

Interim BILH COVID-19 Repeat Surveillance Testing and Interventions to Prevent Transmission on Inpatient Psychiatry Units and Dementia/Memory Care Units

Purpose: To outline routine repeat COVID-19 surveillance testing of asymptomatic patients in inpatient psychiatry and inpatient dementia units to reduce the risk of unit-based transmission leading to potential unit closure to new admissions.

Since the MA DPH has declared healthcare facilities to be in “contingency status,” flexibility is needed in managing COVID-19 Positive and Suspect patients. This guidance provides strategies to consider in reducing transmission while continuing to care for patients who are [COVID-19 Positive, COVID-19 Suspect and COVID-19 Negative status](#) simultaneously on inpatient psychiatry units and dementia/memory care units and avoid unit closure.

Background: The prevalence of COVID-19 within the community has risen dramatically due to the increase in the Omicron variant. The communal nature of inpatient congregate settings may permit COVID-19 to spread quickly. Testing patients on admission can identify those who are positive for SARS-CoV-2, the virus causing COVID-19, at that time. However patients who are asymptomatic or pre-symptomatic, but not yet shedding detectable virus (which typically occurs 3-5 days after exposure), will not be captured. Repeat testing may help identify these cases acquired in the community and developing after admission.

Patient population

Asymptomatic inpatients in acute care settings residing in:

- Psychiatry units
- Dementia/memory care units

Patients are EXCLUDED from this testing who:

- Have had a positive COVID-19 PCR test in the 90 days prior to admission
- Are symptomatic on admission or on Hospital Day 4 (should be treated as [COVID Suspect](#) until further testing and evaluation)

Testing and actions for eligible inpatients

1) COVID-19 PCR testing

- Hospital Day 1 (Day of admission to Psych/Dementia Unit)
 - Standard Admission COVID-19 PCR test by nasopharyngeal swab
 - Note: If patient is in ED or another facility/unit in hospital between first swab and admission to psych/dementia unit, patient should be retested on admission/transfer to psych/dementia unit and should not hold up transfer (if negative previously)
- Hospital Day 4: Repeat COVID-19 PCR test (nasal swab recommended)

2) COVID-19 Hospital Day 4 test results

- Negative test: no further action required
- Positive test:
 - Follow standard practice for isolation of new [COVID-19 Positive](#) patient
 - Work up any patients or staff meeting the definition of exposure and implement [COVID-19 Quarantine](#) as per routine practice
 - Notify local Infection Control for further guidance about additional actions including consideration of closure to admissions

Note: Repeat testing before procedures (including ECT) is not indicated within 72 hours of an admission or Hospital Day 4 test (i.e., not until Hospital Day 7)

Interventions to prevent transmission while COVID-19 Positive patients remain on inpatient psychiatry and dementia/memory care units

Note that not all interventions will be possible in all settings/situations but implementation of these strategies may help prevent significant transmission and unit closure.

- Masking
 - All patients should be encouraged to mask at all times except when eating or drinking
 - Masks required for participation in group therapy sessions
 - Decrease number of patients attending each session to permit physical distancing. This may require creation of additional sessions.
- Symptom screening
 - Perform symptom screens on all patients once per shift
 - Perform symptoms screens on all staff if cluster detected as directed by local Infection Control
- Cohorting
 - Isolate COVID-19 Positive patients together in the same room and, if possible, in the same section of the unit
 - Patients should stay in their rooms for the period of isolation, if at all possible
 - If patients are unable to isolate in their room, consider using a sitter, if available, or transfer to a Med/Surg unit
 - Place newly admitted COVID-19 Negative patients in rooms together, if available, prior to Day 4 test results
 - Place any exposed patients (COVID-19 PCR pending) together in rooms/section of unit, if possible
- Meals
 - Create several shifts for each meal in order to maintain physical distancing as much as possible, understanding that patients may not be able to comply
 - Optimally, COVID-19 Positive patients should either eat in their rooms or in the dining hall together at a separate time or location. Depending on the number of COVID-19 Positive patients on the unit, this may not be possible.
 - Avoid shared food during and between meals.
- Group therapy
 - COVID-19 Positive patients should not attend group sessions until after discontinuation of isolation
 - If sufficient numbers of COVID-19 Positive patients on the unit, a dedicated COVID-19 Positive session could be created with staff wearing respirators
- TV rooms
 - Optimally, COVID-19 Positive patients should either stay in their rooms and be given iPads or other devices, if available, or have a separate time together in the TV room
 - Consider setting maximum capacity for TV rooms and lounges in order to permit physical distancing
 - Create a separate lounge space for COVID-19 Positive patients, if space permits
 - Increased frequency of cleaning of high-touch surfaces in TV rooms is recommended

- Restrooms and shower rooms
 - Optimally, COVID Positive patients should have a dedicated restroom/shower in their rooms/section
 - Shared restrooms/shower rooms may be used by all patients
 - Preference for set hours for COVID-19 Positive patients to use the shower room as patients will be unmasked
 - Increase frequency of cleaning of restroom facilities is recommended
- Personal Protective Equipment (PPE)
 - Masks and eye protection required for all patient care per enhanced Standard Precautions
 - Gowns and gloves should be removed and hand hygiene performed between care of COVID-19 Positive patients
 - Respirators should be worn by regular unit staff/psychiatrists for all patient care/room entry on the unit or cohorted area, when a cluster is detected or a threshold is reached as determined by local Infection Control