

The COVID-19 Experience for Behavioral Health Units at Mount Sinai Beth Israel

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**Mount
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MSBI Inpatient Psychiatric Units

- There are two inpatient psychiatric units and one Chemical Dependency unit in the Department of Behavioral Health at Mount Sinai Beth Israel.

Inpatient Psychiatry:

- 6 Karpas (General Psychiatry with a large geriatric population; 40 bed capacity)
- 8 Bernstein (Dual Diagnosis population; 28 bed capacity)
- Total bed capacity of 68 patients.



COVID Screening, Testing, and Placement for Behavioral Health Patients

3/17/2020: In-house SARS-CoV-2 PCR testing went “live”

- Psychiatric patients with COVID illness were admitted from the ED to Medicine, where they were followed by Psychiatry until cleared for transfer to Behavioral Health.
- **In CPEP** (Comprehensive Psychiatric Evaluation Program):
 - All patients treated as PUI.
 - Patients were asked to wear mask, as tolerated.
 - COVID tested when decision was made to admit to inpatient Psychiatry.
- **Inpatient Units:**
 - COVID negative patients were admitted to 8B or 6K
 - All COVID + patients were admitted to 6K on Special Droplet and Contact precautions
 - COVID + patients placed in private rooms or cohorted, with dedicated staff
 - PUIs placed in private rooms or cohorted, with dedicated staff



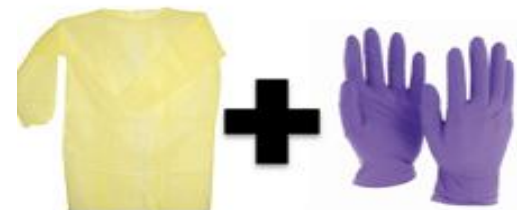
PPE and Hand Hygiene for Staff Caring for Behavioral Health Patients

Prevention of patient self-injury related to PPE and HH Usage

Face mask and eye protection worn for all patient interactions – any removal of same must be performed in nursing station

- COVID PPE Donning and Doffing
 - N95, gown and gloves donned before entering room
 - HCW brings a large paper bag into room with them
 - Gown and gloves removed before leaving patient room, placed in the paper bag, then brought to the soiled utility room where discarded
- Hand Hygiene
 - Limited number of hand hygiene dispensers - only available in the Nursing station (no access to patients allowed in BH)
 - Individual HH bottles given to staff. Additional pump bottles stored in Nursing Station

Place Face Shield / Surgical Mask combo **OVER TOP** of the N95 mask. Don gown & gloves



COVID Precautions and the Behavioral Health Milieu

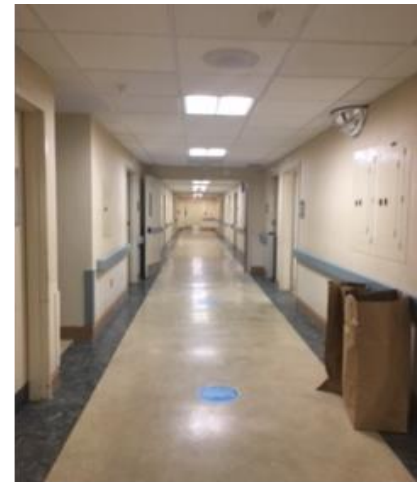
- Common spaces, i.e. Day Room, OT shop, closed
- Meals served to patients in their rooms
- PT and OT services provided on a 1:1 basis to COVID+ patients; Small, limited groups for COVID negative patients after surge
- Visitation suspended; allowed in patient rooms with supervision
- IP collaboration with Psychiatric Administration, Physician and Nursing Leadership for:
 - Special circumstances, e.g., discussions re: plan of treatment for previously negative, newly symptomatic patients, and non-compliant patients
 - Terminal cleaning with Glogerm and UV light treatment after COVID patient discharge
 - COVID precautions for patients who went for ECT treatment
 - Last case of the day
 - Terminal cleaning



COVID Cluster – March 2021

Monday, 3/22/21

- Infection Prevention was notified by EHS that an unvaccinated PCA working on a psychiatric unit had tested positive for COVID.
 - IP contacted unit leadership and used surveillance software to compile a list of patients and staff who had high risk exposure to the COVID + PCA.
- 6 patients were identified as having high-risk exposure to the PCA. There were no exposed staff members.
 - All 6 patients were made PUIs and placed on isolation precautions.
 - 1 of the 6 patients with high risk exposure reported symptoms (cough and nasal congestion).
 - Symptomatic patient moved to a private room, roommate was made a PUI, and rapid COVID test sent.
- The symptomatic patient resulted COVID+.
- The unit was closed to new admissions, and all patients were swabbed for COVID.
- EVS was contacted to terminally clean the unit, including all common areas (e.g., Nursing Station and medication room)

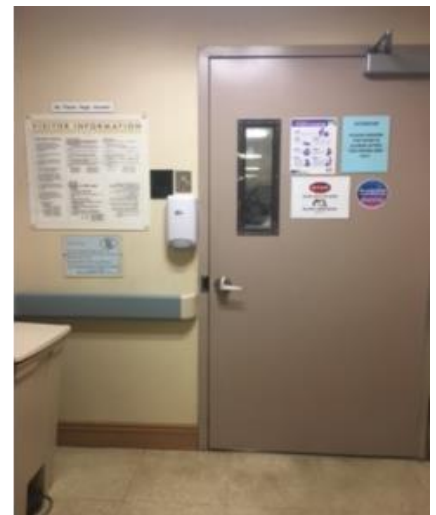


Tuesday, 3/23/21

- 4 patients resulted positive for COVID
 - 3 of these patients were determined to have had high risk exposure to the COVID + PCA.
 - The 4th patient was a roommate of one of the positive patients
- The unit was divided into two sections, “ East Side” and “West Side\s”:
 - East Side: contained COVID + and PUI patients
 - PUI and COVID+ patients were kept in separate rooms: Not allowed to mingle
 - West Side: COVID negative patients.
- A HCW was stationed at all times in the COVID+/PUI section to monitor donning and doffing of PPE and ensure that patients didn’t leave their rooms.

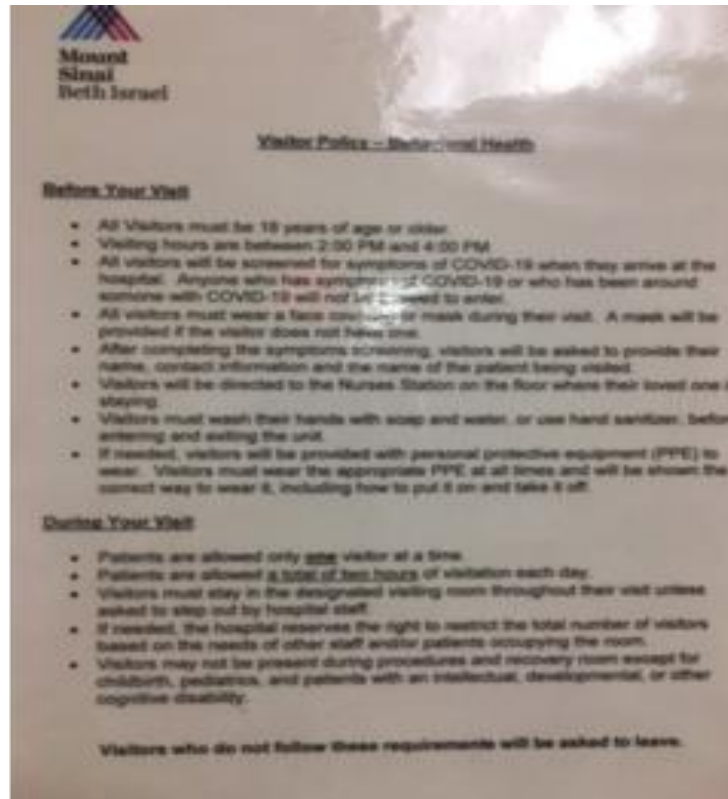
Wednesday, 3/26/21 - Saturday 3/29/21

- 3 more patients tested COVID+
 - 2 had high-risk exposure to the +PCA
 - 1 was a former roommate of another COVID+ patient.



Monday, 4/5/21

- Isolation precautions discontinued on remaining PUIs.
- COVID/PUI section on unit returned to routine patient use after terminal clean.
- Terminal cleaning of the entire unit, including common areas, performed.
- The unit was re-opened to new admissions.



Lessons Learned

- In a behavioral health unit outbreak/cluster, early identification of symptomatic patients and high risk exposures is crucial.
 - High risk exposures must be regularly monitored for symptoms and tested during the incubation period so they can be appropriately isolated.
- Daily and per-shift monitoring of staff for COVID symptoms.
 - Reinforce that there is a *low threshold* for symptoms that may be indicative of COVID illness
 - Symptomatic staff must report to EHS
- IP has to be a regular, in-person, presence on the unit to provide education, “troubleshoot” any issues, ensure compliance with PPE, and reinforce precautions to be taken
- Continue regular communication with BH leadership to receive updates on unit policies and concerns, i.e. visitors, groups, and other unit activities



Questions / Discussion

