



# Psychiatric Hospital Patient Isolation and Exposure Guidelines

[Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus)

January 24, 2022

Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, these guidelines will address ways to adapt and implement current health care guidance for the psychiatric hospital setting. Psychiatric hospitals should consult with medical experts specializing in infection control and/or their local public health department and take into consideration the context and characteristics of their specific facility and patients to determine appropriate protocols.

At this time, and in the absence of more delineated and specific guidance for psychiatric hospitals, these guidelines were informed and based upon the most current [CDC guidance for healthcare facilities](#). This will continue to be updated as additional CDC guidance and information becomes available to inform recommended actions in Michigan psychiatric hospitals.

## Guiding Principles When Caring for Psychiatric Patients:

- Behavioral health teams should schedule time to “huddle” with infectious disease control experts on a regular basis to make sure there is consistent application of operating procedures, and to discuss new issues and potential needs for resources.
- Facilities should offer **testing and vaccination** opportunities to reduce the spread and severity of COVID-19.
- **Isolation is not seclusion**, and they have different clinical implications. Seclusion should not be used to force isolation.
- **Consider creative use of space.** You cannot restrict movement, but some facilities have successfully declared an area as “COVID-positive” and found most patients are willing to stay within it or outside of it as needed. For example:
  - One end of a unit is for COVID-positive patients, the next part is for quarantine, and the rest is for non-suspected.
  - Put tape on the floor or an object to use as a physical cue, like a chair, as a way to indicate where there are COVID-positive patients.
- Consider adding additional programming (laptops, devices etc.) to assist patients who are having trouble masking or following other COVID protocols.

## General Health Care Guidance

In general, health care facilities should follow [CDC guidance](#) recommended for all U.S. settings where health care is delivered (including home health).

### Challenges and Potential Solutions in Behavioral Health Settings

To keep patients and health care personnel healthy and safe, CDC's infection prevention and control guidance applies to all settings where health care is delivered. However, facilities can tailor certain recommendations to their setting to address [specific challenges in behavioral health settings](#). For example, inpatient psychiatric care includes communal experiences and group activities that may need to continue. If so, these activities might need to be adapted to reduce the risk of transmission. Other recommended infection control measures (for example, ensuring access to alcohol-based hand sanitizer, cohorting or grouping patients with COVID-19 and assigning dedicated staff, or implementing universal source control measures) might not be safe or appropriate to implement in all locations or for all patients due to security and behavioral concerns.

#### Cohorting

- **Challenge:** Due to security concerns or specialized care needs, it might not be possible to cohort certain patients together or change health care personnel assigned to their care.
- **Potential Solution:** Consider the use of separate "areas" for COVID-positive residents. Ensure recommended PPE is being worn by all staff and patients are masked when possible. Ideally, include a separate bathroom for patients with SARS-CoV-2 infection.

#### Group Therapy Sessions

- **Challenge:** Traditional set-up for these activities is not compatible with physical distancing recommendations.
- **Potential Solutions:** Use virtual methods, decrease group size so physical distancing can be maintained, or cohort groups. If SARS-CoV-2 is transmitted in the facility, sessions should stop or move to a video discussion forum.

#### Source Control

- **Challenge:** Elastic and cloth straps can be used for strangling oneself or others, and metal nasal bridges can be used for self-harm or as a weapon.
- **Potential Solutions: Recommend face masks or cloth masks with short ear loops for patients at low risk for misuse and during supervised group activities.** Source surgical masks that do not have a metal nose clip if there is a safety concern. In areas of substantial to high community transmission, ensure that staff interacting with patients are still wearing eye protection in addition to well-fitting source control.

## Alcohol-based Hand Sanitizer

- **Challenge:** Alcohol-based hand sanitizer (ABHS) containing 60-95% alcohol must be used carefully in psychiatric facilities to ensure it is not ingested by patients.
- **Potential Solutions:** Do not place ABHS in patients' rooms or where the patients have unsupervised access. Encourage frequent hand washing with soap and water for patients and staff. Consider providing personal, pocket-sized ABHS dispensers for staff.

## Dining

- **Challenge:** Eating needs to remain supervised due to the potential for self-harm with eating utensils and because commonly used psychiatric medications may cause side effects that increase choking risk for patients.
- **Potential Solutions:** Create dining cohorts that include either only those who test positive for COVID-19, or only those who test negative for COVID-19 or are asymptomatic, not a mix of both. If dining cohorts are utilized, maintain the same cohorts over time, so that if an exposure occurs, transmission is limited.
  - 1) If cohorts cannot be created, position staff in patients' rooms to monitor their dining. If necessary, have patients sit in appropriately spaced chairs in the hallway outside their rooms so they can be monitored while they eat.

## Smoking

- **Challenge:** Patients might congregate in outdoor smoking spaces.
- **Potential Solutions:** Patients congregating in smoking areas should include either only those who test positive for COVID-19, or only those who test negative for COVID-19 or are asymptomatic, not a mix of both. Remind patients to maintain social distance if smoking outdoors with others. If possible, create cohorts and maintain the same cohorts over time, so that if an exposure occurs, transmission is limited.