Review date: November 23, 2022

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

Updated September 23, 2022

- ***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.*
  3) *Individuals living with a covid positive family member that is unable or unwilling to Isolate in the home has a very high risk of contracting covid.*
  .

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.*
- *Hospitalized patients should be given surgical masks with ear loops with the metallic piece removed or DMHAS provided N95 or patient use, taken into consideration risks to patient and others. Cloth masks are not to be worn on inpatient units by staff or patients.*
- *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.*

When You've Been Fully Vaccinated | CDC

Protocol for Patients Exposed to COVID Positive Case

A. Inpatient with direct prolonged exposure to an asymptomatic person. The asymptomatic person later develops symptoms of and/or test positive for COVID;

if *patient remains asymptomatic, do not quarantine but monitor vital signs, and signs of infection (please see directions for an exposed inpatient unit on page 9).*

*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.*
- Encourage patients to mask with surgical masks with ear loops with the metallic piece removed. Cloth masks are not to be worn on inpatient units by staff or patients.
- May attend groups therapy sessions and participate in unit activities as per other 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.

***A.* Inpatient with direct prolonged exposure to a suspected or confirmed case of COVID-19;**

if patient remains asymptomatic, do not quarantine but monitor vital signs, and signs of infection (please see directions for an exposed inpatient unit on page 9).

- Test patient for COVID-19 (PCR test) on days 1, 3 and 5 after exposure. Note: the day of exposure is day 0. If negative and patient remains asymptomatic, no further intervention indicated.
- Inform IP, chief nursing officer (CNO) or designee, and medical director or designee.
- Monitor temperature and respiratory rate twice a day, at least 8 hours apart.
- Monitor for signs of infection - fever, cough, shortness of breath, sore throat, or GI symptoms.
- Place facemask on patient for 10 days, if possible. Encourage hand hygiene.
- Maintain droplet and standard precautions: Staff wears mask and face shield or goggles while interacting with patient, plus frequent hand hygiene and social distance as much as possible.
- Patient may have fresh air breaks and participate in unit activities with peers.
- Housekeeping staff to clean and disinfect patient care areas as per unit routine
- If patient becomes symptomatic or tests positive, proceed as described in C.

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

- Isolate patient in a single room or designated isolation space (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 IP, 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 an N95 mask (or surgical mask with a face shield if an N95 is not available), gown, gloves, and face shield/goggles to enter room, when providing direct patient care to pt.
- 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.*

C. Inpatient with confirmed COVID-19 infection

- Isolate patient. May cluster COVID-19 positive patients in an isolation unit
- Inform IP, CNO/designee, and medical director/designee.
- Monitor vital signs and pulse oximeter every shift.
- Staff to wear N95 mask, 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 with face shields, gloves and gown are required.
- 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 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.
- Staff to monitor their temp twice/day.
- Ambulatory or primary care medical staff to monitor patient daily using criteria developed by Middlesex Hospital and transfer patient to the emergency department of acute care general hospital when treatment needs exceed the capabilities 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 full 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

Note: For **an inpatient unit** exposed to a covid positive staff member who worked on the unit up to 48 hours before the positive result, the following procedure should ensue.
Given the widespread availability of COVID testing, protocols for managing an inpatient unit exposed to a COVID positive staff member has been updated thus:

- Assume most if not all staff and patients on the unit have been exposed
- Do not quarantine unit
- Test (PCR) all patients and staff on days 1, 3 and 5. Exposure date is day 0.
- 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 exposed unit.
- Monitor patients' temperatures twice a day, at least 8 hours apart and monitor respiration for 14 days after exposure.
- Monitor patients for signs of infection; fever, cough, shortness of breath, sore throat, or GI symptoms for 14 days after exposure.
- 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.