	<b>Standard Operating Procedure</b> <b>Transfer of Psychiatric Patients with COVID-19 Positive Test Result to Identified COVID-19 Psychiatric Units</b>	Doc. No.	BD-00-16-40090
		Rev.:	00
		Rev. Date:	N/A

#### SITE APPLICABILITY:

All Vancouver Coastal Health (VCH) and Providence Health Care (PHC) affiliated healthcare facilities

#### PURPOSE:

The purpose of this document is to provide direction to Vancouver Coastal Health (VCH) and Providence Health Care (PHC) affiliated healthcare facilities regarding safe transfer of medically cleared psychiatric clients positive for COVID-19 within or between facilities after a patient has been determined appropriate for admission to MHSU as per the Regional MHSU COVID-19 Admission and Ongoing Assessment Algorithm. These transfers are meant to support the cohorting of patients with COVID-19 in units designed to provide therapeutic care for such patients while minimizing the risk of transmission of COVID-19 to patients and staff and the community.

Decisions regarding patient flow within the Mental Health and Substance Use (MHSU) Program may be conducted regionally in order to better manage flow throughout the entire system in order to ensure quick matching of patients to the most appropriate available setting as needed, efficiently manage staffing resources, and operationalize additional surge spaces based on need.

#### SCOPE:

Transfer of acute or tertiary Mental Health and Substance Use clients who test positive for COVID-19 and are medically cleared for transfer and admission may occur between Communities of Care to best utilize resources and keep patients and staff safe. Transfer of patients not suspected or with negative test results for COVID-19 should follow the regular inter-facility transfer guidelines.

Patients who are acutely medically ill, should be provided with required care on a medical unit. See [Regional MHSU COVID-19 Admission and Ongoing Assessment Algorithm](#) for more detail regarding decision-making and monitoring of symptoms.

#### RESPONSIBILITIES:


VCH/PHC staff will manage sending and receiving processes and information requirements as outlined in this procedure in a timely and professional manner, providing clear, concise, and up-to-date information to the BCPTN as required. VCH/PHC staff will identify the site-specific point of contact person.

#### PROCEDURE:

##### Step 1:

- a) **MHSU patient with positive COVID-19 test result is admitted by Psychiatry in ED with medical clearance.**

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**Responsibility:**

- Emergency Physician (EP) is responsible for medically clearing the patient
- Patient must be admitted by a Psychiatrist

**Documents:**

- Medical Clearance Form is completed by EP
- Psychiatrist documents psychiatric assessment of the patient as per hospital policy.

**b) Screening and identification of potential Patients positive for COVID-19 on an Acute Psychiatric Inpatient Unit, and initiation of isolation precautions.**

**Responsibility:**

- All staff are responsible for identification and screening of potential patients with COVID-19, isolating on droplet/contact precautions and requesting for testing
- Once a patient is identified as positive, droplet/contact precautions must remain in place and Infection Prevention and Control (IPAC) Team should be called to guide and assist in accordance with available transfer guidelines.

**Documents:**

- Transfer guidelines

**Step 2: If a hospital has an inpatient psychiatry COVID-19 positive unit in operation with an available bed, the patient goes directly to that bed.**

**Responsibility:** Physician or delegate calls in admission and appropriate handover. All precautions are taken to prevent spread of infection in accordance with available VCH/PHC guiding documents (dress code, PPE procedure etc.) found at:


- VCH resources available at [SHOP](#) and [Infection Prevention & Control \(IPAC\) website](#)
- PHC resources available at [SHOP](#) or the [PHC COVID Website](#).
- ***Non availability of an inpatient psychiatry/over capacity (OCP) COVID-19 positive bed within the hospital triggers the Inter-hospital Transfer Process.***
- ***Alert Operations Director of the need to transfer patient.***

**Step 3: Access Regional Online Bed Capacity Inventory to check bed availability**

**Responsibility:** Sending Transfer Coordinator

**Step 4: Team to discuss if patient is appropriate for transfer based on criteria below**

**Responsibility:** Admitting psychiatrist and team caring for the patient.

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**Necessary clinical & non-clinical criteria for inter-hospital transfer patients:**

- Medically cleared (as per Medical Clearance in Cerner or Medical Clearance Form)
- Assessed to be appropriate for admission to psychiatric inpatient units. Client 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

**Step 5: Inform patient and/or family of transfer**

**Responsibility:** Sending Transfer Coordinator/Admitting Psychiatrist

**Step 6: Transfer Coordinator at sending facility to phone the Transfer Coordinator at the potential receiving hospital, once patient is cleared for transfer.**

**Responsibility:** Sending Transfer Coordinator

**Step 7: Receiving Transfer Coordinator informs IPAC Team at receiving facility about upcoming transfer.**

**Responsibility:** Receiving Transfer Coordinator

**Step 8: Fax patient information to the receiving facility for review by receiving Psychiatrist:**

**Responsibility:** Sending Transfer Coordinator/ Delegate


**Documents/Information:**

- Demographic Information
- Initial Psychiatric Assessment
- Progress Notes
- Physician Orders
- Completed Medical Clearance
- Consults
- Psychiatric Triage Nurse Assessment (if available)
- Nursing Notes from the last 48 hours
- Any Certificates (Forms 4, 5, 6, 7, 13 & 20)
- Recent Test Results (COVID-19 status, lab, x-ray, CT)

**Step 9: Psychiatrist to Psychiatrist phone call.**

**Responsibility:** Sending Psychiatrist to contact Receiving Psychiatrist

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**Step 10: Psychiatrist informs the Transfer Coordinator that patient has been accepted by another VCH/PHC facility.**

**Responsibility:** Sending Psychiatrist

**Step 11: Sending Transfer Coordinator organizes appropriate transportation**

**Responsibility:** Sending Transfer Coordinator

**Transfer Coordinator to consider the following options when arranging patient transportation:**

**For voluntary (not committed) patients**

- SNT
- Patients who are positive for COVID-19 should be transferred as per IPAC PPE recommendations in a controlled manner isolated on droplet/contact precautions
  - [VCH IPAC PPE Recommendations for COVID-19 for Acute Care](#)
  - [PHC IPAC PPE Recommendations](#)

**For involuntary (Mental Health Act) patients**


- BC Ambulance
- If transportation is delayed beyond 3 hours, sending Transfer Coordinator will inform receiving hospital.

**Step 12: Transportation arrives to pick up patient.**

**Responsibility:** RN/RPN caring for patient will ensure transport staff are aware of need for appropriate PPE for droplet and contact precautions throughout transport of patient with COVID-19 and handovers the patient to transportation. The patient with COVID-19 should have a surgical mask without visor applied at all time during the transfer.

**Documents/Belongings:** The following will be sent along with BC Ambulance and SNT

- Demographic information
- True copy of original certificates
- Completed Inter-hospital Transfer (SBAR)
- MAR
- Patient Valuables
- Patient Meds
- All certified patients will be transferred in pajamas and will not have access to their belongings during transport to ensure patient safety.
- All medical/ transfer documents will be faxed to the receiving hospital

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**Step 13: RN caring for patient provides verbal report to RN assigned to patient on the receiving unit just prior to or immediately after handing over of the patient to transportation staff.**

**Responsibility:** RN at sending facility phones RN at receiving facility

**Step 14: Patient physically leaves hospital along with personal belongings and necessary documents.**

**Responsibility:** SNT or BC Ambulance

**Step 15: Patient arrives on appropriate unit at receiving hospital.**

**Responsibility:** RN at receiving facility identifies patient using two identifiers and takes paperwork and patient belongings directly from transportation crew.

#### REFERENCES/ASSOCIATED DOCUMENTS:

- [Appendix A: Regional Mental Health and Substance Use COVID-19 Admission and Ongoing Assessment Algorithm](#)
- [BC Mental Health Act](#)
- [Provincial Maternal Newborn Transfer Network: Principles and Processes \(Perinatal Services BC\)](#)
- [Medical Clearance Form](#) (under Orders page on Cerner)

#### VCH:

- [VCH IPAC Recommendations for COVID-19 for Acute Care](#)
- [VCH IPAC Website](#)
- [Regional Psychiatric Surge Plan](#)


#### PHC:

- [PHC IPAC PPE Recommendations](#)
- [PHC COVID Website](#)

#### VCH-PHC

- [VCH/PHC Higher Level of Care \(HLOC\) Transfer policy](#)
- [VCH/PHC Life, Limb and Threatened Organ \(LLTO\) Transfer policy \(BD-00-11-40009\)](#)

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APPROVALS			
Regional EOC	<ul style="list-style-type: none"><li>Regional EOC for COVID-19</li></ul>	05/15/2020	
Director	<ul style="list-style-type: none"><li>Operations Director, Richmond</li><li>Operations Director, Coastal</li><li>Operations Director, VGH</li><li>Operations Director, VGH</li><li>Operations Director, PHC</li><li>Medical Director, RCH</li><li>Medical Director, PHC</li><li>Medical Director, PHC</li></ul>	04/24/2020	
DEVELOPERS			
Development Team Members	<p><b>Developer Lead(s):</b></p> <ul style="list-style-type: none"><li>Regional Director, Mental Health &amp; Substance Use Program</li><li>Head and Medical Director, Regional Mental Health &amp; Substance Use Program;</li><li>Regional Lead, Mental Health &amp; Substance Use Program, VCH/PHC</li></ul> <p><b>Development Team members:</b></p> <ul style="list-style-type: none"><li>Regional Medical Director Tertiary MHSU and Medical Director Richmond MHSU;</li><li>Regional Lead, Tertiary Mental Health &amp; Substance Use Program</li></ul>	04/24/2020	
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
00	Initial Release	Regional Lead, Mental Health & Substance Use Program	05/19/2020

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