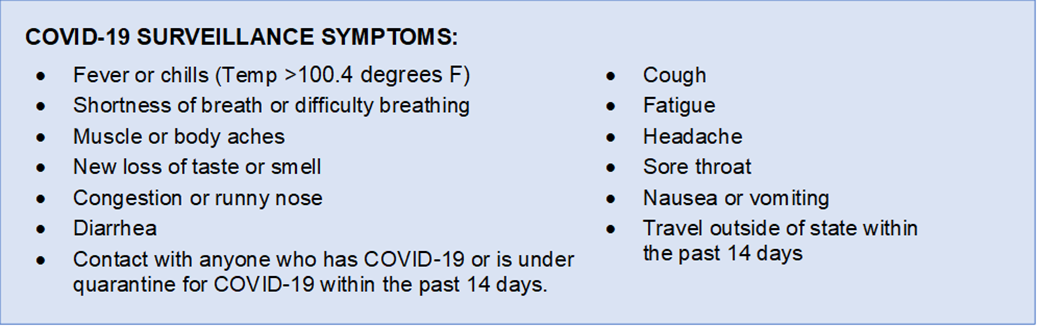
**Visitor Screening Process at Single Point of Entry**

**“Entry Denial Form”**

**Updated 1/27/2021**

The visitor screening process for entry to DMH facilities is as follows:

* The screener will actively ask all the screening questions listed below[[3]](#footnote-3)



**Note:** Screeners are no longer required to actively measure body temperature but are required to ask if the individual has a temperature > 100.4F.

* If the individual answers “**no” to the questions**, the individual may enter and nothing further is required.
* Individuals who respond, “**yes**,” to any of the screening questions, or who refuse to answer the screening questions, will **NOT** be permitted to enter the facility

**Traveler Guidance as of 8/1/2020:**

* **Have you traveled outside of Massachusetts or entered into Massachusetts in the past 14 days?**
* If **NO**, proceed with remaining screening protocol.
* If **YES**, from where have you traveled?Facility screener to review to determine if the location is defined as a [**lower-risk state**](https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states-) **by the Department of Public Health**?
  + If individual is coming from a defined lower-risk state, proceed with the remaining screening protocol.
* **If individual is coming from anywhere except a defined lower-risk area:** 
  + Please show the screener your proof of negative test result for COVID-19 from a test administered on a sample taken no longer than 72 hours before your arrival in Massachusetts.
  + If individual demonstrates proof, proceed with the remaining screening protocol.
* If individual has travelled into Massachusetts within the past 14 days AND cannot demonstrate proof of negative test result for COVID-19 from a test administered on a sample taken no longer than 72 hours before arrival in Massachusetts OR does not meet any of the limited circumstance exceptions to quarantine, the individual is not allowed admittance to the facility.

**The following information must be recorded and kept for each visitor, by the hospital:**

|  |  |
| --- | --- |
| **Facility Name:** | |
| **Date:** | **Time:** |
| **Name of Visitor:** | **Visitors Phone Number:** |
| **Address of Visitor:** | |
| **If Visit Denied[[4]](#footnote-4)**  Reason for Denial:  Answered **Yes** to Questions Above: C:\Users\triccitelli\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\3Z9Z0DVN\Ic_check_box_outline_blank_48px.svg[1].png | **Comments:** |
| **Name of screener:** | |

Appendix C

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Admission Grid** | | | | | |
| **Admission Type** | **Locations admitted** | **Pre Admission Workup/Requirements** | **Admission Actions** | **Disposition** | **Comments** |
| Acute Civils | CMHCs  Rarely to CC locations\* | Prescreen for symptoms\*\* and exposure history while in ER. Testing requested of all patients prior to transfer. | 1. Admit into isolation until test results from ER reviewed/available. 2. rescreen for COVID-19 symptoms per guidelines   **If admission was to CC facility processed as acute forensic admissions** | 1. If COVID-19 negative and asymptomatic move to general pop. 2. If symptomatic and no explanation maintain quarantine and complete differential w/o and/or consider transfer\*\* to WRCH PUI/Observation unit. Release into general population per Medical Director **and** DON 3. If COVID-19 positive, maintain quarantine and transfer\*\*\* to WRCH COVID-19 + unit. | Clinical situations may require adaption of guideline depending on when testing done. Test results from ER may be pending at time of transfer for example or getting results may be protracted when testing locally. Alternatively, patients may spend prolonged periods in ER after testing. |
| Acute Forensics | WRCH, Fuller only | From courts so no health screening and untested. Frequently limited medical information and no medical clearance | 1. Admitted into isolation 2. Assessed for symptoms of COVID-19 per guidelines 3. Tested for COVID-19 unless it is clearly determine in COVID-19 recovery within past 6 weeks | 1. If COVID-19 positive admit to COVID-19 unit. If at Fuller consider transfer to WRCH COVID-19 unit 2. If Negative and symptomatic admit to PUI/observation unit for further assessment If at Fuller consider transfer to WRCH PUI/observation unit 3. All others maintain quarantine for 10 -14 days. | Default assumption with this population is patient likely with close contact/exposure to COVID-19 + person(s)  After quarantine patients typical stepped down to other general units.  Confirming someone is in COVID-19 recovery may not be possible |
| BSH | WRCH, Fuller, TSH, LSH | BSH attempts to test all patients prior to transfer and screened medically for symptoms. | 1. Admitted into isolation 2. Assessed for symptoms of COVID-19 per guidelines 3. Tested/Retested for COVID-19 unless within 6 weeks of COVID-19 recovery as follows:  * If not tested prior to admission test on admission * If tested but test was > 1 week prior to transfer, test on admission * If test was within 1 week of transfer, retest within 48-72 hours. | 1. If at WRCH and COVID-19 positive admit to COVID-19 unit. 2. If at any other DMH location and COVID-19 positive, consider transfer to WRCH COVID-19 unit 3. If at WRCH Negative and symptomatic admit to PUI/observation unit for further assessment 4. If at any other DMH location and COVID-19 positive, consider transfer to WRCH PUI/observation unit 5. If COVID-19 negative, transfer to general population | All these admission going to WRCH, Fuller, and TSH currently but ultimately to include LSH.  When test done can be weeks before transfer although repeat testing being attempted.  Some patients refuse testing at BSH and DMH |
| Continuing Care (CC) – From acute psych units | WRCH, LSH, TH, TSH, Fuller | 1st COVID-19 test required 72 hours prior of transfer to CC Facility. | 1. Admit into isolation 2. Rescreening and unit monitoring with retesting (2nd test) in 48 - 72 hours unless within 6 weeks of COVID-19 recovery. | 1. If at WRCH and COVID-19 positive admit to COVID-19 unit. 2. If at any other DMH location and COVID-19 positive, consider transfer to WRCH COVID-19 unit 3. If at WRCH Negative and symptomatic admit to PUI/observation unit for further assessment 4. If at any other DMH location and COVID-19 positive, consider transfer to WRCH PUI/observation unit 5. If COVID-19 negative, transfer to general population | All acute units follow licensing required patient monitoring protocols for vitals, temps, and pulse ox. Issue with testing result delays across the system especially free standing psych units Impacting processes |
| Continuing Care Forensics (WRAP) | WRAP/MRAP | No screening, untested. Frequently limited medical information and no medical clearance so unknown if symptomatic. | 1. Admitted into isolation 2. Assessed for symptoms of COVID-19 per guidelines 3. Tested for COVID-19 unless it is clearly determine in COVID-19 recovery within past 6 weeks | 1. If positive, maintain in quarantine. 2. If negative and symptomatic, retested in 72 hours and maintained in quarantine. If repeat test still negative, move to general population with approval of WRAP Medical Director and DON 3. If negative and asymptomatic, move into general population. | Ability to maintain quarantine for COVID-19 + patient limited given unit physical plant  Statutory reasons for admission limit movement out of program |
| Readmission after prolonged medical stay (>48 hours), AWA, jail, court, d/c failures, etc. | WRCH, LSH, TH, TSH, Fuller, CMHCs | Unless within 6 weeks of COVID-19 recovery, testing should be requested if returning through medical setting | 1. Admit into isolation 2. Assess for symptoms of COVID-19 per guidelines 3. Need for testing to be determined by provider in consultation with medicine and nursing | Disposition will vary depending on circumstance, whether tested or not, circumstances of absence from facility, etc. Management determined by provider in consultation with FMD, Medicine, and DON | Reasoning has to do with inability to control or be aware of exposure history, movement, visitors, lack of supervision, inability to determine exposure when not in facility, etc. Variables extensive so precludes predetermined actions |

Appendix D

**Guidelines for Aerosol Generating Procedures**

**Purpose:** These guidelines are intended for use on general patient care units and excludes processes for other departments such as dental, operating suites, and specialty departments such as endoscopy, ENT clinics etc.

**Reference:** Guidelines here are developed utilizing the MA DPH AGP memorandum from July 31, 2020. Found on <https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#health-care-organizations->

**Definitions for the purpose of these guidelines:**

* Aerosol Generating Procedures (AGP’s): Procedures that are more likely to generate higher concentrations of aerosolized infectious respiratory secretions than coughing, sneezing, talking or breathing.
* Aerosols vs droplets: Droplet secretions are larger and thus heavier and generally travel shorter distances in the air (approx. 6 feet). Aerosols are smaller particles thus they are able to travel on air currents for farther distances and remain in the air for longer periods of time before falling onto surfaces. Factors that affect time aerosols are airborne include air exchanges, air flow, and filtration.

Aerosols are often created from droplets during procedures that involve mechanical action that breaks up droplets and liquids and disperses into the air with high speed equipment. Examples of common aerosol generating procedures include, but is not limited to; dental procedures using high speed drills and brushes, CPAP, nebulizer treatments, open suctioning of airways, open tracheostomies (especially in persons with laryngectomies, CPR, bronchoscopies

* Intermittent vs on-going AGP’s: Intermittent refers to a short-term procedure such as nebulizer treatment or open suctioning of airways. On-going procedures are those that require a longer period of time such as CPAP use during night time hours or open tracheostomies.

**Guidelines:**

In order to adequately care for and provide necessary treatments for patients that require aerosol generating procedures, the following guidelines should be followed to balance the needs of patients while mitigating risks of transmission of COVID-19.

1. Assess if there an alternative to the treatment and the necessity of the treatment i.e. benefit vs risk. Examples include changing nebulizer treatments to MDI inhalers, and assessing usefulness of CPAP for individual patients who only intermittently use it.
2. Weekly COVID-19 testing for any patient undergoing an AGP. Testing can be done more frequently if there is a suspicion of exposure.

A confirmed recovered COVID-19 patient can be exempted from requirement for 180 days. Following that time, the patient should be retested. If there is suspicion of infection before 180 days with symptoms suggestive COVID without an alternative diagnosis, hold off on AGP if possible, test patient for COVID-19 and wait for results before resuming AGPs.

1. Patients undergoing continuous AGPs should be placed in a private room. An Airborne Infection Isolation (AII) room is preferable.

Individual exceptions to this should be handled on a case-by-case basis by each hospital.

1. Staff caring for patients undergoing AGP’s should wear full PPE including N95 level of respiratory protection, eye protection/face shields, gowns, and gloves. For CPAP, full PPE will be necessary until the room is considered cleared of aerosols and has been thoroughly cleaned with an EPA COVID-19 approved cleaner/disinfectant.
2. Each room should be considered to have aerosols in the air following the procedure. Steps to improve air flow and dilution of aerosols to minimize dispersion outside of the room should be done.
3. Assessment of air exchanges must be done at each facility for the rooms that are designated to be used for AGP. Additional equipment may be utilized for rooms where no HVAC system is in place. This must be documented with the method used for promotion of air exchanges and the calculations used.
4. At the completion of AGP, the time that the room can be safely entered without PPE should be posted at the entrance of the room to prevent exposures resulting from persons entering the room without appropriate PPE. Rooms without appropriate assessment should not be used for AGP procedures.
5. Staff entering room during the time that it is being “aired out,” should don full PPE as stated above.

The following entities reviewed and approved this guideline/policy:

|  |  |
| --- | --- |
|  |  |
| Origination date: | August 2020 |
| Effective date: | 1/15/21 |
| Approved By: | Clinical Steering Committee 11/19/20  DPH Bureau of Health Care Quality and Safety & Bureau of Infectious Disease and Laboratory Sciences 11/2020  DMH Office of Inpatient Management 11/2020 |

Appendix E

**COVID: Patient management clarifications 7/15/2020**

1. **Situations where patients leave the facility and then return to the hospital.**

Recommendations assume unit/program is doing regular monitoring of patients for new onset symptoms: vitals, temps, and pulse ox measuring daily and providing ongoing encouragement/reminders around social distancing, mask wearing, hand hygiene, and cough/sneeze etiquette.

When transport is provided also assumes transport cleaning guidelines followed.

All medical/facility settings in MA are assumed to meet the reopening criteria for MA and ID practice related to COVID.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pt. Going To** | **Before they leave** | **Upon their return** | **Comments** |
| **Medical appointments at physician offices or at facility clinics** | Assumes going supervised. Remind patient of mask requirements, hand hygiene, cough/sneeze etiquette, distancing | Review with staff and patient how trip went and issues if any.  If issues review immediately with provider/RN | Successful practice of mask requirements, hand hygiene, cough/sneeze etiquette, distancing should be acknowledged |
| **ER** | Assumes going supervised. Remind patient of mask requirements, hand hygiene, cough/sneeze etiquette, distancing | Review with staff and patient how trip went and issues if any.  If issues review immediately with provider/RN | Successful practice of mask requirements, hand hygiene, cough/sneeze etiquette, distancing should be acknowledged |
| **AWA** | n/a | Obtain details as where they were, who they contacted with.  Assume potentially infectious and screen for temp, vitals, pulse ox; covid19 testing should occur, kept in isolation. Likely will need 14 days isolation | Actions highly depending on queries; conservative approach supported unless AWA very brief and patient remained in sight |
| **Passes with staff/vendor** | Assumes going supervised. Remind patient of mask requirements, hand hygiene, cough/sneeze etiquette, distancing | Review with staff and patient how trip went and issues if any.  If issues review immediately with provider/RN | Passes to enclosed spaces with poor ventilation, gyms, movies, etc. not supported unless strongly connected to d/c plan (like pass to GLE) |
| **Passes or Passes with family/others** | Remind patient of mask requirements, hand hygiene, cough/sneeze etiquette, distancing.  Establish location, duration, activities for pass and what should not occur.  Clarify who else patient might have contact with and encourage outside activities  Consider pass written contract | Review with family and patient, how trip went, who was met with, where they went, etc. and issues if any.  If issues review immediately with provider, RN.  Strongly consider retesting in 72 hours |  |

1. **Retesting after exposure/close contact with COVID + person:**

If there has been close contact/exposure to COVID, units/programs should increase frequency of monitoring for signs/symptoms of COVID.

Retest pt. in 48-72 hours after exposure (or sooner if symptoms develop) and if symptoms develop, maintain current practice of quarantine/isolation.

1. **Retesting patients deemed COVID recovered:**

On 7/6/20 DPH promulgated new testing recommendations concerning the retesting of persons in COVID recovery. DMH currently utilizes a timeline/clinical standard to define a patient as “in recovery” from COVID (unless immunocompromised where the two test protocol is utilized). In a clinical situation where a patient has been in COVID recovery for at least 6 weeks AND they develop symptoms seen with COVID infection, they should be retested (along with testing for other potential respiratory illnesses like RSV, flu, etc.). If results are positive, pt. should be quarantined per existing facility/program practice and notification should be given to facility and OIM leadership who in turn will seek clarification in regard to next steps from the DPH Epidemiology Hot line 617-983-6800. Antibody testing mentioned – per DPH no current clinical utility in use.

1. **Admissions testing:**

DMH has a limited number of classes of admissions. The following table is to summarize current recommendations concerning management in regard to COVID:

|  |  |  |  |
| --- | --- | --- | --- |
| Admission Type | Pre Admission | Admission | Comments |
| Acute Forensics | Forensic and clinical information added, limited medical information, no medical clearance | COVID testing and quarantine per existing facility protocols | Location of admissions target Fuller and WRCH |
| Acute (Pocasset/Corrigan) | Should be tested in ER within 48 hours of arrival | Rescreening, isolation and retest within 72 hours of last test | Clinical situations may require adaption of guideline. Unit should seek consultation |
| BSH | BSH tests all patients prior to transfer | Rescreening, isolation and retest 48-72 hours from admission | Many BSH admissions screened days to weeks prior to admission. In scenarios where testing within 48 hours of transfer use acute guidelines |
| Continuing Care (CC) | All require testing within 48 hours of transfer to CC Facility | Rescreening and unit monitoring with retesting in 48-72 hours | All acute units follow licensing required patient monitoring protocols |
| Readmission after prolonged medical stay (>48 hours)  See section one above for shorter stays | Retesting should be requested prior to transfer back | Rescreen, isolation until test results from acute return |  |

Appendix F

DMH Guidelines for Caring for COVID – 19 Recovered Inpatients

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time Since initial symptom onset or test date if patient was asymptomatic | If retested SARS-CoV2 (COVID – 19) PCR positive | If patient exposed to a confirmed case | If admitted to a DMH facility including any overnight stay of current DMH inpt. At another facility | General PPE guidelines for this type of patient |
| 3 months or less\* | Pts. Can be managed with Standard Precautions and Mask Only. No quarantine | No quarantine or testing indicated | No quarantine or testing indicated | Standard precautions/Mask only |
| 3-6 months | Pts managed in general populations and staff with Standard Precautions/Mask only if **all** the following are true:   1. Pt is asymptomatic, **AND** 2. Not severely immunocompromised, **AND** 3. No evidence of viral pneumonia on CXR or CT if preformed, **AND** 4. PCR Ct value is **33 or more** on any assay, **AND** 5. Are **not** under quarantine from exposure to confirmed case   Patient is managed in isolation and staff should use full PPE including N95 mask if available, gown, gloves, and eye protection, if **any** of the following is true:   1. Symptomatic, **OR** 2. Asymptomatic but severely immunocompromised, **OR** 3. Asymptomatic but not immunocompromised but PCR Ct values **less than 33 or unknown, OR** 4. Already under quarantine following exposure to a confirmed case | 14 day quarantine of patient is recommended and test if symptoms develop.  Patient must be in single and it may be appropriate to allow these patients to quarantine in place rather than being moved from their current location to a separate unit in the facility\*\* | No quarantine or testing indicated | Standard precautions/Mask only |
| > 6 months | Identical to actions for 3-6 months above | 14 day quarantine is recommended **and** testing regardless if symptoms develop or not.  Patient must be in single and it may be appropriate to allow these patients to quarantine in place rather than being moved from their current location to a separate unit in the facility\*\* | 14 day quarantine indicated and test if symptoms develop | Mask and Eye protection  If there have been other positive cases in the facility in last 14 days, gown and gloves also indicated for any high contact pt. care |

\*Testing is not generally recommended in first 3 months following an infection. For persons recovered from SARS-CoV-2 (COVID – 19), a positive PCR during this period more likely represents a persistent shedding of viral RNA than it does reinfection and persons are not thought to be able to transmit infection

\*\*The physical plant and access to bathroom/shower space need to be considered. Facilities are encourage to review with ID coverage and OIM

Appendix G

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phone Triage to Assess Staff for COVID-19 Exposure** | | | | |
| **Date: Time:** | | | | |
| Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | |
| Yes | No | Do you have a fever of 99.9 or higher?  If yes, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
|  | | | | |
| Yes | No | Do you have any of the following symptoms?  Circle symptoms below: | | Fever and or any of the associated symptoms should be considered suspect.    Staff Statement (if any) about symptoms: |
|  |  | New Onset of Cough  Shortness of Breath (SOB)  respiratory illness (pneumonia)  Sore Throat,  Muscle Pain,  Chills  Myalgia  New onset loss of taste or smell  Fatigue  Nausea, vomiting or Diarrhea | |
| Yes | No | Has anyone in your immediate household been identified as a  close contact\*\*\* by a school system, employer, lboh, DPH, other ? | |
| Yes | No | Has anyone in your immediate household been exhibiting any of the COVID-19 symptoms mentioned on this form? | |
| Yes | No | Have you had close contact\*\*\* with an individual who is positive for COVID – 1 | |
| Yes | No | Staff informed to follow-up with  Mercy Ameyaw (368-3456) or  Greg Shuler (368-0571) | |
| Yes | No | Staff notified they cannot return to work without clearance from Greg or Mercy | |  |
| Yes | NO | Staff informed to follow-up with their Primary Care Provider | |  |
|  |  | \*\*\*Close contact as defined by CDC | |  |

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Visitor Screening | Yes | No | Actions Taken |
| 1. Visitor has proof of check in at Facility entrance. |  |  |  |
| 1. Visitors are limited to 1 per Unit |  |  |  |
| 1. Visitor completes hand hygiene upon entering units. |  |  |  |
| 1. Visitor has face mask or alternative covering the nose and mouth |  |  |  |
| 1. Visitor is observed maintaining 6 feet from Patient and staff |  |  |  |
| 1. Visitors are educated to inform the facility immediately if the develop symptoms of COVID-19 |  |  |  |
| Patient |  |  |  |
| 1. Patients participating in visits are not COVID-19 positive (they can be recovered, negative or with no symptoms) |  |  |  |
| 1. Patients are encouraged to wear a face mask during visits |  |  | If not was one offered? |
| Visit Monitoring |  |  |  |
| 1. Patients are 6-feet away from visitors |  |  |  |
| 1. Touching, hugging, kissing has not occurred. |  |  |  |
| 1. Visit is monitored by staff |  |  |  |
| 1. Time frame for visit was adhered to (no longer than 30 minutes) |  |  |  |
| Visit Space |  |  |  |
| 1. Seating placement is marked and measures 6-feet apart |  |  |  |
| 1. Sanitation of surface areas occurs after each visit and prior to the next visit. |  |  |  |

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix H

**Exposure & Return to Work Guidance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Worker Type** | **Quarantine[[5]](#footnote-5)** when … | **Isolate[[6]](#footnote-6)** when …. | ***End Isolation and Return to work*** when… |
| ***Healthcare Workers*** | Best practice: Quarantine at home when exposed to COVID-19 to prevent further transmission  Certain sectors may continue to work during their quarantine period to preserve critical societal functions. This is only allowed if the worker remains asymptomatic  All workers should wear PPE appropriate to their duties and must at least wear a cloth face covering and self-monitor for symptoms | You have tested positive for  COVID-19; **OR**  You have symptoms of COVID-19 | Symptomatic   * At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; and * Improvement in symptoms; and * At least 10 days have passed since symptoms first appeared2.   Asymptomatic   * At least 10 days have passed since the first positive COVID-19 diagnostic test was taken; assuming symptoms did not subsequently develop[[7]](#footnote-7). |
| ***First responders*** |
| ***Critical***  ***Infrastructure***  ***Workers*** |
| ***All other workers*** | Quarantine if you were exposed to COVID-19 |

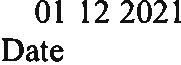
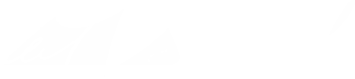
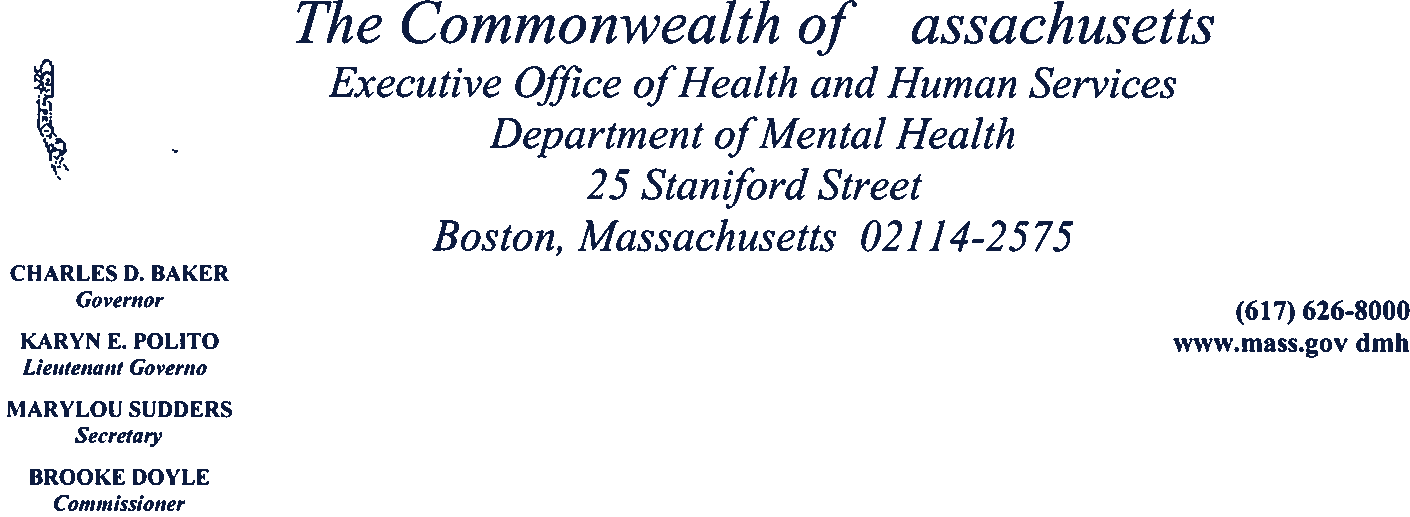
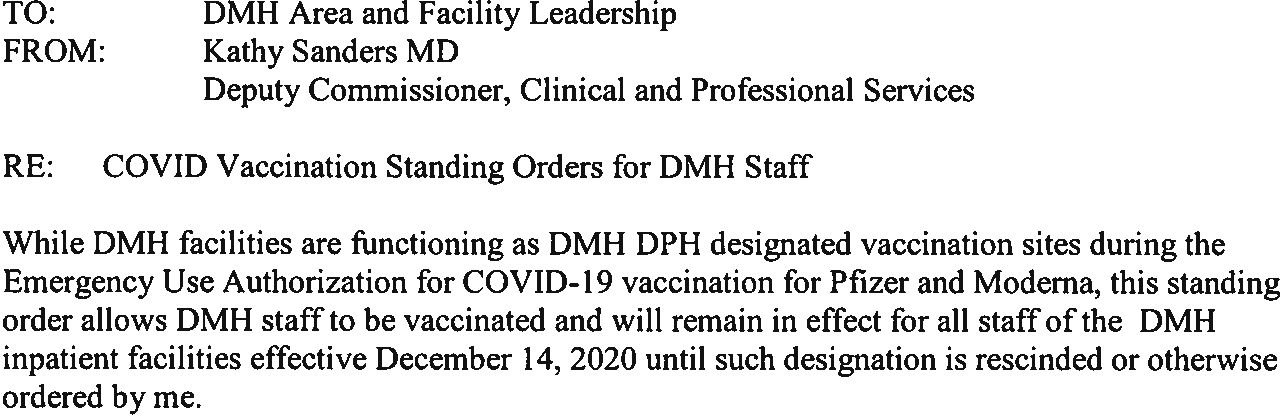
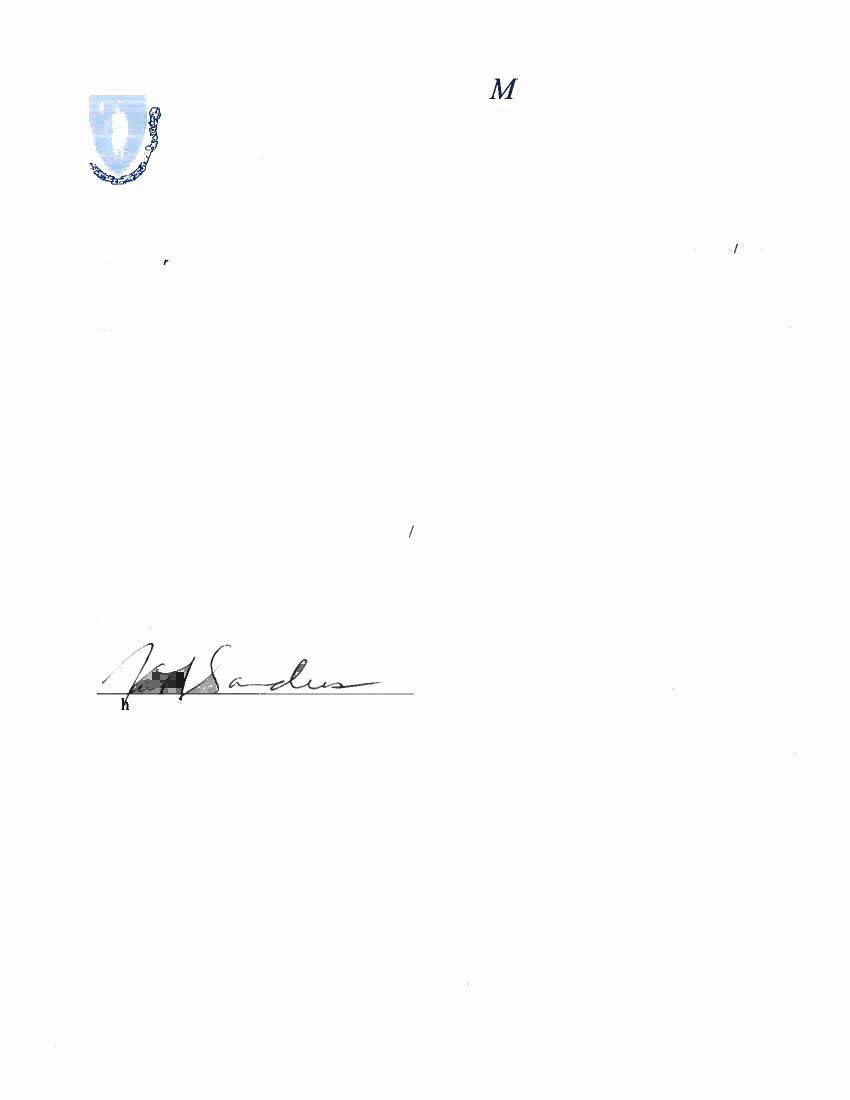
Appendix I

**Options for Shortened Strict Quarantine Period**

|  |  |  |  |
| --- | --- | --- | --- |
| OPTIONS | CRITERIA | ACTIVE MONITORING | RESIDUAL RISK |
| 7 days of strict quarantine | Release on Day 8 IF:   * A test (either PCR or antigen) taken on Day 5 or later is negative; AND * The individual has not experienced any symptoms up to that point; AND * The individual conducts active monitoring through Day 14 | Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested. | Approximately 5% residual risk of disease development |
| 10 days of strict quarantine | Release on Day 11 IF:   * The individual has not experienced any symptoms up to that point; AND * The individual conducts active monitoring through Day 14. * No test is necessary under this option | Approximately 1% residual risk of disease development |
| 14 days of strict quarantine | Release on Day 15 IF:   * The individual has experienced ANY symptoms during the quarantine period EVEN if they have a negative COVID-19 test; OR * The individual indicates they are unwilling or unable to conduct active monitoring. | No additional active monitoring required | Maximal risk reduction |

Appendix J

**DMH Standing Order for staff COVID Vaccination**



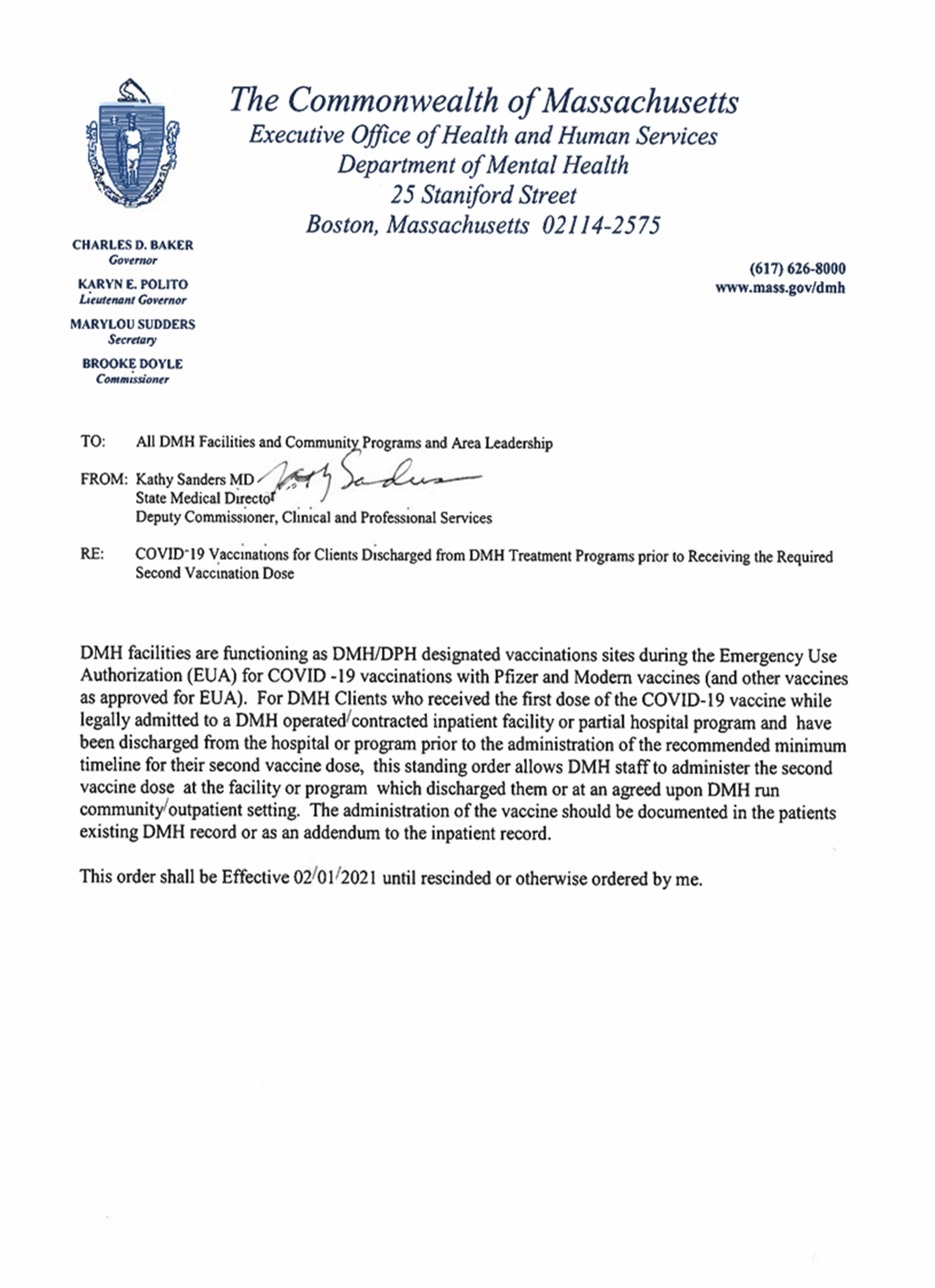
Appendix K

**Considerations for Health Care Personnel after COVID-19 Vaccination**

|  |  |  |
| --- | --- | --- |
| **Post Vaccination** | **Recommendation for SARS-CoV-2 NAAT (i.e. PCR) Testing** | **Work restrictions** |
| **Local site reaction only** | No | No restrictions |
| **Mild allergic symptoms such as rash (not hives) or itching** | No | No restrictions |
| **Hives or more severe allergic reaction** | No | No restrictions |
| **< 3 days post-vaccination with one or more of the following:**   * mild symptoms< 101F * mild headache * mild fatigue characterized by sense of tiredness * mild myalgia (muscle aches) * mild arthralgia (joint pains) | Yes | Able to work wearing appropriate PPE while PCR test is pending. |
| **< 3 days post-vaccination, with any of the following:**   * fever ≥ 101F *or* * severe headache *or* * severe fatigue characterized by sense of exhaustion leading to curtailment of daily activities *or* * severe myalgia (muscle aches) *or* * severe arthralgia (joint pains) *or* * any other symptoms consistent with COVID-19 | Yes | Restricted from working onsite pending COVID-19 test results and suggest follow up with health care provider. |
| **≥ 3 days post-vaccination, any symptoms consistent with COVID-19** | Yes | Restricted from onsite work pending COVID-19 test results and 24 hours post-symptom resolution. |

Appendix L

**COVID-19 Vaccinations for Clients Discharged from DMH Treatment Programs prior to Receiving the Required Second Vaccination Dose**



1. Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

   *\* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). For further guidance see* <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact> [↑](#footnote-ref-1)
2. Shields/googles used regardless of location when caring for patients or on floor/unit/location/activity with ongoing patient contact

   \*\*\*General care would include all direct contact with patient – vitals, labs, help with ADL’s, physical support, etc. [↑](#footnote-ref-2)
3. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> [↑](#footnote-ref-3)
4. Records for visitor denied entrance will be maintained by each site [↑](#footnote-ref-4)
5. **Quarantine** is for individuals who have been exposed to someone who is COVID-19 positive but are not exhibiting any symptoms and have not tested positive [↑](#footnote-ref-5)
6. **Isolation** is for individuals who have either tested positive for COVID-19 or who are exhibiting symptoms of COVID-19 (including fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell) and have been told by a provider that they have, or probably have, COVID-19, even in the absence of a test. [↑](#footnote-ref-6)
7. For patients who are immunocompromised or those with serious COVID-19 illness or requiring hospitalization should wait until 20 days since first positive test and should consult with a provider [↑](#footnote-ref-7)