

COVID-19 Patient Assessment and Interdisciplinary Workflow for Acute Psychiatry

Site Applicability

- St. Paul's Hospital – Acute Mental Health (2N, 8C, 9A, PASU) and Tertiary Eating Disorders unit (4NW)

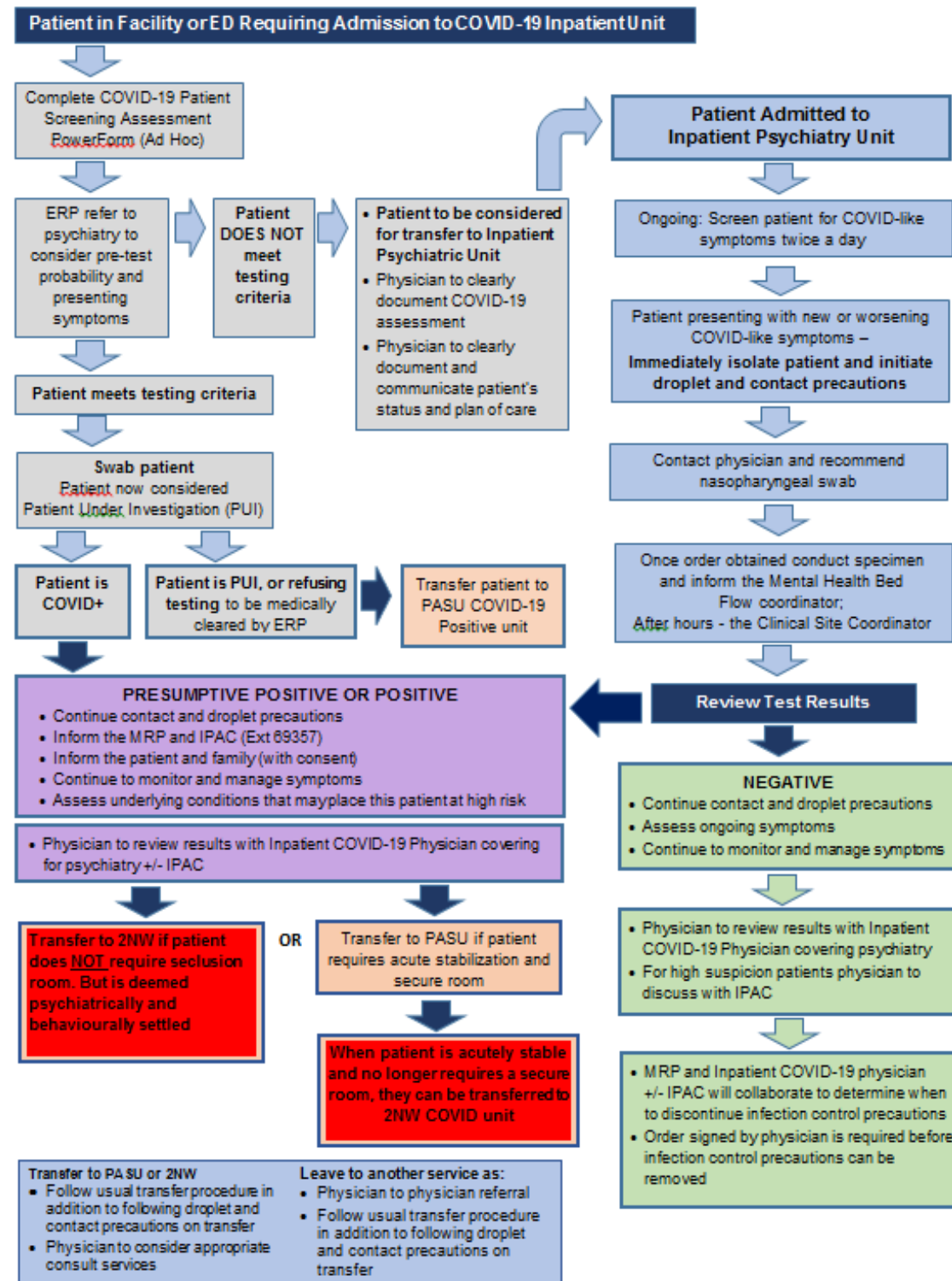
Practice Level

- RN, RPN
- Physicians

Need to Know

- With the COVID-19 pandemic, appropriate measures are needed to support people experiencing psychiatric and comorbid issues.
- Screening is intended to increase the likelihood of early detection of symptoms and to ensure patients are placed on droplet/contact precautions as soon as possible to prevent transmission of the disease.
- 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 Donning and Doffing](#).
- Early involvement of Addictions Medicine for patients experiencing comorbid issues to assist where appropriate is recommended.
- As of December 14th, 2020, the west wing of 2 North (also known as 2NW) is the designated COVID unit for acute psychiatry

Protocol



This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Care of Acute Psychiatric Patients during the COVID-19 Pandemic

This section provides an overview of COVID-19 screening, testing criteria, and care of patients in four clinical situations:

- 1) Patient in the Emergency Department requiring an admission to Psychiatry
- 2) Patient under investigation (PUI) admitted to PASU
- 3) COVID Positive patient admitted to 2NW
- 4) COVID Positive patient needing secure room on PASU
- 5) Patient admitted to inpatient psychiatry

COVID-19 Screening

Upon admission to PASU or inpatient unit ensure the *COVID-19 Patient Screening Assessment* PowerForm (Ad Hoc) in Cerner is complete. If the screening tool had not been completed in ED it is to be completed on transfer.

Patient Screening	Patient Screening																					
Patient Testing	Previous Test for COVID-19																					
Physician Screen	<input type="radio"/> Yes <input type="radio"/> No																					
Final Surgical Assessment																						
	COVID-19 Symptoms Assessment New onset of symptoms within the last 14 days																					
	<table border="1"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Runny nose/nasal congestion</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Loss of sense of smell</td> <td><input type="checkbox"/> Muscle aches</td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Sore throat/painful swallowing</td> <td><input type="checkbox"/> Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Shortness of breath</td> <td><input type="checkbox"/> Loss of appetite</td> <td><input type="checkbox"/> Chills</td> </tr> <tr> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Nausea/vomiting</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Runny nose/nasal congestion	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fever	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Muscle aches	<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat/painful swallowing	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Chills	<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea/vomiting							
<input type="checkbox"/> None	<input type="checkbox"/> Runny nose/nasal congestion	<input type="checkbox"/> Diarrhea																				
<input type="checkbox"/> Fever	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Muscle aches																				
<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat/painful swallowing	<input type="checkbox"/> Fatigue																				
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Chills																				
<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea/vomiting																					
	In the last 14 days:																					
	Been in Close Contact with Anyone Diagnosed with Lab Confirmed COVID-19 <input type="radio"/> Yes <input type="radio"/> No																					
	Live or Work in a Setting That is Part of a COVID-19 Outbreak <input type="radio"/> Yes <input type="radio"/> No																					
	Currently Advised to Self-isolate or Quarantine at Home by Public Health <input type="radio"/> Yes <input type="radio"/> No																					
	Have You or a Household Member Travelled Outside of Canada Within the Past 14 days?																					
	<input type="radio"/> Yes, patient <input type="radio"/> Yes, household member <input type="radio"/> Yes, patient and household member <input type="radio"/> No <input type="radio"/> Unable to obtain																					
	Recent Travel Return Date <input type="text" value="dd-mm-yyyy"/>																					
	Recent Travel Location																					
	<table border="1"> <tr> <td><input type="checkbox"/> Africa</td> <td><input type="checkbox"/> Caribbean</td> <td><input type="checkbox"/> Russia</td> </tr> <tr> <td><input type="checkbox"/> Africa-Central</td> <td><input type="checkbox"/> Central America</td> <td><input type="checkbox"/> South America</td> </tr> <tr> <td><input type="checkbox"/> Africa-East</td> <td><input type="checkbox"/> China</td> <td><input type="checkbox"/> United States</td> </tr> <tr> <td><input type="checkbox"/> Africa-South</td> <td><input type="checkbox"/> Eastern Europe</td> <td><input type="checkbox"/> Western Europe</td> </tr> <tr> <td><input type="checkbox"/> Africa-West</td> <td><input type="checkbox"/> India</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Asia</td> <td><input type="checkbox"/> Mexico</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Australia/New Zealand</td> <td><input type="checkbox"/> Middle East</td> <td></td> </tr> </table>	<input type="checkbox"/> Africa	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Russia	<input type="checkbox"/> Africa-Central	<input type="checkbox"/> Central America	<input type="checkbox"/> South America	<input type="checkbox"/> Africa-East	<input type="checkbox"/> China	<input type="checkbox"/> United States	<input type="checkbox"/> Africa-South	<input type="checkbox"/> Eastern Europe	<input type="checkbox"/> Western Europe	<input type="checkbox"/> Africa-West	<input type="checkbox"/> India	<input type="checkbox"/> Other:	<input type="checkbox"/> Asia	<input type="checkbox"/> Mexico		<input type="checkbox"/> Australia/New Zealand	<input type="checkbox"/> Middle East	
<input type="checkbox"/> Africa	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Russia																				
<input type="checkbox"/> Africa-Central	<input type="checkbox"/> Central America	<input type="checkbox"/> South America																				
<input type="checkbox"/> Africa-East	<input type="checkbox"/> China	<input type="checkbox"/> United States																				
<input type="checkbox"/> Africa-South	<input type="checkbox"/> Eastern Europe	<input type="checkbox"/> Western Europe																				
<input type="checkbox"/> Africa-West	<input type="checkbox"/> India	<input type="checkbox"/> Other:																				
<input type="checkbox"/> Asia	<input type="checkbox"/> Mexico																					
<input type="checkbox"/> Australia/New Zealand	<input type="checkbox"/> Middle East																					

COVID-19 Testing Criteria

For up to date COVID-19 testing criteria, please refer to the following link:

<http://covid19.providencehealthcare.org/guidelines/testing-and-laboratory>

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Patient in Emergency Department Requiring Admission to Psychiatry

- Patient who is a Person Under Investigation (PUI) is transferred to PASU
- Patient who does not meet testing criteria OR has been cleared by the COVID-19 physician (Infectious disease physician on-call) covering psychiatry can be transferred to an inpatient psychiatric unit
- Refer to algorithm above for further details

Patient Under Investigation (PUI) Admitted to PASU

In the context of COVID-19, PASU serves medically stable patients who are under COVID investigation (PUI) or who have refused testing and require acute psychiatric stabilization. This section supports interdisciplinary team collaboration for isolating, testing, assessing, informing and transferring psychiatric PUI patients admitted to PASU.

<p>1</p> <p>ISOLATE</p>	<ul style="list-style-type: none"> • Place patient in private room AND assign patient their own washroom – discuss with CNL if private room is not available • Implement Droplet and Contact Precautions • Follow PPE protocols as directed by IPAC Personal Protective Equipment (PPE): gown, gloves, procedure mask and eye protection (visor, face shield, or goggles) • Provide patient education to remain in room and promote social distancing • Perform hand hygiene before, during, and after patient care • Clean and disinfect surfaces touched by patient with disinfectant wipes (Caviwipes) • Provide Patient meals in room
<p>2</p> <p>TEST</p>	<ul style="list-style-type: none"> • If PUI swab remains incomplete, <i>OR</i>; • As determined by the inpatient COVID-19 physician (Infectious disease physician on-call) covering psychiatry, if <i>pre-test probability is moderate or high</i> and <i>negative COVID</i>, second swab to be completed in 24 to 48 hours while continuing to treat the patient as a PUI <p>Physician:</p> <ul style="list-style-type: none"> • Order COVID-19 NAT Nasopharyngeal (NP) swab, and influenza AB, and add in comments 'COVID 19' • Also consider CBC/diff, lytes, liver enzymes +/- CXR, and Tylenol PRN <p>Nursing:</p> <ul style="list-style-type: none"> • Once order is obtained, collect NP swab specimen as per Influenza-Like Illness Specimen Collection Guideline: Nasopharyngeal Swabs (NPS)
<p>3</p> <p>ASSESS</p>	<p>Nursing to assess and document for COVID-like symptoms, however mild, <i>twice daily</i>:</p> <ul style="list-style-type: none"> • Fever, cough, shortness of breath or chest heaviness, body aches or muscle pain, headache, runny nose, sore throat, fatigue/malaise, loss of appetite, nausea/vomiting, diarrhea, abdominal pain, loss of smell <p><i>Note:</i></p> <ul style="list-style-type: none"> • Covid-19 symptoms are to be assessed in addition to routine assessments; increased attention should be paid to MEWS scoring • Be observant for new or worsening symptoms

<p>4</p> <p>INFORM/ DISPOSITION</p>	<p>Presentation A <i>COVID Negative - Second Swab Not Required</i></p> <p>Inpatient COVID-19 physician to discontinue precautions and clear for transfer</p>	<p>Presentation B <i>COVID Negative - Awaiting 2nd Swab Results</i></p> <p>Discuss with inpatient COVID-19 physician (Infectious disease physician on-call) after the second swab is resulted</p>	<p>Presentation C† <i>COVID Positive with Ongoing Symptoms</i></p> <p>Review symptoms and test results with inpatient COVID-19 physician (Infectious disease physician on call)</p>	<p>Presentation D <i>COVID Positive with Worsening symptoms</i></p> <p>Consider consultation with critical care if patient hypoxic or deterioration deemed likely</p>
<p>5</p> <p>TRANSFER to 2NW or remain on PASU</p>	<p>Presentation A <i>COVID Negative - Second Swab Not Required</i></p> <p>Transfer to inpatient unit:</p> <ul style="list-style-type: none"> Physician to enter order to discontinue precautions Follow usual transfer process and procedure 	<p>Presentation B <i>2nd Swab Resulted: Negative 2nd Swab -</i></p> <p>Transfer to inpatient unit:</p> <ul style="list-style-type: none"> COVID-19 clearance with Most Responsible Provider (MRP) and inpatient COVID-19 physician Physician to enter order to discontinue precautions Follow usual transfer process and procedure <p>Positive 2nd Swab -</p> <p>Remain on PASU:</p> <ul style="list-style-type: none"> Nursing continue to monitor and manage symptoms Review presentations C and D 	<p>Presentation C† <i>COVID Positive with Ongoing Symptoms</i></p> <ul style="list-style-type: none"> Physician to assess whether patient to remain on PASU or transfer to 2NW If patient is psychiatrically and behaviorally settled can be transferred to 2NW. <p>If remain on PASU:</p> <ul style="list-style-type: none"> If patient requires acute stabilization and secure room. Nursing continue to monitor and manage symptoms 	<p>Presentation D <i>COVID Positive with Worsening symptoms</i></p> <p>Transfer to another service:</p> <ul style="list-style-type: none"> Physician to physician referral to another service (e.g. CTU) Follow usual transfer processes and procedure in addition to following droplet and contact precautions on transfer

** Wheel chairs used to transfer patients should be Cavi wiped prior to returning them to unit*

Operational Planning and Considerations for PASU

Patient Admitted to 2NW (COVID Positive Unit)

2NW is a dedicated COVID positive space for patients in acute psychiatry. [See B-00-16-10040](#) COVID-19: Operational Information for 2NW Inpatient Psychiatry Unit

Patient Admitted to Inpatient Psychiatry

COVID-19 symptoms can develop at any point during an admission. Screening is intended to increase the likelihood of early detection of symptoms and to ensure patients are placed on droplet/contact precautions as soon as possible to prevent transmission of the disease. This section supports interdisciplinary team collaboration for identifying and treating COVID positive patients on inpatient psychiatric units.

<p>1</p> <p>IDENTIFY</p>	<p>Nursing to identify and assess for COVID-like symptoms, however mild, twice daily:</p> <ul style="list-style-type: none"> Fever, cough, shortness of breath or chest heaviness, body aches or muscle pain, headache, runny nose, sore throat, fatigue/malaise, loss of appetite, nausea/vomiting, diarrhea, abdominal pain, loss of smell <p>Nursing:</p> <ul style="list-style-type: none"> Refer to Influenza-Like Illness (COVID 19) Confirmed or Suspected Inpatient Care Based on patient symptom assessment contact physician and recommend a nasopharyngeal (NP) swab <p>Note:</p> <ul style="list-style-type: none"> COVID-19 symptoms are to be assessed in addition to routine assessments Be observant for new or worsening symptoms; increased attention should be paid to MEWS scoring
<p>2</p> <p>ISOLATE</p>	<ul style="list-style-type: none"> Place patient in private room AND implement Droplet and Contact Precautions – discuss with CNL if private room is not available Follow PPE protocols as directed by IPAC: Personal Protective Equipment (PPE): gown, gloves, procedure mask and eye protection (visor, face shield, or goggles) Provide patient education to remain in room and promote social distancing Perform hand hygiene: before patient or resident contact, before an aseptic task, after a body fluid exposure risk, after a patient or resident contact, and after contact with the patient/resident environment Clean and disinfect surfaces touched by patient with Caviwipes Provide Patient meals in room
<p>3</p> <p>TEST</p>	<p>Physician:</p> <ul style="list-style-type: none"> Order COVID-19 NAT NP swab, and influenza AB, and add in comments 'COVID 19' Also consider CBC/diff, lytes, liver enzymes +/- CXR, and Tylenol PRN <p>Nursing:</p> <ul style="list-style-type: none"> Once order is obtained, collect NP swab Inform MH Bed Flow coordinator (66062) of testing; after hours inform Clinical Site Coordinator (69366)

<div>4</div> <div>REVIEW TEST RESULTS</div>	<div>Negative</div> <div>Nursing:</div> <ul style="list-style-type: none">Do not discontinue precautions, continue to assess symptoms and underlying conditions*Notify the MRP (Infectious disease physician on-call) +/- IPAC and determine if precautions should remain or discontinueWith negative result, ongoing assessment and evaluation is necessary¹	<div>Presumptive Positive or Positive</div> <div>Nursing:</div> <ul style="list-style-type: none">Continue contact and droplet precautions*Inform the MRPInform the patient and family (with consent)Continue to monitor and manage symptomsAssess underlying conditions that may lead to rapid decompensation		
<div>* If patient is unable to isolate in single room or is non compliant with remaining in single room, contact bed coordinator for potential transfer</div>				
<div>5</div> <div>INFORM/ DISPOSITION</div>	<div>Negative</div> <div>Physician:</div> <div>As determined by inpatient COVID-19 physician (Infectious disease physician on-call), if <i>pre-test probability is moderate or high and negative COVID swab</i>, second swab to be completed in 24-48 hours while continuing to treat the patient as a PUI</div>	<div>Presumptive Positive or Positive</div> <div>Physician:</div> <ul style="list-style-type: none">Review symptoms and test results with inpatient COVID-19 physician (infectious disease physician on-call) covering psychiatry		
<div>6</div> <div>TRANSFER to 2NW or PASU</div>	<div>Presentation A</div> <div>COVID Negative – 2nd Swab Not Required</div> <div>Remain on inpatient unit:</div> <ul style="list-style-type: none">Inpatient COVID-19 physician to identify patient as clearedNursing continue to monitor symptoms	<div>Presentation B</div> <div>COVID Negative - Awaiting 2nd Swab Results/ High Pretest Probability</div> <div>Remain on inpatient unit:</div> <ul style="list-style-type: none">Nursing continue to monitor and manage symptomsPatient must be reliably able to isolate to single room	<div>Presentation C†</div> <div>COVID Positive with Ongoing Symptoms</div> <div>Transfer to 2NW:</div> <ul style="list-style-type: none">Nursing to follow usual transfer procedure in addition to following droplet and contact precautions on transfer	<div>Presentation D</div> <div>COVID Positive with Worsening symptoms</div> <div>Transfer to another service:</div> <ul style="list-style-type: none">Physician to physician referral to another serviceNursing to follow usual transfer procedure in addition to following droplet and contact precautions on transfer
<div>* Wheel chairs used to transfer patients should be cavi wiped prior to returning them to unit</div>				

¹ False negative results can occur early in the course of infection and in severely infected patients. False negative results can occur early in the course of the infection, implying that a negative RNA test does not definitively rule out COVID-19 infection. Therefore, ongoing assessment and evaluation is necessary.

Recovered or Negative Patients – Discontinuing Infection Control Precautions

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.

Documentation

PHC staff will document assessments and interventions, in the patient health record:

- For specific and up to date COVID-19 assessment and documentation standards, please refer to [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 PUI or symptomatic patient

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

For physician documentation, please refer to [Appendix D](#): Physician Documentation.

Patient and Family Education

- Instruct patient in appropriate respiratory etiquette and hand hygiene
- Explain why you are monitoring symptoms for all patients
- Explain precautions to patient/family as necessary and provide the *Important Information on COVID-19/Coronavirus Patient and Family Brochure* ([Appendix A](#))

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 Conformed 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 Preform 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. [BD-00-16-40090](#) – Transfer of Psychiatric Patients with COVID-19 Test Results to Identified COVID-19 Psychiatric Unit.
17. [B-00-16-10040](#) COVID-19: Operational Information for 2NW Inpatient Psychiatry Unit

Appendices

[Appendix A](#): COVID-19/Coronavirus Patient and Family Brochure

[Appendix B](#): Infection Prevention and Control Principles for Inpatient Care

[Appendix C](#): Colour Coded Patient COVID Zone Labels

[Appendix D](#): Physician Documentation

[Appendix E](#): Operational Planning

Effective Date:	12-AUG-2020
Posted Date:	12-AUG-2020
Last Revised:	16-DEC-2020
Approved By:	PHC
	Mental Health Quality & Performance Improvement Committee (QPIC) Professional Practice Standards Committee
Owners:	PHC Mental Health Program

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Appendix A – 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:

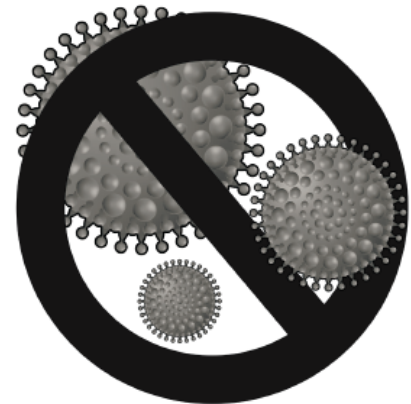
www.bc.thrive.health/

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

www.bccdc.ca



IMPORTANT INFORMATION on COVID-19/CORONAVIRUS



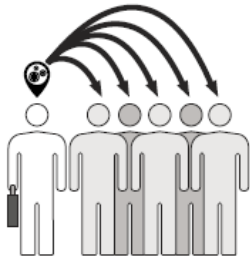
What is it? What are the symptoms?
How can I protect myself?



You might have COVID-19 if you have...



- A fever, cough, sore throat, shortness of breath, chest pain.



- Been in close contact with a returning traveller or someone known to have COVID-19.



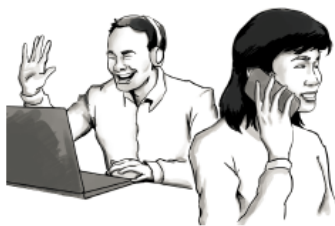
- Shared food, drinks or utensils with others, especially if they were coughing or sneezing.

Let a nurse know if you have any of these symptoms.

As a patient you can...



- Stay in your hospital room.



- Visit with friends/family on the phone or by FaceTime/Skype/WhatsApp etc.



- Ask staff for nicotine replacement or substance use therapies to help deal with cravings.

You can help stop the spread by...

- 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.

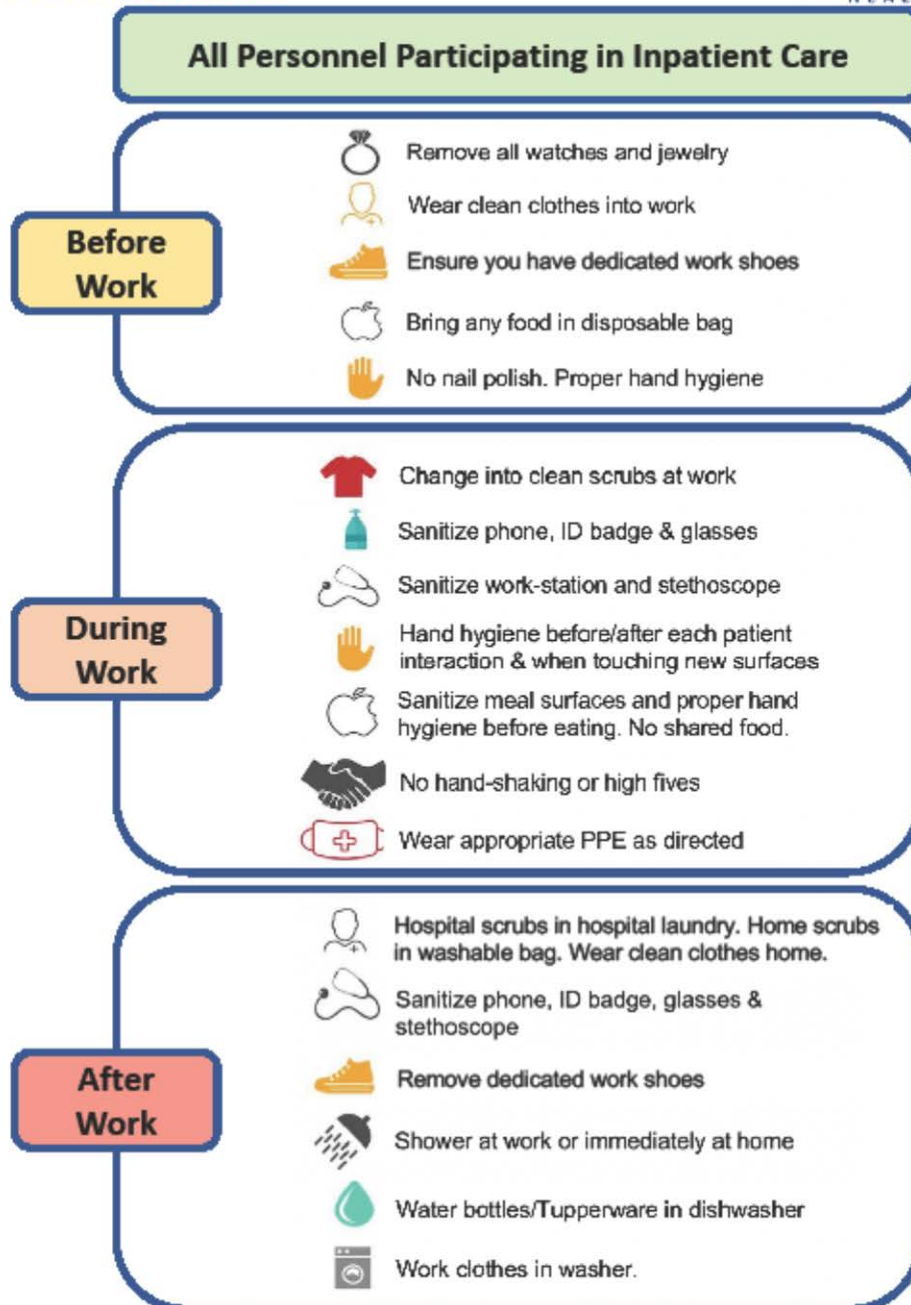


- Sneeze or cough into your elbow or into a tissue that you throw in the garbage right away.



- Do NOT share food, drinks, utensils, etc.

Appendix B – Infection Prevention and Control Principles for Inpatient Care



For more information go to <http://ipac.vch.ca/>

Version 2: 31 Mar. 2020

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Appendix C – 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>

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Appendix D: Physician Documentation Statement

Physician to document rationale for either conducting a COVID-19 test or NOT conducting a COVID-19 test on a patient.

Sample script: *Pt (x) was or was not swabbed for COVID due to (fill in the blank with rationale).*

Physician to document plan of care in *Situational Awareness and Planning* for communication purposes.

Sample script: *If swab negative, will repeat in 24 hours.*

Appendix E: Operational Planning

PASU

- PASU functions as a COVID Yellow/Green unit
- However, in the event the mental health program has a COVID positive patient transferred to 2NW or PASU, the unit will need to reassess its COVID zones to prevent exposure to other patients.

Decanting Considerations

- SEE: [COVID-19 Operational Information for 2NW](#)

Threshold

- PASU will decant all greens in the event there are two or more COVID positive patients admitted to the unit, creating a yellow/red unit

Collaboration

- The Mental Health Program CNLs and bed flow coordinators are regularly liaising and identifying potential movement within the program for rapid discharges to assist with decanting PASU if needed
- The Patient Care Manager and Program Director are in regular communication with regional and community partners regarding PASUs COVID status to aid in discharges and transfers as needed.

Regional Transfers COVID + Patients

- Regional transfers for COVID positive patients are to be facilitated to 2NW or PASU based on the following inclusion criteria; the patient:
 - Is COVID-19 Positive
 - Requires an inpatient psychiatric admission
 - Is medically cleared
 - Is medically stable for transfer
- These transfers are arranged with the usual PTN process