

## **Interim Guidance for Acute Care Mental and Behavioral Health Facilities: Accepting Patients with COVID-19 Infection**

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Georgia's acute care mental and behavioral health facilities provide critical inpatient treatment for individuals with psychiatric and substance use disorders. During the COVID-19 pandemic, mental and behavioral health facilities should be prepared to accept medically stable patients who have tested positive for COVID-19. A time-based strategy should be used when discontinuing isolation for patients with confirmed COVID-19; **a negative test is not needed once the criteria have been met, and these patients can be admitted without restrictions** (see Time-Based Criteria for Discontinuing Isolation for Patients with COVID-19 Infection below). DPH does not recommend using a test-based strategy upon completion of the 10-day period (i.e. requirement of negative COVID-19 test results) to discontinue isolation. Patients may continue to shed detectable viral particles beyond 10 days and, although no longer infectious, may remain in isolation unnecessarily using a test-based method.

This guidance provides information for mental and behavioral health facilities on admitting patients with COVID-19, implementing appropriate infection control precautions, and discontinuing isolation.

### **Mental and Behavioral Health Facilities Should be Prepared to Accept Medically Stable Patients on Transfer Regardless of COVID-19 Status**

Mental and behavioral health facilities should develop a COVID-19 isolation and quarantine plan and be prepared to admit and monitor patients with confirmed or suspected COVID-19 if they are medically stable. This not only ensures that these patients obtain necessary inpatient mental and behavioral health resources, but also frees up critical bed space in medical hospitals. A floor, unit, wing, or group of rooms at the end of a unit can be designated as an isolation area/room or a quarantine area/room.

### **Recommendations for Patients Admitted to Mental and Behavioral Health Facilities, According to COVID-19 Status**

Patients with recent confirmation of COVID-19 infection who have met the criteria for discontinuation of isolation:

- Can be admitted to these facilities without restrictions
- Do not need documentation of a negative COVID-19 test prior to admission
- Can participate in treatment without restrictions

Patients with confirmed COVID-19 infection who have not met the criteria for discontinuation of isolation:

- Should be admitted and placed in a COVID-19 isolation area/room
- Should be monitored for COVID-19 symptoms or worsening of symptoms
- Should be cared for by staff following appropriate infection control practices and using appropriate personal protective equipment (PPE) as described below

- Do not need documentation of a negative COVID-19 test for discontinuation of isolation **once criteria are met.**

Given the ongoing transmission of COVID-19 throughout Georgia, patients with unknown COVID-19 status who are admitted from the community:

- Should be considered potentially at risk for COVID-19 infection and tested upon admission
- Should be placed in a designated quarantine area/room until test results are obtained
- Should be encouraged to wear face coverings or facemasks at all times and practice social distancing when interacting with others, even if the COVID-19 test is negative

A patient may be admitted without restrictions if the following criteria are met:

- Patient has fully recovered from COVID-19 and completed the isolation period AND is within 3 months of COVID-19 onset (either first positive test or symptom onset, whichever occurred first) AND is asymptomatic  
OR
- Is fully vaccinated (i.e.,  $\geq 2$  weeks following receipt of second dose in a 2-dose series or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine) AND has not had prolonged contact (within 6 feet for a cumulative total of  $\geq 15$  minutes over a 24-hour period) with someone with SARS-CoV-2 infection in the past 14 days.

### **Recommended Infection Control Practices When Caring for Patients with Suspected or Confirmed COVID-19**

Staff should follow standard, contact, and droplet precautions when caring for patients with COVID-19.

- Appropriate PPE include gown, gloves, respirator (N95) or facemask (surgical grade), and eye protection (i.e., goggles, safety glasses, or face shield). Facilities should contact their local health department for assistance in submitting a PPE request if PPE is limited.
- If the facility has sufficient supply of N95 respirators and staff have been previously fit tested, the N95 respirators should be worn for all direct care activities with confirmed and suspected COVID-19 patients. N95 respirators should be fit-checked to assess for air leaks each time they are donned. If N95s are not available, surgical grade facemasks may be worn except for when splashes or sprays are anticipated.
- Additional information about COVID-19 infection control precautions can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

### **Time-Based Criteria for Discontinuing Isolation for Patients with COVID-19 Infection**

The criteria for discontinuation of isolation for COVID-19 positive patients are time-based. Isolation should begin upon onset of symptoms, or if asymptomatic, upon date of the positive laboratory test. If a patient with a recent positive COVID-19 test has met criteria for discontinuation of isolation before admission to the mental and behavioral health facilities, no further restrictions are needed.

Patients with a recent positive COVID-19 test with mild to moderate illness who are not severely immunocompromised should remain in isolation until:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Patients with asymptomatic COVID-19 infection who are not severely immunocompromised should remain in isolation until at least 10 days have passed since the date of their first positive COVID-19 test.

Patients with severe COVID-19 illness or severe immunocompromise may require up to 20 days of isolation, and an infectious disease expert should be consulted. Additional information about COVID-19 and severe illness and immunocompromising conditions can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

### **Test-Based Strategy for Early Discontinuation of Isolation**

A test-based strategy to discontinue isolation before the standard 10-day period has passed may be considered for some patients who require urgent intensive in-person psychiatric and/or behavioral health treatment. Although generally not recommended, a test-based strategy may be used for discontinuing isolation earlier than the time-based strategy. However, as stated previously, some individuals will shed detectable viral particles for a prolonged period of time, limiting the utility of this approach. If a patient continues to test positive, isolation may be discontinued as long as time-based criteria are met.

Patients who test positive for COVID-19 and remain asymptomatic can discontinue isolation when the following criteria have been met:

- Negative results from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart tested using an FDA-authorized RT-PCR for detection of SARS-CoV-2 RNA.

Patients who test positive for COVID-19 and are symptomatic can discontinue isolation when the following criteria have been met:

- Resolution of fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Negative results from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart tested using an FDA-authorized RT-PCR for detection of SARS-CoV-2 RNA.

### **Recommendations for Mental and Behavioral Health Facility Staff**

- All staff in mental and behavioral health facilities should wear face coverings at all times. Cloth masks have not been approved for use as PPE. Additional information about PPE optimization strategies: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Facility staff that are ill should stay home and notify their supervisor, especially if symptoms are consistent with COVID-19. If symptoms develop at work, staff should immediately go home to isolate.

- Facilities should implement sick leave policies that are non-punitive, flexible, and consistent with the goal of allowing ill staff to stay home.
- Facilities should ensure that staff affirm absence of COVID-19 symptoms (sore throat, cough, fever) upon arrival for each shift.

### **Recommendations for Limiting Access to Visitors**

- Offer alternative methods of visitation (Skype, Face Time, etc.), if available.
- Actively assess all people entering the facility for a fever and respiratory symptoms.
- Do not allow ill people to enter the facility.
- Additional information about operating healthcare facilities during the COVID-19 pandemic can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html>

### **Additional Links**

- DPH COVID-19 Guidance for Healthcare Professionals: <https://dph.georgia.gov/covid-19-guidance-healthcare-professionals>
- CDC Information for Healthcare Professionals about COVID-19 [https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronaviruses%2F2019-ncov%2Fhealthcare-facilities%2Findex.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronaviruses%2F2019-ncov%2Fhealthcare-facilities%2Findex.html)
- Preparedness Tools for Healthcare Professionals and Facilities Responding to Coronavirus (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html>