

Review date: September 2, 2020

DMHAS COVID-19 Protocol for Quarantine and Isolation

As reviewed and approved by DPH

GENERAL COMMENTS:

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

- **Low risk:** walking by an asymptomatic person who tested positive for COVID.
- **Mild risk:** Being in the same room and within 6 ft of a symptomatic COVID+ person but exposure time less than 10 minutes.
- **Medium risk:** Prolonged exposure (10 minutes or longer) within 6 ft of a symptomatic COVID+ person.
- **High risk:** Close household contact of person suspected or confirmed COVID+. Staff members working or exposed at the hospital are **not high risk**. High risk exposure as defined here is when a staff member lives in a home with a confirmed COVID+ individual.

Note:

- *In all situations, risk is reduced if one or both parties have face mask on during the exposure.*
- *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 due to ligature risks.*
- *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 due to ligature risks.
- 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 due to ligature risks.
- 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 14 days in a single room (with own bathroom if available) and close door.
- 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 break, 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.

- Test patient for COVID-19 if available. Otherwise, test on a case-by-case basis (for high risk patients).
- 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.
- 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 break, 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.
- Test for COVID-19.
- *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 patients with similar documented diagnosis.
- 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.
 - 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.

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Protocol for Staff Exposed to COVID-19

General Comments

CDC Stratification of risks following exposure to COVID-19:

- ***Low risk:*** barely walking by an asymptomatic person who tested positive for COVID.
- ***Mild risk:*** Being in the same room and within 6 ft of a symptomatic COVID+ person but exposure time less than 10 minutes.
- ***Medium risk:*** Prolonged exposure (10 minutes or longer) within 6 ft of a symptomatic COVID+ person.
- ***High risk:*** Close household contact of person suspected or confirmed COVID+.

Note:

- *In all situations, risk is reduced if one or both parties have face mask on during the exposure.*
- *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.*
- *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.

- *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, 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.

- For **high risk** exposure (defined above) - Self-quarantine for 14 days.
- For **mild or medium 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 rapid testing at a Rapid Testing Center.
- Housekeeping staff will complete terminal cleaning and disinfection of staff's work space, 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 tests come back positive, staff will stay at home. Asymptomatic contacts will maintain social distance and frequent hand hygiene and wear masks while at work. If staff's contacts develop symptoms anytime during that period, they should inform their supervisor and HR, leave work and proceed as recommended in C.
- 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

- Staff will call supervisor to give updates of symptoms at mutually agreed frequency.
- Staff will return to work if:
 - no fever for 72 hours without the use of fever reducing medications;
 - no respiratory symptoms or significantly improved symptoms;
 - **and** 14 days have passed since symptoms first appeared.
- For staff with access to repeat testing, two consecutive tests conducted 24 hours apart at minimum, should be negative. Staff cannot return to work until both test results are obtained **and** 14 days have passed since onset of symptoms.

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PPE Use: General Guidelines for Use of Face Masks

Due to increased community transmission of COVID-19 in many parts of the country from wide community spread, there is growing evidence of transmission risk from infected persons without symptoms or before the onset of recognized symptoms. Therefore, it is recommended that DMHAS staff wear a mask while at work to protect patients and their colleagues.

All staff and patients will wear facemasks when in any patient care area. (Patients should be engaged in and encouraged to wear facemasks, but cannot be forced to wear them against their will.) According to the CDC, all healthcare personnel should leave the patient care area if they need to remove the facemask. Patient care area is defined as areas where staff interact closely with and/or provide treatment for persons identified as patients. All patients should be encouraged to wear a mask.

In non-patient care areas, staff should wear a facemask (including a homemade mask) at all times while in the facility except when alone in their office. 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 due to ligature risks.

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

If a facemask 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 facemask. If they touch or adjust their facemask 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 facemask (N95 or surgical mask if not available), gown, gloves and eye protection (face shields/goggles).

Homemade Facemasks

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

Guidelines:

Patient Areas	Non-Patient Areas
<ul style="list-style-type: none"> ▪ Staff will use approved facemasks (N95 or surgical mask as appropriate and available) when in patient care areas. 	<ul style="list-style-type: none"> ▪ Staff in non-patient care areas working in close proximity with other staff must wear surgical masks. Homemade masks may be worn only if surgical masks are not available, and should be combined with social distancing as much as possible, and frequent hand hygiene.
<ul style="list-style-type: none"> ▪ Patients interacting with staff or other patients should wear a surgical (or N95) mask. Patients should be engaged in and encouraged to wear facemasks, but cannot be forced to wear them against their will. Hospitalized patients should be given surgical masks with ear loops with the metallic piece removed. Cloth masks must not be worn on inpatient units by staff or patients due to ligature risks. 	<ul style="list-style-type: none"> ▪ Staff in non-patient care areas working mostly at a distance from other staff (6 ft or greater) may wear cloth masks. However, cloth masks may be appropriate during brief exposures to other staff at distances less than 6 ft. It is recommended that staff wear a mask at all times while in the healthcare facility.
	<ul style="list-style-type: none"> ▪ Staff working in the community may wear homemade masks. However, if the work includes close contact with patients or staff, they should wear approved surgical facemasks, or N95 masks if the person is COVID+ or in quarantine pending test results.

- Staff should always observe social distance and hand hygiene as appropriate.
- At all times staff and patients must observe social distancing protocols and hand hygiene practices.

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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.

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SUMMARY OF RECOMMENDED PPE

Personal Protective Equipment	N95 Mask	Cloth Mask	Surgical (medical) Mask	Face Shield	Gloves	Gowns
Staff performing or present during aerosol generating procedures - nebulizer treatments, CPR, CPAP.	X		X (If N95 not available with a face shield)	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 with a face shield)	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		X				
Housekeeping staff cleaning and disinfecting area previously occupied by suspected or confirmed COVID-19 patient	X		X (If N95 not available with a face shield)	X	X	X
Staff and patients on inpatient units			X			

See: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf