



## BILH COVID-19 Repeat Surveillance Testing and Interventions to Prevent Transmission on Inpatient Psychiatry, Inpatient Dementia/Memory Care, and Residential Behavioral Health Units

**Purpose:** To outline routine repeat COVID-19 surveillance testing of asymptomatic patients in inpatient psychiatry, dementia/memory care and outpatient residential behavioral health units to reduce the risk of unit-based transmission leading to potential unit closure to new admissions.

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 these units and avoid unit closure.

**Background:** The communal nature of congregate settings may permit COVID-19 and other respiratory viruses 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. Repeated testing may help identify these cases acquired in the community and developing after admission.

### Patient population

Asymptomatic patients in acute care settings residing in:

- Inpatient psychiatry units
- Inpatient dementia/memory care units
- Residential behavioral health units

Patients are EXCLUDED from this testing who:

- Are asymptomatic and have a [Prior COVID-19 status](#)
- [COVID-19 Positive status](#) at the time of admission not yet meeting criteria for discontinuation of isolation precautions in hospitalized patients ([immune competent](#) or [immune compromised](#))
- 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 viral testing methods
  - Inpatients: COVID-19 PCR or COVID-19 home antigen test administered by staff at a Community Behavioral Health Center (collected on day of transfer)
  - Residential behavioral health patients: COVID-19 home antigen test administered by staff
- 2) COVID-19 viral testing timing
  - Hospital Day 1 (Day of admission to Psych/Dementia Unit or Residential Behavioral Unit)
    - COVID-19 testing as described above
      - 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)
    - Patients may be admitted directly from Community Behavioral Health Centers if the COVID-19 home antigen test administered by staff is negative and collected on day of transfer



- Patients will be symptom screened upon arrival to unit and if symptoms are present should be treated as [COVID Suspect](#) and would require PCR testing
  - Otherwise, PCR testing may be performed at the clinician's discretion
- Hospital Day 4: COVID-19 PCR test by nasal swab for inpatients
- 3) COVID-19 Hospital Day 4 viral 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

***Interventions to prevent transmission while COVID-19 Positive patients remain on inpatient psychiatry, dementia/memory care and outpatient behavioral health 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.*

- a. Masking
  - i. All patients should be encouraged to mask at all times except when eating or drinking
  - ii. Masks may be required for participation in group therapy sessions
  - iii. Decrease number of patients attending each session to permit physical distancing. This may require creation of additional sessions
- b. Symptom screening
  - i. Perform symptom screens on all patients once per shift
  - ii. Perform symptoms screens on all staff, if cluster detected as directed by local Infection Control
- c. Cohorting
  - i. Isolate COVID-19 Positive patients together in the same room and, if possible, in the same section of the unit
    - 1. Patients should stay in their rooms for the period of isolation, if at all possible
    - 2. If patients are unable to isolate in their room, consider using a sitter, if available, or transfer to a Med/Surg unit
  - ii. Place newly admitted COVID-19 Negative patients in rooms together, if available, prior to Day 4 test results
  - iii. Place any exposed patients (COVID-19 PCR pending) together in rooms/section of unit, if possible
- d. Meals
  - i. 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
  - ii. Optimally, COVID-19 Positive patients should either eat in their rooms or in the dining hall together at a separate time or another designated location. Depending on the number of COVID-19 Positive patients on the unit, this may not be possible
  - iii. Avoid shared food during and between meals

- e. Group therapy
  - i. COVID-19 Positive patients should not attend group sessions until after discontinuation of isolation
  - ii. If sufficient numbers of COVID-19 Positive patients on the unit, a dedicated COVID-19 Positive session could be created with staff wearing respirators
- f. TV rooms
  - i. 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
  - ii. Consider setting maximum capacity for TV rooms and lounges in order to permit physical distancing
  - iii. Create a separate lounge space for COVID-19 Positive patients, if space permits
  - iv. Increased frequency of cleaning of high-touch surfaces in TV rooms is recommended
- g. Restrooms and shower rooms
  - i. Optimally, COVID-19 Positive patients should have a dedicated restroom/shower in their rooms/section
  - ii. Shared restrooms/shower rooms may be used by all patients
  - iii. Preference for set hours for COVID-19 Positive patients to use the shower room as patients will be unmasked
  - iv. Increased frequency of cleaning of restroom facilities is recommended
- h. Personal Protective Equipment (PPE)
  - i. All PPE should be removed and hand hygiene performed between care of COVID-19 Positive patients
  - ii. 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