

*Department of Mental Health
Inpatient Licensing Division
Bulletin #20-05R*

***Clinical Competencies/Operational Standards Related to Infection Control In
Response to the COVID-19 Pandemic***

Tier 2

All Psychiatric units in free standing hospitals or units within general hospitals are expected to have the capability to provide necessary infection control for patients requiring inpatient psychiatric hospitalization in response to the COVID-19 pandemic. Some units/hospitals will further develop the capacity to provide treatment for patients known to have tested positive for COVID-19, when these patients both require inpatient psychiatric level of care and do not require inpatient medical level of care.

A. Facility Requirements:

A Tier 2 inpatient psychiatric facility shall:

1. Comply with all Tier 1 facility requirements.
2. Ensure that at all times, when staff are in a quarantine or positive COVID-19 areas, full personal protective equipment (PPE) must be worn.
3. Establish presumed negative COVID-19, quarantine, and positive COVID-19 spaces within the facility with clear criteria for entry into that space and for movement between spaces, as described in **Section C**.
4. Adjust Tier 1 quarantine protocol as such:
 - a. Patients awaiting test results must be quarantined.
 - i. If the test results are negative for COVID-19, the patient may enter the presumed negative COVID-19 area, beginning symptom checks, at least once per shift.
 - ii. If the test results are positive for COVID-19, the patient should be moved to the positive COVID-19 area.
5. Coordinate care with Tier 1 inpatient psychiatric facilities to facilitate the transfer, when necessary, of patients presumed or confirmed to be infected with COVID-19 who do not require an acute level of medical care but do require inpatient psychiatric care.
6. When a patient is transferred to a medical hospital for evaluation and care of any condition, including but not limited to COVID-19, accept the patient's return when

medical hospital level of care is no longer required, assuming they continue to meet hospital level of care psychiatrically.

- a. A patient with a positive COVID-19 test result must go to the positive COVID-19 area.
- b. A patient may be transferred to the presumed negative COVID-19 area or quarantine area after 14 days since symptoms first appeared (or when positive swab was taken) *and* 72 hours with no symptoms, including afebrile without antipyretic use. Patients who need added staffing supports post-recovery are likely better served by closer staffing in a quarantine area.

B. Frontline Staffing:

Unless otherwise specified “staff” in this section refers to frontline clinical staff. A Tier 2 inpatient psychiatric facility shall:

1. Comply with all Tier 1 staffing requirements.
2. To the maximum extent possible, create three distinct and consistent staffing teams designated to the presumed negative COVID-19, quarantine, and positive COVID-19 areas. To the maximum extent possible, do not inter-mix staff between areas during an assigned shift. In the event that staffing is not adequate to field completely separate teams, maximal efforts must be made to keep as many staff as possible on a team, and special effort should be taken to separate quarantine and positive COVID-19 area staff from presumed negative COVID-19 area staff. Strict use of and changing of recommended PPE, in line with the most recent DPH PPE guidance, must be enforced when staff are needed to cross between the quarantine area or positive COVID-19 areas and the presumed negative COVID-19 area.
 - a. This Staff Cohort practice can help with detection of emerging patient condition changes and limit cross contamination. Whenever possible, staff should not move to a different unit but remain with their cohorted staffing team each shift.
 - b. To the maximum and appropriate extent possible, minimize the number of staff caring for each patient.
 - c. If full separation of staffing teams is not feasible for a facility, the maximum execution of this is still expected (i.e., an approach that minimizes overlapping staff must be conscientiously implemented, especially between quarantine or positive COVID-19 areas and presumed negative COVID-19 areas).

C. Dedicated Quarantine and Positive COVID-19 Areas

A Tier 2 inpatient psychiatric facility shall:

1. Create a dedicated quarantine area and a dedicated positive COVID-19 area in separate areas or units within the facility.
 - a. If a psychiatric unit in an acute general hospital has rapid testing, the ability to transfer patients confirmed to be infected with COVID-19 to an internal medical partner as needed, and the ability to safely isolate any patient who becomes suspected, presumed, or confirmed to be infected with COVID-19 at any time, they may not be required to have an area permanently and solely dedicated to quarantine. Any facility believing they meet these requirements should consult with DMH to discuss adjusted guidance.
2. Encourage all patients in quarantine area and positive COVID-19 area to wear masks at all times. Patients in quarantine area and positive COVID-19 area must wear masks when out of their room.
 - a. All patients should be clinically assessed for safety in wearing masks and if necessary, have adjustment made for safety such as removing metal clips if self-injury is likely.
3. Encourage patients to stay in room with door closed, maintaining the ordered level of patient safety checks or observation.
4. Minimize staff coming on and off the dedicated quarantine area and dedicated positive COVID-19 area.
5. Cohort, as necessary, patients in positive COVID-19 area to share rooms.
6. Have no face-to-face group treatment in the quarantine area, due to the uncertainty of COVID-19 diagnosis in the quarantine area. Face-to-face group treatment may be allowed with patient consent in the positive COVID-19 area, while practicing social distancing.
7. Encourage telemedicine for provision of care to the extent possible.
8. Provide patient meals in rooms, using disposable supplies, in the quarantine area. Patient meals in rooms is also recommended in the positive COVID-19 area. Each patient needs to be assessed to determine if they are safe to use disposable utensils.
 - a. If group meals are held in the positive COVID-19 area, practice 6-foot distancing and thoroughly clean after each meal.
9. Ensure supplemental oxygen available if needed to maintain saturation above 92% for any patient confirmed to be infected with COVID-19 awaiting transfer to a medical service for worsening shortness of breath with a medical order.

D. Clinical Management:

1. Suspected or Presumed Cases of COVID-19

For suspected or presumed cases of COVID-19, a Tier 2 inpatient psychiatric facility shall:

- a. Immediately move any patient who develops signs or symptoms of COVID-19 or is otherwise suspected or presumed to be infected with COVID-19 to the quarantine area. The patient should wear a mask.
- b. Keep the door to the room closed, as able. If a patient refuses to remain in the room, locked door/staff secure seclusion should occur to maintain safety of patient and unit. Extreme caution must be exercised during locked door seclusion, especially if the door does not have a window, as the patient must be able to be visualized by staff at all times. See separate document regarding DMH regulations that apply to this behavioral seclusion:
<https://www.mass.gov/doc/dmh-licensing-bulletin-20-03-admission-and-treatment/download>
- c. Ensure all direct care of such patients at this juncture occur with staff in PPE per CDC and DPH guidance.
 - i. CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
 - ii. DPH Guidance on Optimization of PPE in the Commonwealth of Massachusetts: <https://www.mass.gov/doc/guidance-for-prioritization-of-personal-protective-equipment-ppe-in-massachusetts/download>
- d. Immediately initiate testing for COVID-19.
 - i. If a patient tests positive for COVID-19, they should be transferred to the positive COVID-19 area.
 - ii. If patient tests negative for COVID-19 and still demonstrates symptomatology, retesting should be repeated in 24 hours and the patient should remain in the quarantine area. If repeat testing continues to be negative and the patient continues to demonstrate COVID-19 symptoms, the patient may require transfer for medical care for a condition other than COVID-19.
 - iii. If a patient tests negative for COVID-19 and no longer demonstrates symptomatology, they may be transferred to the negative COVID-19 area and resume symptom checks.

2. Confirmed Cases of COVID-19

For confirmed cases of COVID-19, a Tier 2 inpatient psychiatric facility shall:

- a. Immediately move any patient confirmed to be infected with COVID-19 to the positive COVID-19 area. The patient should wear a mask.

- b. Keep the door to the room closed, as able. If a patient refuses to remain in the room, locked door/staff secure seclusion should occur to maintain safety of patient and unit. Extreme caution must be exercised during locked door seclusion, especially if the door does not have a window, as the patient must be able to be visualized by staff at all times. See separate document regarding DMH regulations that apply to this behavioral seclusion:
<https://www.mass.gov/doc/dmh-licensing-bulletin-20-03-admission-and-treatment/download>
- c. All staff interacting with patients confirmed to be infected with COVID-19 must wear full PPE at all times on the unit per CDC and DPH guidance.
 - i. CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
 - ii. DPH Guidance on Optimization of PPE in the Commonwealth of Massachusetts: <https://www.mass.gov/doc/guidance-for-prioritization-of-personal-protective-equipment-ppe-in-massachusetts/download>
- d. Ensure assessment by a medical provider or covering psychiatrist of any presentation that includes any of the following: trouble breathing; persistent pain or pressure in the chest; confusion; hard to rouse; hypoxia (pulse oximeter <94%) and/or blue lips, face, or fingertips; severely orthostatic.
 - i. Each patient is likely to present with differing presentations based on age, underlying conditions, psychiatric illness, etc.
 - ii. Any presentation that includes the above elements should be considered for transfer to a medical facility. The inpatient psychiatric facility should call first, except in the case of a life threatening emergency, in which case the inpatient psychiatric facility should call as the transport is occurring.
- e. Practice high vigilance for appropriate time period after onset of symptoms, one week on average.
 - i. Typical timelines from symptom onset to severe disease average 5-8 days for shortness of breath and 8-12 days for Acute Respiratory Distress Syndrome.
- f. Use caution in circumstances where the use of restraints may be needed. COVID-19 is a respiratory illness frequently associated with shortness of breath or dyspnea. When even mildly short of breath, people frequently use their auxiliary muscles (chest/rib cage, shoulder muscles, abdominals) to help them breath more comfortably. The assessing psychiatrist in consult with medical

coverage should consider these factors and ensure that the restraint and seclusion instructions from the MD / Psychiatric APRN are clear for nursing. Particular attention should be paid to:

- i. Positioning: the respiratory condition of the patient may require modifications to the choice of restraint device and/or positioning.
 - ii. Medication Restraint: it is advised to question the use of a sedating medication (benzodiazepines, sedating antipsychotics, antihistamines) if the patient has respiratory problems, particularly given that sedating side effects are more common when first given.
- g. Ensure appropriate transfer out of positive COVID-19 area. From the day of sample collection with a positive COVID-19 result, the patient must remain in the positive COVID-19 area for at least 14 days. Following 14 days since symptoms first appeared (or when positive swab was taken) *and* 72 hours with no symptoms, including afebrile without antipyretic use, the patient may be transferred to a quarantine or the negative COVID-19 area. Patients who need added staffing supports post-recovery are likely better served by closer staffing in a quarantine area.

Each facility shall ensure that all staff designated to provide the listed services receive education and demonstrate competencies (i.e., upon hire, as needed, and/ or annually) that are consistent with their role in patient care regarding the above competencies. Each facility shall further ensure that medical and nursing care staff are trained in and can demonstrate knowledge of the facility's policy or plan for securing the resources necessary to provide the listed services and to provide just-in-time training to all staff who will provide care to the patient being admitted.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See [Bulletin 18-01.](#)]

All inpatient psychiatric facilities should monitor the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), Department of Mental Health (DMH), Department of Public Health (DPH) and MassHealth websites for up-to-date information and resources:

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

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

DMH LICENSED FACILITY BULLETIN 20-03 MAY 1, 2020: Admission and Treatment of Patients with COVID-19: <https://www.mass.gov/doc/dmh-licensing-bulletin-20-03-admission-and-treatment/download>

DPH's website provides up-to-date information on COVID-19 in Massachusetts:
<https://www.mass.gov/2019coronavirus>.

MassHealth's website provides COVID-19 related information for MassHealth providers:
<https://www.mass.gov/info-details/mashealth-coronavirus-disease-2019-covid-19-providers>

* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.