



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Programmatic Policy and Procedure

Section	Psychiatric Health Facility (PHF)	Effective:	New policy
Sub-section	Infection Prevention	Version:	1.0
Policy	COVID 19 Preparedness and Response Plan	Last Revised:	Draft
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New policy		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To provide an overall framework for managing the COVID-19 pandemic at the Santa Barbara County Psychiatric Health Facility (hereafter, "PHF"), including preparedness and response activities related to staff and/or patients who test positive for COVID-19.
- 1.2. The purpose of this policy is not to replace existing Infection Prevention policies, but to provide supplemental guidance for the current COVID-19 pandemic.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Clean** – Removing all foreign material (e.g. dirt, bodily fluids, lubricants) from objects by using water and detergents or soaps and wiping or scrubbing the object.
- 2.2. **Disinfect** – Eliminating many or all microorganisms except bacterial spores using liquid chemicals or disinfectant wipes.
- 2.3. **Essential Worker** – Includes but is not limited to healthcare providers, caregivers and ancillary staff. Examples include physicians, recovery assistants, nurses, social workers, recreational therapists, administrative office personnel, janitorial services, licensed psychiatry technicians, infrastructure support services, sheriff personnel and information technology staff.
- 2.4. **Infection Preventionist (IP)** – A nurse certified in infection prevention and control by the Certification Board of Infection Control.
- 2.5. **Exposure** – Being within six feet of someone who has an active COVID-19 infection for greater than or equal to 15 minutes.

- 2.6. **Infection Surveillance** – The collection and incorporation of meaningful data into a facility’s epidemiology and infection control efforts.
- 2.7. **Isolation** – Separation of a patient or staff who has tested positive or has been exposed to someone who has tested positive for COVID-19.
- 2.8. **Outbreak** – When an exposure results in two or more PHF patients and/or staff members testing positive for COVID-19 within 14 days after the initial exposure.

3. **POLICY**

- 3.1. The PHF will maintain an ongoing COVID-19 preparedness and response plan for the surveillance, prevention, and control of COVID-19 among patients, staff, and visitors in accordance with the Santa Barbara County Public Health Department (hereafter, “PHD”) Health Officer Orders and Center for Disease Control (CDC) guidelines.
- 3.2. Non-essential PHF staff and/or volunteers are prohibited from returning to the PHF until further notice, but are advised to work remotely and conduct meetings and trainings virtually.

4. **PREVENTION PLAN**

- 4.1. In an effort to prevent an outbreak of COVID-19 at the PHF, PHF staff must:
 1. Take the PHF Training: COVID19 (2019 novel Coronavirus);
 2. Self-check for temperature and symptoms of COVID-19 before reporting to work (see <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> for symptoms of COVID-19);
 - a. Nursing staff will perform an additional temperature and symptom review for any Essential Workers prior to them entering the PHF.
 3. Contact their Supervisor and refrain from coming to the facility if they are symptomatic;
 4. Ensure all patients pending admission have a current, negative COVID-19 test and a negative symptom screen;
 5. Only wear non-cloth face masks on the PHF;
 6. Strongly encourage all new admissions and current patients to wear a non-cloth face covering provided by the PHF;
 - a. PHF staff will provide verbal and visual education to patients on the importance of face coverings and their proper use;
 - b. New procedure masks are available from the administrative office personnel when used masks are soiled or have lost integrity;
 7. Take patients’ temperatures, screen for symptoms, and check vital signs twice a day;
 8. Ensure patient care areas and rooms are promptly and appropriately Cleaned and Disinfected with an Environmental Protection Agency (EPA)-registered disinfectant that has been approved under the EPA’s N-List for use against COVID-19;

9. Disinfect high-touch surfaces at least twice a day;
 10. Post signs and symptoms of COVID-19 along with visitation guidance and screening procedure information at each facility entrance; and
 11. Post educational signs regarding masking and hand hygiene at each facility entrance and within the PHF.
- 4.2. In order to protect the health and safety of all PHF patients and in furtherance of the effort to prevent an outbreak of COVID-19 at the PHF, visitation will be provided to PHF patients through the use of video and telephone calls while Santa Barbara County is experiencing widespread or substantial community disease transmission. Telephones and video equipment and facilities will be disinfected after each use.
- 4.3. If a patient needs testing for COVID-19:
1. A medical provider must order the testing;
 2. Nursing staff should:
 - a. Completely fill out requisitions for lab specimens;
 - b. Label collected COVID-19 specimens with the patient's name and date of birth, the date and time of collection, and the initials of the person collecting the specimen;
 - c. Place the specimen in two biohazard specimen bags; and
 - d. Transport the specimen to the laboratory performing the test.
- 4.4. Should a staff member or patient refuse testing, an assessment for symptoms and risk factors will be conducted. Based on this assessment, PHF staff will follow CDC guidelines and local health department guidance to determine what actions shall be taken.

5. **MITIGATION PLAN**

- 5.1. In order to mitigate the spread of COVID-19 at the PHF, PHF staff are educated on:
1. Hand hygiene, including the use of soap and water as well as alcohol-based hand sanitizer when caring for suspected or confirmed COVID-19 patients; and
 2. The use of personal protective equipment (PPE) and how to don and doff it safely when caring for suspected or confirmed COVID-19 patients.
- 5.2. Email briefs are sent to all staff as needed for dissemination of new information or needed changes in practice.
- 5.3. For suspected and confirmed COVID-19 cases, PHF staff should immediately initiate the following infection prevention measures:
1. Standard, contact, and droplet precautions with eye protection in accordance with the PHF's *Hand Hygiene, Standard Precautions, Transmission-based Precautions, Environmental Janitorial Service and Reportable Diseases, Conditions, & Occurrences* policies;
 2. Aerosol-generating procedures will not be performed due to lack of availability of negative airflow rooms in the PHF;

3. Give the patient a procedure mask and place them in Isolation in a closed-door private room;
 - a. COVID-19 positive patients will remain in the room until transported to another facility in accordance with the PHF's *Transmission Based Precautions* policy.
 - b. Patient movement in the PHF will be minimized.
 - c. Patients must wear a procedure mask when being transported or moved outside of the dedicated room.
 - d. No designated cohort areas are available in the PHF; however, two confirmed cases of the same gender can be cohorted in a double room.
 - e. Isolation will be discontinued once COVID-19 is ruled out by the medical provider.

6. **INFECTION SURVEILLANCE**

- 6.1. If any COVID-19 related symptoms are identified in patients or staff, the IP is notified. The IP will:
 1. Consult on the management of staff and patients who have COVID-19 symptoms, including facilitating testing;
 2. Track, identify, and monitor the results of all patients and staff being tested for COVID-19.

7. **EXPOSURE RESPONSE PLAN**

- 7.1. If a PHF patient or staff member tests positive for COVID-19, it triggers the following exposure investigation process:
 1. The IP and PHF administrative team create two line lists using staff scheduling and patient census records to determine who was present during the positive case's infectious period;
 - a. A line list of potentially exposed staff; and
 - b. A line list of potentially exposed patients.
 2. The IP will:
 - a. Use the PHD's algorithm and/or CDC guidelines to lead the response for healthcare workers and determine if testing is needed;
 - b. Monitor the test results;
 - c. Update the line lists whenever new information is available; and
 - d. Submit the line lists to Disease Control at the PHD who notify them of their test results.
 3. The laboratory will report all confirmed COVID-19 results to the California Department of Public Health via the CalREDIE Electronic Laboratory Reporting system.

8. OUTBREAK RESPONSE PLAN

8.1. In the event of an Outbreak, the IP will:

1. Report the Outbreak to Disease Control at PHD in accordance with the threshold definitions in the California Department of Public Health's All Facilities Letter 20-75;
2. Manage the Outbreak investigation with the help of the PHF administrative team;
3. Assure that testing of all exposed staff and patients is conducted according to PHD guidance;
4. Monitor test results and record on the two line lists for submission to the PHD;
5. Assure that for any patient or staff testing positive, isolation will be implemented according to CDC guidelines;
6. Collaborate with the PHD for safe management of the outbreak; and
7. Keep the PHD updated regarding the progress of the investigation.

ASSISTANCE

Andra Dillard, MSN, PHN, RN, CIC, Infection Preventionist

REFERENCE

Santa Barbara County Public Health Department COVID-19 Health Officer Orders

Center for Disease Control

California Department of Public Health

All Facilities Letter 20-38.5, All Facilities Letter 20-75, Blueprint for a Safer Economy

RELATED POLICIES

Hand Hygiene

Standard Precautions

Transmission-based Precautions

Environmental Janitorial Service

Reportable Diseases, Conditions, and Occurrences

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).

