

**TDMHSAS Recommendations for Coronavirus (COVID-19) for Mental Health
Crisis Service Providers Updated July 29, 2020**

It is recommended that all providers regularly check CDC and Department of Health guidelines for updated information and make any changes in procedure as needed.

NOTE: Telehealth or phone assessment should be utilized whenever possible. Utilize call-thrus (phone consultation with CON writer) only as a last resort but *always* closely vet the referral to ensure crisis agrees with referral when a call thru is required. If crisis does not agree with the need for hospitalization and the CON writer refuses to rescind the CON and the individual is going to an RMHI, please notify the RMHI that you do not agree. Recommend that a telehealth admission evaluation be conducted with the RMHI to prevent unnecessary transport. Attempt to avoid sending non-symptomatic clients to the ED for assessment whenever possible. Always, maintain 6 feet or more distance when conducting a face to face assessment. *If patient is symptomatic, prioritize medical intervention first before addressing the mental health crisis to contain any potential spread of virus.*

Ensure all staff have access to an **alcohol-based** hand sanitizer and other PPE= Personal Protective Equipment. It is recommended that anyone providing direct patient care don a mask, gloves and eye protection (and a gown if extensive contact with the patient is required).

1. Call Triaging

Screening Criteria:

- a) Are you experiencing cough, shortness of breath, congestion or runny nose, headache, body aches, sore throat, had a fever or chills in the last 24 hours, a new loss of taste or smell, vomiting or diarrhea? OR
 - b) Has anyone you have come in contact with tested positive for COVID-19 in the past 10 days? Have they experienced any symptoms? If yes, how long has it been since symptoms resolved? OR
 - c) Has anyone you have come in contact with experienced symptoms consistent with COVID-19 in the past 10 days? OR
 - d) Have you visited a place where COVID-19 is present/spreading (i.e., correctional facility, nursing home) in the past 10 days?
- ❖ If **yes** to any of the above, ask the person if they have been seen by a medical provider. If 10 days or more have passed since symptoms have resolved and there has been no fever without fever reducing medications in at least 24 hours, or at least 10 days has

passed since a positive COVID-19 test, or 10 or more days have passed since potential exposure, the person is considered low risk for transmission.

- ❖ If **no** to all, you may conduct business as usual. **PLEASE NOTE:** A person may still be positive for COVID-19 in the absence of symptoms so *always* use precautions when engaging in direct patient contact.
- ❖ **Attempt to provide mental health assistance by phone whenever possible.** If person is at risk of having COVID-19, direct the person to a medical provider or local testing center. (DO NOT automatically send to the ED unless that is the only option). You can always call 615-741-7247 to determine where to send them.

If symptomatic and unable to address needs by phone, prioritize medical intervention first before addressing the mental health crisis to contain any spread of virus.

2. Mobile Response- UTILIZE TELEHEALTH or PHONE response whenever possible

For Telehealth or phone assessments that result in the need for hospitalization, attempt to obtain a current temperature before referring for inpatient services. Please note that phone assessments are only allowed for CONs while there is a Governor's Executive order releasing the requirements for a face to face assessment when issuing a CON (currently expires August 31, 2020). Phone assessments should only be utilized as an option of *last resort*.

For in person face to face assessments:

- ❖ Ensure screening questions have been asked either by ED or jail staff or by asking them yourself. Regardless of the answers to the screening questions, follow all infection control precautions. *Always wash your hands before and after encountering each individual client.*
- ❖ Ensure the assessor is wearing a mask, gloves and eye protection. If extensive direct contact (less than 6 feet and greater than 10 min.) is required, consider donning a gown as well.
- ❖ Ensure the patient is wearing a face mask before conducting an assessment when possible. If the patient refuses to wear a face mask, ensure social distancing is always maintained.
- ❖ Maintain 6 feet or greater distance during screening.
- ❖ For anyone experiencing symptoms with a fever over 100.4 degrees, counselors should request a N-95 mask. If a N-95 mask is not available, use all other PPE available and maintain 6 feet or greater distance.
- ❖ For anyone with a fever over 100.4 degrees, do NOT refer for inpatient psychiatric services until fever is absent for more than 48 hours.
- ❖ For any suspected cases that are not already in a medical facility, direct the client to a local testing center, healthcare provider or contact TDH at 615-741-7247 for next steps.

3. Walk-In Centers – Place signage on entryways to prevent anyone with COVID-19 related symptoms from entering the facility.

Prior to allowing entry beyond a checkpoint established as close to the entry way as possible, ensure the following steps are taken:

- Place a mask on the patient (if possible), if masks are not available, provide personal hygiene products to patient (tissues, hand sanitizer, etc.) and instruct them to cover mouth/nose when coughing or sneezing.
- Maintain a 6-foot distance between all individuals, if possible.
- Ensure all staff are wearing masks and protective eye wear. Consider donning a gown if extensive direct contact is required (less than 6 feet and more than 10 min.).
- Ask COVID-19 screening questions and take the patients temperature.
- Always use standard airborne infection control precautions regardless of presence of symptoms.

- If yes to any questions and/or fever is present:
 - ❖ Recommend that the client go to a healthcare provider or testing site to receive a COVID-19 test and consider returning the patient from where they came for isolation until resolution of symptoms.
 - ❖ If imminent risk of harm is present, determine whether symptoms can be safely managed outside of a medical facility and/or if your facility is able to accommodate the mental health needs while isolating the person. If the person requires psychiatric hospitalization but is symptomatic, the person may need to be directed to an ED for care until COVID-19 symptoms have resolved. If symptoms require medical intervention beyond the capabilities of your facility or a psychiatric inpatient facility, direct the person to the ER.
 - ❖ If your facility is able to accommodate a person who has no to mild symptoms while providing mental health care, move patient to a room that is at least 6 feet away from others and close door. Preferably the room should be equipped with proper air flow. Do not allow the person with symptoms to roam around.
 - ❖ Immediately clean any area the person may have come in contact with using a CDC recommended cleaning product upon release.

4. CSUs- Place signage on entryways to prevent anyone with COVID-19 related symptoms from entering the facility.

Prior to allowing entry beyond a checkpoint established as close to the entry way as possible, ensure the following steps are taken:

- Place a mask on the patient (if possible), if masks are not available, provide personal hygiene products to patient (tissues, hand sanitizer, etc.) and instruct them to cover mouth/nose when coughing or sneezing.
- Always maintain a 6-foot distance between all individuals, if possible.
- Ensure all staff are wearing masks and protective eye wear.
- Ask COVID-19 screening questions and take the patients temperature. Always use standard airborne infection control precautions regardless of presence of symptoms.
 - If answers to questions are no, admit and provide service as indicated.

- Restrict visitation of patient family/friends.
- If yes to any questions and/or fever is present:
 - ❖ Recommend that the client go to a healthcare provider or testing site to receive a COVID-19 test and consider returning the patient from where they came for isolation until resolution of symptoms.
 - ❖ If imminent risk of harm is present, determine whether symptoms can be safely managed outside of a medical facility and/or if your facility is able to accommodate the mental health needs while isolating the person. If the person requires psychiatric hospitalization but is symptomatic, the person may need to be directed to an ED for care until COVID-19 symptoms have resolved. If symptoms require medical intervention beyond the capabilities of your facility or a psychiatric inpatient facility, direct the person to the ER.
 - ❖ If your facility is able to accommodate a person who has no to mild symptoms while providing mental health care, move patient to a room that is at least 6 feet away from others and close door. Preferably the room should be equipped with proper air flow. Do not allow the person with symptoms to roam around.
 - ❖ Immediately clean any area the person may have come in contact with using a CDC recommended cleaning product upon release.

5. **RMHI Referrals-** Do not refer individuals experiencing fever over 100.4 or any other COVID-19 related symptoms for inpatient services. Ensure vital signs are taken within 30 minutes of transport. If the individual is already in a medical facility, communicate this requirement to the medical facility staff. Stress the importance of following process as non-adherence could lead to further delay. Individuals currently incarcerated will require a negative COVID-19 test as part of the medical clearance requirements.

6. **Staff and Visitors-** Apply same screening and isolation protocols to staff and visitors.

- **Employee illness and testing**

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. As such, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after their first positive RT-PCR test for SARS-CoV-2 RNA was collected. Please note, a limited number of persons with severe illness may produce infectious virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; however this is not recommended for the majority of persons who do not require hospitalization for their illness.