

Review date: December 15, 2020

DMHAS COVID-19 Protocol for Quarantine and Isolation

GENERAL COMMENTS:

Adapted CDC Stratification of risks following exposure to COVID-19 –for DMHAS

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- **Low risk:** walking by a person who tested positive for COVID; HCP has facemask
- **Mild risk:** Being in the same room, within 6 ft of a COVID+ person but brief exposure time (less than cumulative period of 15mins/24hr period), and HCP has PPE.
- **High risk:** 1) Prolonged exposure is cumulative period of 15 mins or more in a 24hr period and distance within 6 ft of a COVID+ person. For aerosol generating event any exposure time is high risk
2) Involves exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

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

- In all situations, risk is reduced if one or both parties have face mask on during the exposure and maintain social distancing.
- Staff working on inpatient units should wear a surgical (or N95) mask. Hospitalized patients should be given surgical masks with ear loops with the metallic piece removed. Cloth masks should not be worn on inpatient units *by* staff or patients.
- A contact with a contact of someone who is suspected or confirmed COVID positive (i.e. a person twice removed from the COVID case) is at low risk and does not require additional monitoring or restrictions.
- Symptoms of COVID-19 include but not limited to: Fever, Cough, Shortness of breath, Chills, Sore throat, New onset loss of taste and smell, Fatigue, Muscle pain, New onset headaches, Diarrhea, Nausea/Vomiting, Congestion/running nose.
- High risk individuals for COVID-19 infection include: Age >60; BMI >30; Diabetes; Asthma that requires daily medications; Chronic heart, liver, kidney or lung disease; those receiving treatment for cancer; immunosuppressing illness or medications; and smokers.

Protocol for Patients Exposed to COVID Positive Case

A. Inpatient with direct prolonged exposure to (or direct contact with potential infectious secretions of) an asymptomatic person who subsequently (at a later time/date after the exposure) develops symptoms and test positive for COVID-19; if patient remains asymptomatic.

- *If exposure occurred 48 hours or less before onset of symptoms, proceed directly to B (below).*
- *If exposure occurred greater than 48 hours before onset of symptoms, continue treatment as usual without quarantine.*
- Mask patient with surgical masks with ear loops with the metallic piece removed. Cloth masks should not be worn on inpatient units *by* staff or patients.
- May attend groups therapy sessions with appropriate social distance and hand hygiene, if wearing a surgical mask with ear loops with the metallic piece removed. Cloth masks should not be worn on inpatient units *by* staff or patients.
- May test patient for COVID-19 on a case-by-case basis (for high risk patients).
- Monitor temperature and respiration twice daily.
- Monitor for signs of infection; fever, cough, shortness of breath, sore throat or GI symptoms.
- If patient becomes symptomatic, proceed as described in C.

B. Inpatient with direct prolonged exposure to (or direct contact with potential infectious secretions of) a suspected or confirmed case of COVID-19; if patient remains asymptomatic.

- Quarantine patient for 10 days in a single room (with own bathroom if available) and close door. Test patient for COVID-19 on day 7. If negative and patient remains asymptomatic, discontinue quarantine on day 10.
- Inform IP, chief nursing officer (CNO) or designee, and medical director or designee.
- Monitor temperature twice a day, at least 8 hours apart and monitor respiration.
- Monitor for signs of infection; fever, cough, shortness of breath, sore throat or GI symptoms.
- Place facemask on patient when outside the room. Encourage hand hygiene.
- Maintain droplet and standard precautions: Staff wears mask, gloves, gown and face shield or goggles to enter room, plus frequent hand hygiene and social distance.
- Patient may have fresh air breaks, coordinated with staff so no contact with others. Staff should wear mask, maintain social distance and frequent hand hygiene.
- Housekeeping staff clean and disinfect areas patient went or touched.
- If patient becomes symptomatic, proceed as described in C.

C. Inpatient with symptoms suggestive of COVID-19; fever 100 or higher, OR respiratory symptoms.

- Isolate patient in a single room (with own bathroom if available) and close door. **Do not** cluster patients with similar symptoms because they may ultimately have different diagnosis. Test for COVID-19
- Inform IPN, CNO/designee and medical director/designee.
- Monitor vital signs and pulse oximeter every shift.
- Place facemask on patient whenever outside the room. Encourage frequent hand hygiene.
- Staff will wear facemask (N95 or surgical mask with a face shield if an N95 is not available), gown, gloves and face shield/goggles to enter room, plus frequent hand hygiene when not in patient's room.
- Patient may have fresh air breaks, coordinated with staff so no contact with others.
- Minimize travel outside of isolation room.
- May not attend group therapy sessions.
- Have meals in their room.
- Monitor vital signs and pulse oximeter of all other patients on the unit at least twice daily.
- Designated housekeeping staff to clean and disinfect patient's room, areas patient visited, or things touched following CDC/DPH guidelines.
- *If patient refuses to comply with tests, treat and manage the patient as if they were positive. If patient refuses to comply with quarantine/isolation, inform medical director. Isolation can be enforced by order of the regional public health director pursuant to Sec. 19a-131c of CT general statutes.*

D. Inpatient with confirmed COVID-19 infection

- Isolate patient. May cluster COVID-19 positive patients in an isolation unit
- Inform IPN, CNO/designee, and medical director/designee.
- Monitor vital signs every shift.
- Staff to wear mask (N95), gloves, gown and use eye protector (face shield or goggles) at the door to enter patient's room. In all situations when directly interacting with a COVID+ patient, the use of N95 mask is preferred, *especially when working on a COVID unit housing multiple patients*. However, in the absence N95 masks, the use of surgical masks is recommended, along with face shields, gloves and gown.
- Patients should be masked whenever someone is coming into the room. For patients who cannot do so for themselves, patient's mask should be placed in a paper bag in the room. Staff will put on PPE at the door, enter the room and then place the mask on the patient.
- Place facemask on patient whenever outside the room.
- Monitor all staff for temp twice/day.

DMHAS Protocol for Quarantine and Isolation

- Monitor all patients' vital signs and pulse oximeter Every 4 hrs.
- Minimize entry to patient's room – cluster activities with each visit.
- Limit the number of staff treating or exposed to patient to decrease contagion/spread.
- Minimize/ limit use of float staff.
- Minimize movement of other patients outside the room.
- Ambulatory care medical personnel to monitor patient daily using criteria developed by Middlesex Hospital and transfer patient to medical unit when treatment needs exceed the capacity of inpatient psychiatric hospital. Staff in non-hospital settings should call the primary care doctor for worsening complaints. In an emergency, call 911
- Patient will be considered recovered when:
 - no fever for 24 hours without the use of fever reducing medications;
 - no respiratory symptoms or significantly improved symptoms;
 - **and** 10 days have passed since symptoms first appeared, up to 20 days for those with severe illness (as determined by IP nurse/MD, in conjunction with facility medical director).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Review date: December 15, 2020

Protocol for Staff Exposed to COVID-19

General Comments

Adapted CDC Stratification of risks following exposure to COVID-19 – for DMHAS

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- **Low risk:** walking by a person who tested positive for COVID; HCP has facemask
- **Mild risk:** Being in the same room, within 6 ft of a COVID+ person but brief exposure time (less than cumulative period of 15mins/24hr period), and HCP has PPE.
- **High risk:** 1) Prolonged exposure is cumulative period of 15 mins or more in a 24hr period and distance within 6 ft of a COVID+ person. For aerosol generating event any exposure time is high risk
2) involves exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

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

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- In all situations, risk is reduced if one or both parties have face mask on during the exposure and maintain social distancing.
- Staff members who have clinically recovered from a COVID-19 infection and are asymptomatic are not considered infectious and have very low risk of re-infection with COVID-19 for a period of 90 days from onset of symptoms.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

- Staff working with patients shall wear a surgical (or N95) mask and a face shield or eye goggles to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Staff working in close proximity with other staff should consider wearing a face shield or eye goggles in addition to face mask. However, on long-term inpatient units, this requirement may not be applied generally as a rule but rather, on a case-by-case basis, for example, during admission quarantine of new patients.
- Hospitalized patients should be given surgical masks with ear loops with the metallic piece removed. Cloth masks should not be worn on inpatient units *by* staff or patients. Surgical masks are preferred for outpatients while in a healthcare facility.
- A contact with a contact of someone who is suspected or confirmed COVID positive (i.e. a person twice removed from the COVID case) is at low risk and does not require additional monitoring or restrictions.

- *Symptoms of COVID-19 include but not limited to: Fever, Cough, Shortness of breath, Chills, Sore throat, New onset loss of taste and smell, Fatigue, Muscle pain, New onset headaches, Diarrhea, Nausea/Vomiting, Congestion/running nose.*
- *High risk individuals for COVID-19 infection include: Age >60; BMI >30; Diabetes; Asthma that requires daily medications; Chronic heart, liver, kidney or lung disease; those receiving treatment for cancer; immunosuppressing illness or medications; and smokers.*

Regarding Connecticut Governor's Travel Advisory:

- *Effective July 1, 2020, if you have returned from a state on the Connecticut Governor's travel advisory list, identified as having widespread ongoing transmission of COVID-19, you should self-quarantine for 14 days. Exceptions to this advisory include:*
 - 1) *asymptomatic staff members who have clinically recovered from COVID-19 and are within 90 days of onset of symptoms.*
 - 2) *Discontinue quarantine on day 10 if COVID-19 test done on day 7 is negative.*
 - 3) *Other exceptions as may become necessary following discussion with the DMHAS Medical Director*
- *Staff members that have met criteria for teleworking, would be able to work at home during the self-quarantine period.*
- *Staff members that have not used COVID leave or have unused balances of COVID leave may apply it for self-quarantine time. However, affected staff should contact their facility's human resources staff to clarify how time should be recorded and to determine what leave time is available to be applied to this situation.*
- *Staff members planning to travel to the states on the Governor's travel list should contact their facility Human Resources Director before travel and on return from those states.*
- *Note: Merely travelling through (or brief stopover at) any of the states on the Governor's list en route to states not identified as high risk (with less widespread ongoing transmission of COVID-19 infection) does not require self-quarantine on return.*

PROTOCOLS

A. Staff with direct exposure to (or direct contact with potential infectious secretions of) an asymptomatic person who subsequently (at a later time/date after the exposure) develops symptoms and tests positive for COVID; Staff remains asymptomatic.

Note: 1) This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE) <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

2) Staff members who have clinically recovered from a COVID-19 infection and are asymptomatic are not considered infectious and have very low risk of re-infection with COVID-19 for a period of 90 days from onset of symptoms. They are exempt from restrictions of this protocol and should not be tested except when they become symptomatic, at which time they should be tested.

- **If exposure occurred 48 hours or less before onset of symptoms, proceed directly to B (below).**
- **If exposure occurred greater than 48 hours before onset of symptoms, continue with the following:**
 - return to work wearing a face mask as usual.
 - Monitor temperature twice daily.
 - Maintain social distance and frequent hand hygiene.
 - If temperature is 100F or higher, or if symptoms of COVID-19 develop, do not come to work if home. If at work, leave work immediately.
 - Call your supervisor and HR.
 - Call your Primary Care Physician (PCP) for evaluation.
 - Follow protocol as in C below.

B. Staff with direct exposure to (or direct contact with potential infectious secretions of) a suspected or confirmed case of COVID; staff is asymptomatic.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

- For **high risk** exposure (defined above) - Self-quarantine for 10 days. Test staff on day 7 and stop quarantine on day 10 if test is negative. If testing is not available or if result will be delayed beyond 3 days, quarantine may be stopped on day 10 after discussion with the DMHAS Medical Director.
- Maintain social distance as much as possible and frequent hand hygiene
- Be alert to development of respiratory symptoms, or other symptoms of COVID-19. If any of them develops, stay home or leave work immediately if at work, wearing a mask.
 - Call your PCP or 911 for severe symptoms
 - Call your supervisor and HR
 - Follow additional steps as stated in C (below)

- If the exposed staff works on **an inpatient unit** but has not been to work since the **high-risk** exposure, self-quarantine and protocol above will suffice.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Note: For **an inpatient unit** exposed to a staff member who becomes positive and worked on the unit 48 hours before the positive result, the following procedure should ensue:

- Assume most if not all staff and patients on the unit have been exposed
- Quarantine the unit and any other unit the staff had worked in the preceding 48 hours before the index staff member tested positive and test all patients and staff. Isolate positive patients using unit or facility isolation protocol, while positive staff should isolate at home until cleared to return to work.
- All negative staff should continue to work on the quarantined unit.
- Repeat testing of all staff every 7 days for 14 days, or until 14 days have passed since the last positive case.
- Except in extenuating circumstances, exposed staff should not be assigned to work on an unexposed unit. Any exception should be approved by the CEO, in conjunction with the facility medical director.

- For **low to mild risk** exposure, return to work wearing a facemask and monitor temperature twice a day for 14 days from time of the last exposure.
- Maintain social distance as much as possible and frequent hand hygiene
- Schedule staff for COVID-19 testing if available.
- Be alert to development of respiratory symptoms, or other symptoms of COVID-19. If any of them develops, stay home or leave work immediately if at work, wearing a mask.
 - Call your PCP or 911 for severe symptoms
 - Call your supervisor and HR
 - Follow additional steps as stated in C (below)

C. Staff with suspected COVID-19 infection

- Stay home or if at work, inform supervisor and leave immediately with face mask on.
- Inform HR and supervisor.
- Contact PCP and ask to be tested for COVID-19, or schedule yourself for testing at a Testing Center. In some instances, testing may be coordinated by DMHAS using a contracted testing service.
- Housekeeping staff will complete terminal cleaning and disinfection of staff's workspace, including desks, chairs and computer, following CDC/DPH protocol.
- The supervisor will speak with the employee to identify the people with whom the employee interacted and the places the employee touched and stayed during the period 48 hours before the employee developed symptoms, including when the employee was

last at work. The supervisor will submit the names of the staff's contacts to HR for completion of the "Contact Sheet for Employees Who Have Worked in the Office" per CDC guidelines.

- HR will notify the employee about the various leave rights/accruals available to them.
- Supervisor or designee will inform the staff's colleagues and patients from the staff's unit (through community meeting).
- Monitor patients exposed to the staff twice daily for COVID-19 symptoms, vital signs and pulse oximeter.
- If the staff's test comes back COVID-19 positive, staff will stay at home. High risk contacts of staff up to 48 hours from when staff last worked should follow recommendations in B above.
- If the tests are negative, staff will return to work as recommended by their PCP.

D. Return to Work: For staff with confirmed COVID+ test

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

- Staff will call supervisor to give updates of symptoms at mutually agreed frequency.
- Staff will return to work if:
 - no fever for 24 hours without the use of fever reducing medications;
 - no respiratory symptoms or significantly improved symptoms;
 - **and** 10 days have passed since symptoms first appeared, 20 days for those with severe illness (as determined by IP nurse/MD, in conjunction with facility medical director).
- Note: the non-test criteria for return to work is preferred according to the CDC.
- For staff with severe illness and those with immunocompromised status, two consecutive tests conducted 24 hours apart at minimum may be recommended by IP MD or PCP, in conjunction with facility medical director. In such situations, the timing of the return of staff to work will be on the recommendation of IP MD or DPH, in conjunction with facility medical director.

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PPE Use: General Guidelines for Use of Face Masks

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

All staff and patients will wear facemasks when in a healthcare area. All patients should be encouraged to wear a surgical face mask when in a healthcare facility. Patients in the community may elect to wear a cloth mask but while in a healthcare facility, a surgical mask is recommended.

Staff should always wear a surgical face mask while in the facility except when alone in their office. Hospitalized patients should be given surgical face masks with ear loops with the metallic piece removed. Cloth masks should not be worn on inpatient units *by* staff or patients.

Facemasks must be worn in combination with good hand hygiene and social distance.

If a face mask is damaged, wet, or soiled or hard to breathe through before the end of the assigned time period, it should be exchanged.

Staff must take care not to touch their face mask. If they touch or adjust their face mask, they must immediately perform hand hygiene.

When interacting *directly* with a patient with suspected or confirmed COVID-19, masks (N95 or surgical if not available), gloves, gown, and eye protection (face shields/goggles) are required.

All clinicians and staff performing high risk aerosol generating procedures such as nebulizer treatment, placing patient on CPAP or performing cardiopulmonary resuscitation (CPR) should wear an N95 mask (or surgical masks if not available), eye protection (face shield/goggles), gloves and gown regardless of patients' COVID-19 status. The number of staff involved in such these procedures should be kept to a minimum to prevent potential exposures and to conserve PPE.

Housekeeping staff cleaning and disinfecting room or area previously occupied by an individual with suspected or confirmed COVID-19 should wear a face mask (N95 or surgical mask if not available), gown, gloves and eye protection (face shields/goggles).

*** *Homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option.***

Emergency Situations

- **Behavioral Codes (including Restraint and Seclusion) OR Cardiopulmonary Respiration (CPR)**
- **Emergency Cart**

To protect patients and colleagues during restraint and seclusion OR CPR, staff should wear the following:

Behavioral Code/Restraint/Seclusion: Surgical mask, gloves, and eye protection (face shields/goggles)

Cardiopulmonary Respiration: N95 mask (or surgical mask if not available), face shield, gloves and gown.

All staff working in a suspected or confirmed COVID-19 unit should wear appropriate PPE (including N95 or surgical masks) when engaged in the procedures described above.

Emergency cart should include PPEs such as facemasks (N95 and surgical), face shields, gowns and gloves.

December 15, 2020**SUMMARY OF RECOMMENDED PPE**

<i>Personal Protective Equipment</i>	<i>N95 Mask</i>	<i>Cloth Mask</i>	<i>Surgical (medical) Mask</i>	<i>Face Shield</i>	<i>Gloves</i>	<i>Gowns</i>
Staff performing or present during aerosol generating procedures - nebulizer treatments, CPR, CPAP.	X		X (if N95 not available)	X	X	X
Staff performing restraint or seclusion – a droplet generating procedure			X	X	X	
Staff caring for a patient with COVID-19 symptoms, or patient exposed to bodily fluids	X		X (if N95 not available)	X	X	X
Staff working within 6 feet of patients or other staff: in- or outpatient			X			
Staff working in non-patient care areas, and greater than 6 feet of patients or other staff: in- or outpatient		X				
Housekeeping staff cleaning and disinfecting area previously occupied by suspected or confirmed COVID-19 patient	X		X (if N95 not available)	X	X	X
Staff and patients on inpatient units			X			