

COVID-19: Operational Information for 2NW Inpatient Psychiatry Unit

Site Applicability

- St. Paul's Hospital – Acute Mental Health 2NW

Practice Level

- RN, RPN
- Physician

Need to Know

- With the COVID-19 pandemic, appropriate measures are needed to support people experiencing psychiatric and comorbid issues.
- This protocol is intended to support decision making around when and how to open a designated COVID-19 inpatient care space for patients with acute psychiatric illness and COVID-19
- 2NW will be the most westerly set of doors will be labeled with a COVID red zone circle, while the main entrance of 2N will remain labeled as a green zone (See: [Appendix A](#))
- Once 2N west wing is decanted and equipment is obtained, the care team is established, the doors on 2NW are closed and the unit is ready to receive transfers.
- All patients with suspected or confirmed COVID-19 or Influenza-Like illness must be cared for using [Droplet and Contact Precautions](#) and appropriate use of PPE. See [PPE: Sequence for Donning and Doffing](#).
- Early involvement of Addictions Medicine for patients experiencing comorbid issues to assist where appropriate is recommended.

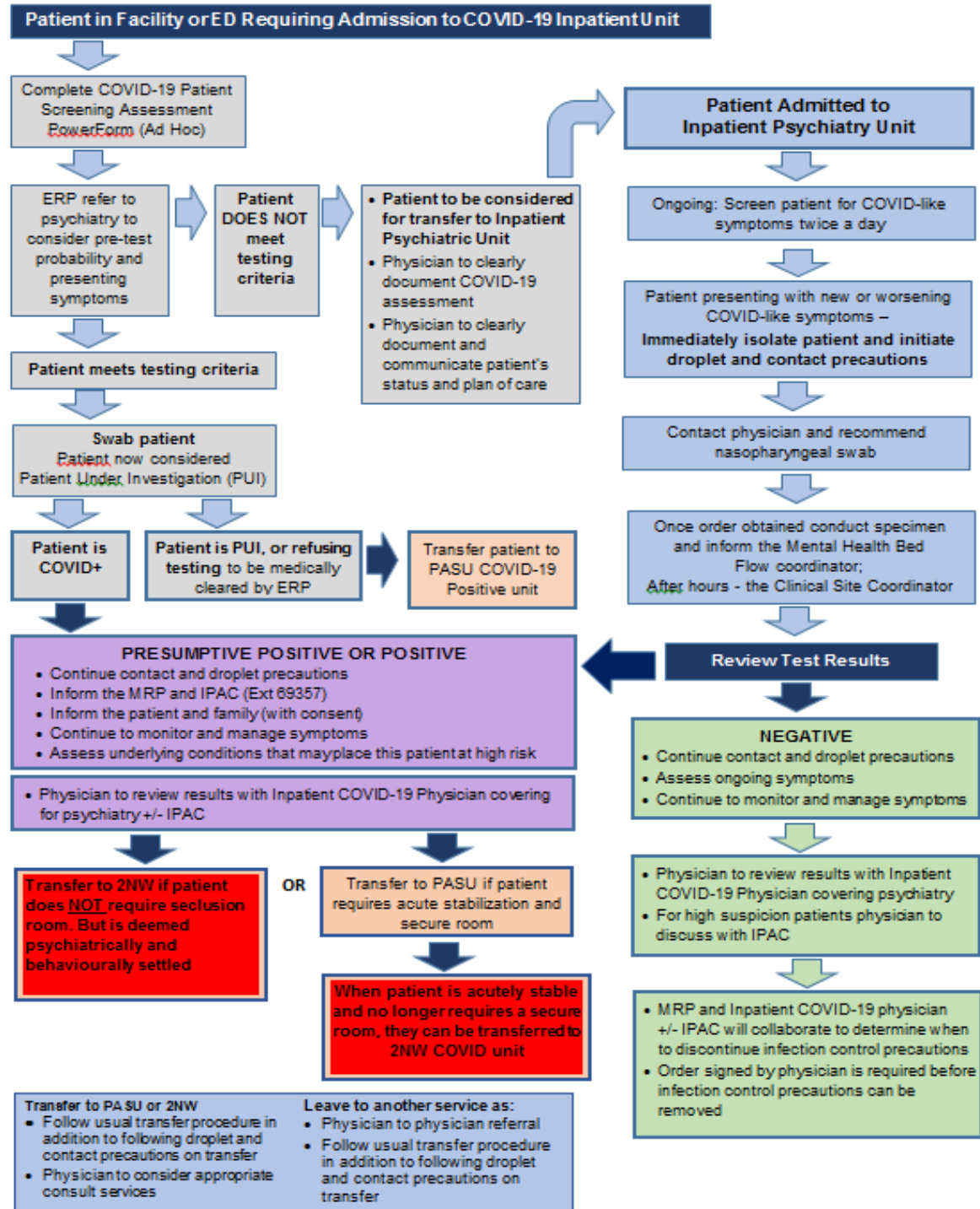
Definitions of Zones by Patient's COVID status:

- **Green:** COVID Negative or assessed as low risk for COVID with no symptoms
 - Admit to any room as per standard process
- **Yellow:** Patients Under Investigation
 - Admit to a single room under droplet and contact precautions pending test results
 - If COVID test is positive, move to a red space or maintain existing precautions in current space
 - If COVID test is negative, with low suspicion pretest, transfer to green space
 - See: [COVID-19 Patient Assessment and Interdisciplinary Workflow for Acute Psychiatry](#) (Patient Admitted to Inpatient Psychiatry)
- **Red:** COVID positive
 - Admit to a COVID designated ward or room under droplet and contact precautions
 - 2 Red Zones
 - PASU Red Zone secure room
 - 2NW Red zone

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- Confirmed COVID positive patients can be cohorted together
- See: [Appendix A](#) (Colour Coded Patient Zone Labels)

Protocol



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Decision to Transfer

A request for transfer may occur from any mental health unit within 1) Providence Health Care (PHC) or 2) Vancouver Coastal Health (VCH)'s regional mental health program. The decision to transfer a COVID positive patient to 2NW can be approved by the Mental Health bed flow coordinator, the SPH Clinical Coordinator (CC), Patient Care Manager (PCM) and/or Program Director of the mental health program (MHP).

A: Criteria for Transfers into 2NW

- COVID Positive
- Medically cleared (as per Medical Clearance in Cerner or Medical Clearance Form)
- Assessed to be appropriate for admission to psychiatric inpatient units. Patient to be provided with PRN sedation if appropriate/necessary for transfer
- Does not require oxygen administration and/or oral airway suctioning
- Heart rate less than 100 beats per minute and respiration rate less than 20 respirations per minute, or MD considers the patient's physical condition is stable for transfer
- Does not require IV antibiotics or hydration

Regional Transfers

Regional or inter-hospital transfers are arranged with the Patient Transfer Network (PTN). Please see [Transfer of Psychiatric Patients with COVID-19 Positive Test result to Identified COVID-19 Psychiatric Units](#) for additional details.

B: COVID-19 Inpatient Transfer to MH inpatient COVID-19 unit

COVID-19 symptoms can develop at any point during an admission.

- If patient presents with new or worsening COVID like symptoms, immediately isolate patient and initiate droplet and contact precautions.
- Contact physician and recommend nasopharyngeal swab.
- See: [COVID-19 Patient Assessment and Disciplinary Workflow for Acute Psychiatry](#)
 - Red zone staff do not leave 2NW
 - Green zone staff would meet the patient and staff at the red zone door, wearing appropriate PPE and physically transfer the patient to the receiving unit

C: COVID-19 Inpatient Transfer due to medical instability

A patient whose COVID-19 symptoms are worsening or becoming unstable should be assessed for transfer to another service:

- Transfer process should align with the standard operating procedure: [Transfer from Inpatient Psychiatry to Medical/Surgical Service: St. Paul's hospital](#)
- Nursing to follow usual transfer procedure in addition to following droplet and contact precautions on transfer, however the
 - Red zone staff do not leave 2NW
 - Green zone staff would meet the patient and staff at the red zone door, wearing appropriate PPE and physically transfer the patient to the receiving unit

Opening the COVID Positive Unit – 2NW

Opening a dedicated COVID positive space on 2N requires a coordinated approach of the interdisciplinary team, mental health leadership group and the VCH regional group.

- **The 8 patient beds on the west wing of 2N are decanted**

- Consider transfers to inpatient beds within SPH
- Consider regional transfers
- Consider discharges to community
- Consider opening 8C surge space

- **Designated equipment is identified for 2NW:**

- Workstation on wheels
- Dinamap (blood pressure machine)
- Thermometer
- Medication cart
- Omnicell
- Pharmaceutical Waste Container

Donning and doffing stations are established:

- See figure 1 below of where donning and doffing stations should be established
- Inform stores and linen of the transition to COVID-19 Unit and the need for increased supplies

Support services:

- Ensure the dietary office is aware of the plan to admit a COVID-19 positive patient to send meals in disposable trays/containers
- Ensure housekeeping, linen services and stores are aware

Staffing and Physician coverage

- CNL to operationalize nursing staff complement. 2N Physician Lead to operationalize physician staff complement.

COVID-19 Physician (*infectious disease physician on-call*)

- Allied health (social work, OT, dietitian) will be available via consultation – prioritizing virtual care where possible.

2N Floor Plan

- Space distribution changes while COVID positive space in use

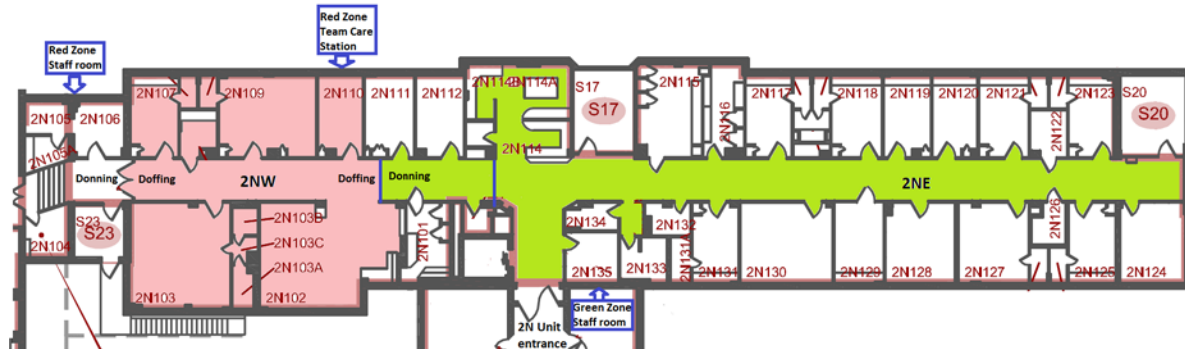


Figure 1 - 2N Floor Plan

Workflows on 2NW

'The Runner' (Nurse)

- A runner is an established staff member who ensures the red zone staff are stocked with required equipment and supplies and removes dirty or unneeded equipment while maintaining infection prevention and control measures
- This person communicates regularly with the red zone staff, gathers required equipment or supplies and delivers them to the red zone
- Will carry a portable phone.

Medication processes

- There will be a dedicated Omnicell in the Red zone on 2NW – this Omnicell will house all narcotic and controlled substances that are needed to care for the patients. If a narcotic and controlled substance is required for a patient that isn't located within the Red zone Omnicell, pharmacy will make it patient specific, bring it up to the unit and place it in the Omnicell.
- The dedicated Red Zone Omnicell will also store other routinely used ward stock medication.
- Any ward stock medication (non-narcotic or controlled substance that is unit dosed and doesn't require any pouring from a multi-unit dose container) that is not located within the red zone Omnicell, but is stocked in the 2N green zone Omnicell can be accessed under the patient name by a **Nurse Runner** from the 2N green zone and brought to the red zone nurse for administration.
- A medication cart will have a dedicated drawer for each patient on the red zone on 2NW. Each drawer will contain the patient's AUD strip and any patient specific medications that are not narcotic or controlled substances.
- Nurses will use a WOW to access the patient's medication administration record (MAR) when removing any medications from the Omnicell.
- Any medication** that leaves the medication room must be wasted in a pharmaceutical waste bin located within the medication room.

- Only medication that has not left the 2NW medication room can be returned to pharmacy. The pharmacy returns bin is located on the bottom drawer of the medication cart.

Use of the 2N secure room

- Use of the 2N secure room is in alignment with program protocol: [Secure Room: Care of the Patient](#)
- It should be clearly articulated at all times between both red and green zone teams whether the 2N secure room is in use
- When the secure room is in use it should be labeled with a 'red' or 'green' zone label based on the patient's COVID-19 status (see [Appendix A](#))
- A terminal COVID clean must be conducted by housekeeping if a COVID-19 positive patient is removed from the secure room

Code White Emergency Response:

- Code white events in the red zone are in alignment with the organizational policy: [Code White Emergency Response](#), however team members are to maintain contact and droplet precautions
- 2NE nursing support and security need to be donning required PPE (droplet and contact precautions)

Patient Laundry

- The 2N laundry room becomes dedicated to the red zone
- The 2NE team liaise with 4NW to use their laundry machine for patient clothing as required

Patient Belongings

- Patient's belongings will be stored on the unit. Clothing will be placed in lockers and locked in the patient's room.
- Personal items (cellphone, cigarettes, wallet & money) will be stored appropriately on the unit.

Communication Mechanisms

- A portable phone will be available on 2NW for communication with 2NE and elsewhere.

Patient Care**COVID-19 Assessments and Care**

All patients with confirmed COVID-19 or Influenza-Like illness must be cared for using [Droplet and Contact precautions](#) and appropriate use of PPE.

- The MRP and inpatient **COVID-19 Physician (*infectious disease physician on-call*)**, +/- IPAC will collaborate to determine when infection control precautions can be discontinued.
- An order signed by a physician is required before infection control precautions can be discontinued and the patient is discharged from the red zone.

Discontinuing 2NW as a COVID Red Zone

- Once all COVID positive patients are discharged from 2NW the unit can resume normal operations and census
- Inform housekeeping of the need for a terminal COVID clean of the patient rooms and common areas on 2NW
 - Housekeeping has protocols in place for cleaning of all zones- in general cleaning is done from cleanest to dirtiest (when this is not possible processes for moving within zones is in place).
- Once this is completed the doors separating the unit can be reopened
- Communicate with the mental health bed flow coordinator and/or the SPH Clinical Coordinator the unit is ready to receive green transfers

COVID-19 Discharges: SPH Acute Psychiatry

(See [Appendix B](#)) - Discharge Checklist for COVID-19 Patients (SPH ACUTE PSYCHIATRY)

Documentation

Document assessments and interventions, in the patient health record:

- For specific and up to date COVID-19 assessment and documentation standards, refer to the [COVID-19 Symptom Assessment Screening](#) protocol
- In the "COVID Symptoms Assessment" DTA of the Vital Signs section of the iVIEW within Cerner, AND;
- In *Interdisciplinary Notes* - when seeking to communicate further clinical details with the interdisciplinary team
- Document any actions or interventions undertaken with a symptomatic patient

VITAL SIGNS	
COVID-19 Symptoms Assessment	COVID-19 Symptoms Assessment
Temperature Axillary	DegC <input type="checkbox"/> None
Temperature Oral	DegC <input type="checkbox"/> Fever
Apical Heart Rate	bpm <input type="checkbox"/> Cough
Peripheral Pulse Rate	bpm <input type="checkbox"/> Shortness of breath or chest heaviness
Heart Rate Monitored	bpm <input type="checkbox"/> Body aches or muscle pain
SBP/DBP Cuff	mmHg <input type="checkbox"/> Headache
Cuff Location	<input type="checkbox"/> Runny nose
Mean Arterial Pressure, Cuff	mmHg <input type="checkbox"/> Sore throat
Mean Arterial Pressure, Manual	mmHg <input type="checkbox"/> Fatigue/malaise
Blood Pressure Method	<input type="checkbox"/> Loss of appetite
Central Venous Pressure	mmHg <input type="checkbox"/> Nausea/vomiting
SBP/DBP Supine	mmHg <input type="checkbox"/> Diarrhea
Pulse Supine	bpm <input type="checkbox"/> Abdominal pain
SBP/DBP Sitting	mmHg <input type="checkbox"/> Loss of smell

Patient and Family Education

- Instruct patient in appropriate respiratory etiquette and hand hygiene

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- Explain why you are monitoring symptoms
- While the patient remains admitted to a red zone they are not able to receive any visitors. Virtual visit options with family should be made available
- Explain precautions to patient/family as necessary and provide the *Important Information on COVID-19/Coronavirus Patient and Family Brochure* ([Appendix C](#))

Related Documents

1. [B-00-07-10086](#) – Cannabis for Withdrawal Management – COVID-19
2. [B-00-07-10085](#) – Cardiac Arrest (Code Blue) Patients with COVID-19 like Illness or Confirmed Case of COVID-19
3. [COVID-19 Expanded Testing Guidelines](#)
4. [B-00-07-13078](#) – COVID Positive Patients Leaving Hospital without Medical Clearance and Discharge
5. [B-00-13-10225](#) – COVID-19 Symptom Assessment Screening
6. [B-00-07-13079](#) – Droplet and Contact Precautions – Infection Control
7. [B-00-10-10003](#) – Influenza Like Illness: (COVID-19) Confirmed or Suspected – Inpatient Care
8. [B-00-13-13001](#) – Influenza Like Illness: Outbreak Management
9. [B-00-07-13017](#) – Influenza Like Illness (ILI) – Specimen Collection; Nasopharyngeal Swabs (NPS)
10. Infection Prevention and Control – [Sequence for Donning Personal Protective Equipment \(PPE\)](#)
11. [B-00-13-10186](#) – Physical Assessment of Patients (Acute Medicine)
12. [How to Perform a Nasopharyngeal Swab](#) - Video
13. [B-00-07-13053](#) – Pandemic Influenza
14. [B-00-16-10041](#) – Transport Home of Patients Who are COVID-19 Positive SPH
15. [B-00-13-10059](#) – Unsettled/Challenging Behaviours: Least Restraint Approach
16. [B-00-13-10227](#) – COVID-19 Patient Assessment and Interdisciplinary Workflow for Acute Psychiatry
17. [BD-00-16-40090](#) – Transfer of Psychiatric Patients with COVID-19 Positive Results to Identified COVID-19 Psychiatric Units

Developed by:

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Infection Prevention and Control

Persons/Groups Consulted

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Lead Psychiatrist 2N

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Psychiatrists

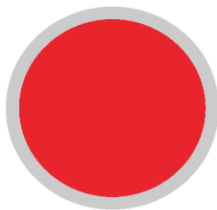
Nurse Educator, Mental Health

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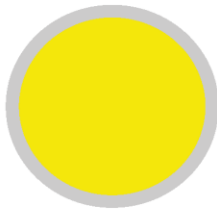
Appendix A: Colour Coded Patient COVID Zone Labels

COLOUR CODED PATIENT ZONES

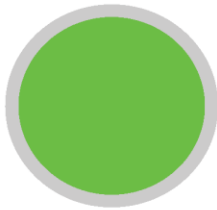
As areas across the hospital experience higher volumes of known or suspected COVID we will be adopting a process of colour coded zones across patient care areas to easily communicate the level of PPE required, discourage unnecessary access by all staff and alert staff to the known presence of COVID.

**RED**

Known COVID – LIMITED ACCESS – CONTACT and DROPLET precautions as per routine practices, PPE and *exceptional* hand hygiene.

**YELLOW**

Potential COVID – extraordinary precautions – CONTACT and DROPLET precautions as per routine practices, PPE and *exceptional* hand hygiene.

**GREEN**

No known COVID – extraordinary precautions (Mask/Face shield) and *exceptional* hand hygiene.

www.providencehealthcare.org

Printable Zone labels can be found at:

<http://covid19.providencehealthcare.org/resources/posters/colour-coded-patient-zones>

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Appendix B: Discharge Checklist for COVID-19 Patients (SPH ACUTE PSYCHIATRY)

Discharge Destination/Transport		
	Identify discharge location Contact Tyler (DTES public health nurse) at 604-675-3914 for patients with no fixed address	SW
	Verify residence is accessible and available	SW
	Notify patient and family/support person of discharge date, time and location. Request family send only one person for pick up (if required).	SW
	Confirm patient contact details and alternative contact	SW
	Arrange for transportation home if patient does not have a ride in a private vehicle	SW
ADLs/iADLs		
	Confirm patient is able to manage ADL/iADLs independently or with supports at home	OT
	Confirm patient has supports to receive 1-2 weeks of food and supplies while undergoing isolation	OT
	Support patient to make arrangements for meals prior to return home (e.g., support person to purchase and deliver to patient's home or discharge location)	OT
Community Notification & Follow-Up		
	Confirm Public Health Medical officer informed of discharge <ul style="list-style-type: none"> Email patient name, contact number, PHN, and date of symptom onset or date of exposure to MHOandCDNurseOnCall@vch.ca 	CNL
	Confirm PSS will follow-up in 24 hours – Diana (team lead) 604-690-0581	CNL
	Refer to COVID Assessment team if patient is homeless/precariouly house and needs help self-isolating (604)290-3208	CNL
	Refer to COVID Outreach team if patient requires outreach nursing care – (604)290-3208	CNL
	Refer to appropriate indigenous health services, if needed	CNL
	Refer to STOP team if patient requires HIV Outreach support	
	Refer to COVID Respiriology clinic, if needed	Internal Medicine
	Communicate discharge to primary care provider and coordinate follow-up visit	CNL
	Communicate discharge to Mental Health Team and coordinate follow-up visit	CNL
Discharge Medications & Supplies		
	Fax prescription for 14 day supply of medications to patient pharmacy and arrange for home delivery If pharmacy unable to deliver, contact patient's support person(s) to arrange pick up/drop-off Confirm with pharmacy they are able to fill prescription in time for patient's discharge	Pharmacist
	Provide patient with 4 surgical masks for home use during isolation, as per CDC recommendations	RN or RPN
	Arrange for other necessary medical support/equipment (as needed) and arrange delivery. Liaise with PSS OT (as needed)	OT
Discharge Instructions & Handouts		
	Review and provide the COVID Home Activity Guide that includes the BC CDC COVID-19 Patient Handouts: <ul style="list-style-type: none"> Guide to self-isolation Guide for Caregivers & Household Members of those with COVID-19 Hand Hygiene How to Wear a Face Mask 	RN/RPN
	Provide patient with written discharge follow-up instructions (e.g., my discharge plan, public health follow-up, When I Leave Hospital form)	SW
	Contact the patient's support person(s) and review discharge plan by phone	SW

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Appendix C: Important Information on COVID-19/Coronavirus Patient and Family Brochure

Printable PDF can be located on the PHC COVID-19 Website: <http://covid19.providencehealthcare.org> under *Materials for Patients*

COVID-19 is a serious infection. Some people don't even know they're infected, while others can get really sick with pneumonia.

Take care of others by taking care of yourself

Sometimes called coronavirus, COVID-19 is spread by droplets when a person coughs or sneezes. If you are in close contact with someone who is infected, the virus can enter your body when you touch your eyes, nose or mouth.

The best way to protect yourself from COVID-19 is to self-isolate and stay at least two meters (six feet) away from others.

It is also important to...

- Wash your hands or use alcohol-based hand sanitizer frequently.
- Don't touch your face.
- Do not gather in groups.
- Stay in your hospital room.
- Stay out of kitchen areas.
- Ask staff to bring you food or drinks.

If you think you are experiencing symptoms of COVID-19 you can try this quick, online self-assessment tool:

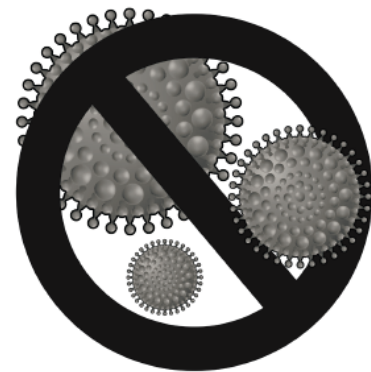
www.bc.thrive.health/

Get the latest facts from the BC Centre for Disease Control:

www.bccdc.ca


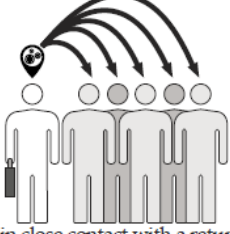


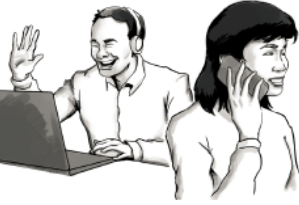






IMPORTANT INFORMATION on COVID-19/CORONAVIRUS



What is it? What are the symptoms?
How can I protect myself?



You might have COVID-19 if you have...	As a patient you can...	You can help stop the spread by...
 <ul style="list-style-type: none"> • A fever, cough, sore throat, shortness of breath, chest pain.  <ul style="list-style-type: none"> • Been in close contact with a returning traveller or someone known to have COVID-19.  <ul style="list-style-type: none"> • Shared food, drinks or utensils with others, especially if they were coughing or sneezing. <p>Let a nurse know if you have any of these symptoms.</p>	<p>As a patient you can...</p>  <ul style="list-style-type: none"> • Stay in your hospital room.  <ul style="list-style-type: none"> • Visit with friends/family on the phone or by FaceTime/Skype/WhatsApp etc.  <ul style="list-style-type: none"> • Ask staff for nicotine replacement or substance use therapies to help deal with cravings. 	<p>You can help stop the spread by...</p> <ul style="list-style-type: none"> • Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer.  • Do NOT touch your face, eyes, nose or mouth.  • Sneeze or cough into your elbow or into a tissue that you throw in the garbage right away.  • Do NOT share food, drinks, utensils, etc. 