

# **Prevention and Mitigation of SARS-CoV-2 in a Behavioral Health Setting**

by

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### **ABSTRACT**

**Background/Objective:** SARS-CoV-2 has proven to be a challenge to prevent. Many different precautions are needed to maintain safe environments. An added challenge comes with restrictions that exist in behavioral health for patient's safety. Personal Protective Equipment (PPE), effective hand hygiene and other mitigation efforts are essential in preventing spread of SARS-CoV-2 in different healthcare environments. This paper demonstrates the public health significance of collaboration and implementation of preventative measures for a pandemic.

**Methods:** To determine the best precautions to use, different guidelines are followed and reviewed for best practice. Over summer 2020 as new developments about SARS-CoV-2 were discovered, the way in which precautions are handled adapted. Data from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and UPMC are used to formulate guidelines for patients and employees. Weekly meetings brought together infection preventionists and some physicians at UPMC to discuss current research and practices for mitigation. Specific guidelines needed to be adjusted to effectively work under existing restrictions within a behavioral health care setting.

**Results:** As new information emerged about the virus, we made adjustments to existing mitigation strategies along with new preventative measures being developed. During the initial months of the pandemic new strategies used at UPMC Western Psychiatric Hospital (UPMC WPH) allowed for patient care to be better. Preventative measures were being used to reduce

viral transmission between hospital staff and patients. Zones were established to keep patients of similar status for COVID-19 infection together and allow for better mental and physical health outcomes.

**Discussion:** During an emerging pandemic, many different mitigation factors are taken into consideration depending on the healthcare environment. Within a behavioral health facility, specific precautions are taken to improve and protect the health of its patients. With SARS-CoV-2 being a novel virus, many new strategies were used and adapted from previous outbreaks of coronaviruses. Many preventative measures developed and used have shown to be successful within UPMC WPH behavioral health setting. Patients and staff have maintained procedures and reduced negative outcomes associated with the virus. Strategies used in this paper could be beneficial in other facilities during new outbreaks.

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## **1.0 Introduction**

This essay chronicles the rollout of the most effective mitigation strategies to combat the introduction of SARS-CoV-2 to a hospital setting, specifically a behavioral health facility. The timeline used to discuss the implementation of mitigation efforts will span from March of 2020 to March of 2021. The emergence of SARS-CoV-2 posed multiple obstacles within the medical community, from its transmission factors to the severity of the viral infection. Being a novel viral infection not all aspects of the pathogen were understood, leading to the use of multiple mitigation efforts that are utilized, adapted, and implemented throughout the ongoing pandemic. Exact modes of transmission were not fully understood during the initial days of the pandemic. Chronological steps of mitigation used in a behavioral health setting are the basis of this essay. These steps are used to better prepare facilities with restrictions pertaining to behavioral health when introduced to severe communicable diseases.

### **1.1 Scope of the Problem**

Emerging in late 2019 a new respiratory infection began to spread throughout Wuhan, China. Soon after its emergence the World Health Organization identified it as a new strain of coronavirus. As the infection began to spread to other countries worldwide the virus was named SARS-CoV-2(Keni, et al. 2020). A noticeable aspect of the virus was how quickly it was able to transmit throughout the population, along with the frequency of asymptomatic cases and the transmission from them. During the beginning and throughout the pandemic the way in which the novel virus can transmit throughout populations is understood through previous respiratory viruses. Respiratory viral transmissions, such as other coronaviruses, are known to spread via

droplets, aerosol and possible direct contact with infected individuals or virus-contaminated surfaces. Uncertainty for how the current virus uses these methods of transmission led to different discussions on how to best mitigate the viral spread within community and hospital settings. Being a novel virus, SARS-CoV-2 had no existing treatments available at the time of its emergence, along with no concrete methods of reducing infections caused by the virus.

SARS-CoV-2, a new strain of coronavirus, upon its emergence spread quickly throughout the population due to the ability to transmit through the respiratory tract. The virus is part of the *Coronaviridae* family and is related to previous SARS infections that have affected the population (Chen, et al. 2020). A major impact of this virus is how it can affect different populations in varying ways due to its transmission factors and severity. Behavioral health patients are a demographic that is affected more greatly by infectious diseases due to limitations that can be faced when it comes to patient care. Depending on the diagnosis for a behavioral health patient, they may be unable to adhere to certain mitigation efforts. Within behavioral health hospitals patients will typically be designated to a particular unit based on their diagnosis. Depending on the unit and diagnosis different mitigation strategies can be more difficult to implement and follow as it may result in patients, healthcare workers and visitors being hurt. Additional mitigation resulted in more items for prevention being added to the environment which may lead to these three groups being hurt.

In the initial months of the outbreak very little was known about the novel virus, and previously studied viruses of a similar nature had to be used as reference for prevention. Initially it was common to look back to other SARs outbreaks, such as SARs-CoV, MERS-CoV and other circulating respiratory coronaviruses for mitigation strategies that may be affective in the current pandemic (Cui, et al. 2018). Though SARS-CoV-2 was within the *Coronaviridae* family,

it had a higher rate of transmission which allowed it to reach the status of pandemic (WHO, 2020). Utilization of information on other viral infections with similar attributes proved to be useful to build a foundation for understanding and mitigating the novel virus, as it began to have a greater impact on the world's population.

Previously used TB and SARS strategies can be used as referential material when beginning to understand the transmission of SARS-CoV-2 and determining which mitigation efforts are going to be most effective. This utilization of previous transmission information was helpful in the onset of the pandemic but was able to be improved upon as new details about the virus were discovered. As new information began to be released the foundation set by previously used guides could be built upon and adjusted to adhere to newly learned transmission factors.

In behavioral health settings there are more regulations for patient care than typical hospital settings (Joint Commission, 2020). Patients within behavioral health require different levels of care and depending on their health status some mitigation efforts that are recommended may not be utilized to their full extent. Mitigation efforts of concern for infection prevention have historically included the ingestion of alcohol hand rub or pieces of personal protective equipment, attempted suicide by strings or material of personal protective equipment, and effects of isolation on behavioral health patients (Raza et al. 2020). With the concern of both asymptomatic and symptomatic cases of the virus, it is essential to understand and prevent transmission within behavioral health settings. This has led to multiple discussions on how to best mitigate the spread of SARS-CoV-2 when using preventive methods in behavioral health.

## **1.2 Gaps in Knowledge**

Prevention and mitigation of viral transmission are essential in outbreaks, especially with newly emerged pathogens. To reduce overall burden and associated deaths with the virus, different prevention methods were used throughout the course of the pandemic. These methods needed to be adapted to the environments in which they were being implemented. Healthcare facilities are curated to the patients who need treatment, and behavioral health has an overall different structure compared to hospital facilities.

A survey conducted by the World Health Organization from June to August 2020 began to show the large impact SARS-CoV-2 has had on mental health services (WHO, 2020). During the pandemic isolation became an everyday part of life for most people. To prevent the spread of the virus the population was encouraged to stay home and resist partaking in gatherings or meeting friends and family in person whom they did not live with. This sudden change to isolation in people's lives can have a large impact on their mental health. An increase in demand for mental health services meant that these facilities would need to be adequately prepared and equipped to prevent the spread of the virus to patients and workers. This essay will document my overall experience working virtually with a behavioral health hospital to mitigate the spread of the virus. My experience will encompass multiple facets of how an emerging pandemic can affect a hospital and with how a particular behavioral health hospital set out to mitigate and prevent the spread of the virus.

Typical mitigation strategies for viral outbreaks, especially those that are transmitted through the respiratory system, consist of isolation of infectious patients, emphasis on good hand hygiene practices, use of respiratory masks, temperature checks for fever and checking for known symptoms of the infection in patients. Transmission-based precautions are dependent on

the mechanism of transmission for the virus. In the case of SARS-CoV-2 prevention of droplets, airborne particles and contact should be done. Among the typical strategies used for viral outbreaks, other strategies had to be implemented within UPMC Western Psychiatric Hospital to best protect the patients in the hospital. Objectives for mitigation were created with patient needs in mind, as patient needs for getting better differ based on the diagnosis.

Visitation from family members and outside parties need to be mitigated and controlled to better prevent exposures from outside the hospital. We wanted to ensure that patients still had the opportunity to access teleservices care and were not isolated so that it would not negatively impact their overall health. Another goal was to ensure that if a patient were to test positive for the virus it would not prevent them from receiving inpatient care.

### **1.3 Public Health Significance**

An understanding of patients' individual needs is necessary for care, along with knowledge of their medical diagnosis. Being aware of what a patient needs is important as they may require a different mitigation effort to protect them from the viral infection better and keep them safely treated. Depending on a patient's behavioral health diagnosis, such as down syndrome or an intellectual disability, they could be more at risk for infection based on the medication they receive. Schizophrenia medication can suppress the immune system making the patient more susceptible to pneumonia and other respiratory infections (Wang et al. 2020). In some cases, a patient is isolated due to their diagnosis and a lower risk for being exposed to a positive patient.

Not only has this pandemic had a great impact on behavioral health but on public health overall (Bojdan et al. 2020). With such large numbers of cases during the height of the pandemic

many hospitals have their patient capacity reached, resulting in a problematic situation for those who needed medical attention for something other than COVID-19. Hospitals had to adjust protocols to help prevent the spread of the virus as more and more patients were being admitted. Resources being used up rapidly result in hospitals being pushed to their limits. The significance of this has to do with healthcare workers as well. Many hospitals were seeing their workers being overworked and drained from countless hours of added patient care. This pandemic showed the importance of preparation among hospitals and the many different fields of public health.

## **2.0 Objectives**

The objectives of this essay were multi-fold. First, we wanted to understand how to mitigate best the spread and impact of the virus in both general health settings focusing on Behavioral Health settings. Secondly, we focused on strategies to make behavioral health a safe environment where the virus will not impact patient care. We also wanted to determine which precautions would be beneficial to use in other facilities in the future. Isolation, hand hygiene, proper PPE pertaining to case type, temperature checks and symptom checking were among the top measures used to reduce of transmission within the hospital.

### **3.0 Methods**

Methods used for this essay primarily involve my experience and interactions with different members of the UPMC staff when discussing how to implement preventative strategies best. Among collaborative work with doctors from different hospitals under UPMC, I would review and discuss different measures found in guidelines used by different organizations. I reviewed different guidelines for COVID-19 and other similar respiratory illnesses from the Centers for Disease Control and Prevention, World Health Organization, Pennsylvania Department of Health, and other healthcare facilities. Separate guidelines would be reviewed by infection prevention doctors and discussed during weekly meetings. I had the opportunity of sitting in on administrative meetings for UPMC Western Psychiatric Hospital and the other collaborating UPMC hospitals. These meetings were held on Wednesdays every week during the pandemic and my time at the hospital.

The focus of my work is geared towards the UPMC behavioral health facility, Western Psychiatric Hospital (UPMC WPH). UPMC WPH focuses on the care of patients who have been diagnosed with a mental health disorder. Depending on the diagnosis of a patient, different procedures and care practices are required for treatment. To best treat everyone, the hospital has different units on each floor to maintain safety and allow patients to be able to interact with one another to combat feelings of isolation and for staff to facilitate the care of patients better.

During my initial days at UPMC WPH, a major challenge stemmed from a lack of literature for the novel virus. As little is known about the emerging pandemic, we had to utilize existing information on similar diseases to implement beginning preventive measures. These measures serve as a foundation to be built upon as new information for the virus was discovered.



My time at UPMC WPH began in May, three months after the designation of SARS-CoV-2 as a pandemic by the World Health Organization. Upon beginning my externship at UPMC Western Psychiatric Hospital, I was introduced to the lead infection preventionist with whom I would be working closely to gather information and determine the best-suited efforts to reduce exposures among residents in the hospital. Different guidelines are already being used within the hospital by the time I had begun in late May. These were basic measures used in previous outbreaks. The impact of the virus is seen in how my externship at the hospital is conducted. As the severity of the pandemic increased, I was no longer able to be present in person in UPMC WPH. After initial introductions to the lead infection preventionist in person I was to conduct my work virtually for the entire externship for safety reasons. To stay connected and determine how to best mitigate infections within the hospital, I worked through different forms of video communication. Though this could be considered a hindrance, it had become commonplace among different hospitals for communicating efforts for prevention. This allowed me to stay connected and be part of meetings that would take place weekly to discuss new information and strategies.

To understand which mitigation strategies would prove to be effective, multiple different approaches are taken to gather information. Previously used guidelines for outbreaks were used along with collaboration among other hospitals under the umbrella of UPMC. To better ensure that communication of efforts and discussion of beneficial mitigation strategies, weekly meetings were held among the different infection preventionists and doctors working at UPMC. These meetings intended to keep different hospitals under UPMC on the same page during the height of the pandemic to allow that a cohesive response strategy to the pandemic is being discussed as new information is discovered.

## **4.0 Results**

The effectiveness of the mitigation strategies used throughout my time working with the hospital is seen through the lens of cases within the surrounding county (Figure 1). As cases kept rising within Allegheny County, the measures in place in UPMC WPH were proving to reduce exposures from the surrounding county (ACHD, 2020). Even with extreme rises in cases during June and July 2020 at UPMC WPH, maintained protocols and mitigation efforts to keep patients and workers safe. A major part of ensuring that these measures would be effective is an emphasis on communication with staff and educating them on how mitigation procedures are used. As new protocols are created, all staff would receive memos and updates on moving forward with the new guidelines. As months went by during the pandemic employees would adjust to new protocols by distributing new guidelines and working together to ensure overall effectiveness.

To ensure that employees follow protocols an observer log is used to document that staff were adhering to protocol. An observer would be present to fill in the log confirming that the employee who will be interacting with patients has donned properly and doffed their personal protective equipment. An employee being observed is required to sign the observer log to ensure that they understand the protocol for don and doffing PPE and that it is done correctly (Appendix Item 2). All employees needed to be compliant to guidelines as they were released to protect patients better. As new discoveries are made about the transmission and other factors of the virus guidelines are introduced to employees. As the pandemic continued, existing guidelines are updated with an emphasis on preventing COVID-19 exposures.

During my time with UPMC WPH multiple planned educational meetings are held to keep staff informed of new and changing procedures as the pandemic went on. Meetings are generally based around screening for COVID-19 positive patients and further updates on the

virus as new information was discovered and released. I created an informational PowerPoint presentation for members of the UPMC hospitals detailing all the known facts about COVID-19 at the time. Ways to protect oneself and others from exposure along with different presenting symptoms of infection were listed in the presentation. Along with this presentation, I formulated a tip sheet to collect COVID-19 samples from patients (Appendix Item 1). This sheet served to help hospital staff handle patients who may have trouble receiving the test and the different issues that may arise when administering it.

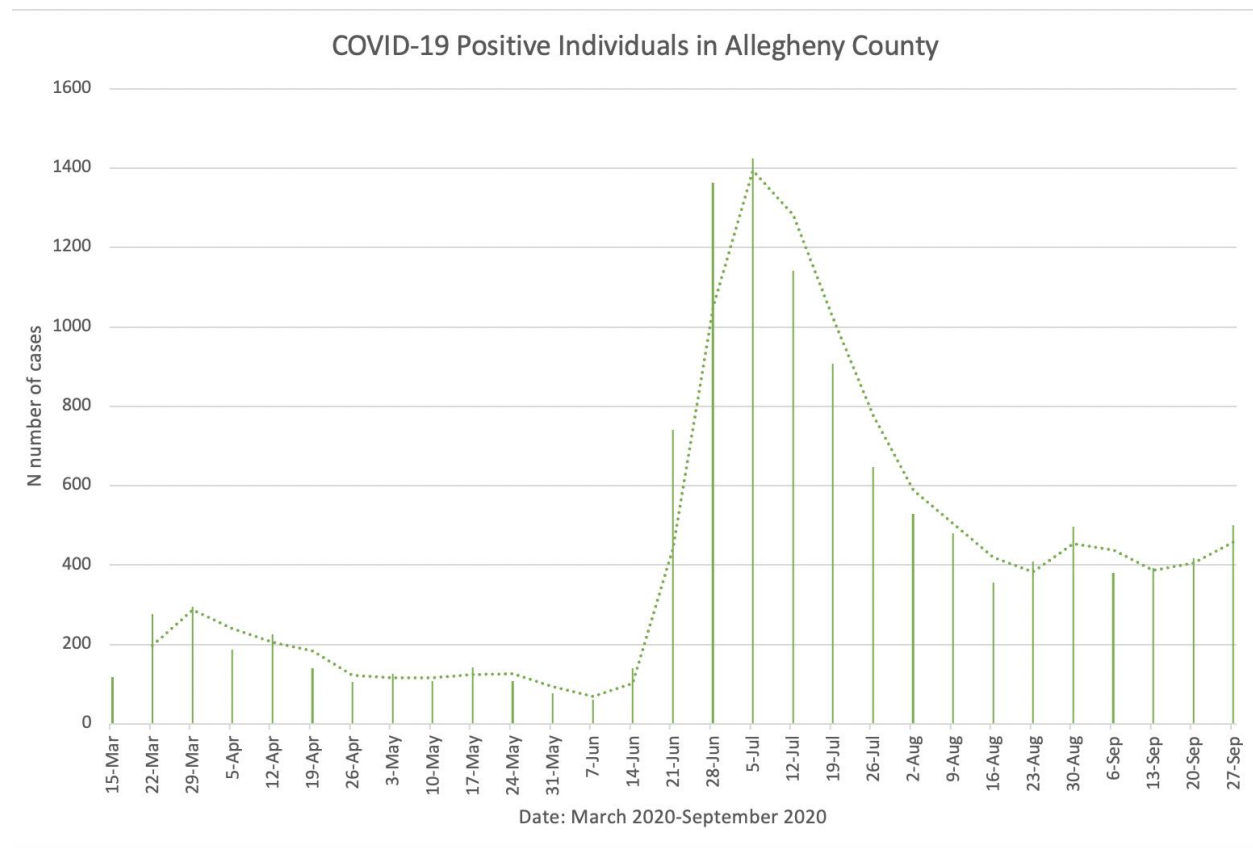
Implementation of new guidelines focused on the prevention of SARS- CoV-2 began in March before the start of my externship. March guidelines were focused preventing the virus and implementing new cleaning procedures and preventative measures for healthcare workers. April began the physician-specific guidelines for facilitating video visits with patients and handling inpatients who have tested positive. Implementation of COVID-19 specific PPE guidelines are also introduced during this month. Guidelines for May included step-by-step guides for taking patients off the unit such as transferring them to an emergency hospital. Visitation guidelines are introduced as well to protect patients from potential outside exposures better. In June the guidelines for handling both symptomatic and asymptomatic patients are introduced along with asymptomatic testing for psych patients. Implementation of procedures for PPE use when dealing with aerosolization is done along with testing guidelines for patients before release. During July and August 2020, guidelines for staff are adjusted and an informative video for PPE use was released. Guidelines for discharging of patients, room cleaning and safety responses to positive patients were also implemented in August. In September guidelines for asymptomatic testing were further implemented within the hospital along with inpatient hearing processes for COVID-19 patients. A comprehensive table that details the timeline of guidelines and procedures

used and implemented starting in March of 2020 allows for a glimpse into the process used in WPH (Table 1).

With behavioral health requiring different levels of protection due to individual patient care based on diagnosis, zones were set up within the hospital better to mitigate the spread of the virus (Table 2). Depending on a patient's diagnosis they may be unable to follow certain procedures such as wearing a mask or isolating from others. To better accommodate these restrictions within the hospital, three separate zones are created to cohort patients of similar infection status together. This would allow patients within the same zone to be together and reduce isolation and ensure those who are unable to wear a mask are still safe. Zones used within WPH were green, yellow, and red, which indicated a different level of required protection for both patients and healthcare workers. A green zone was specific to patients who were confirmed not to have an exposure to a COVID-19 positive individual. The yellow zone consisted of patients who had the same known confirmed COVID-19 exposure date, with the red zone being specific to patients who have received a positive test result for infection.

As months went by, procedures continued to be updated with COVID-19 prevention being a focal point. The transport, discharge, and visitation of COVID-19 positive patients needed to be directed by guidelines that allowed employees to better control exposures and overall safety of other staff and the patient. Implementation of zoning proved to be a valuable method of exposure control for patients and maintaining the environment in which patients were comfortable. Zoning prevented the spread of the virus and mitigated added stress that can occur due to the isolation of exposed patients.

**Figure 1. COVID-19 Positive Individuals in Allegheny County**



**Table 1. Timeline for Implementation of Procedures and Preventative Measures**

Timeline for Implementation of Procedures and Preventative Measures	
Date:	Procedures:
March, 2020	<ul style="list-style-type: none"> <li>Employee list for tracking positive employees, A COVID-19 Tracer and contact tracing for deliveries and other potential sources of exposure</li> <li>COVID-19 procedures for positive screening, isolation rooms and observations</li> <li>Memo for prevention steps</li> <li>New cleaning guidelines for inpatient units</li> <li>A memo for employees detailing prevention steps that are being implemented</li> <li>Guideline for virtual visits for patients</li> <li>Workflows for screening steps in psychiatric Emergency Room and screening of visitors</li> <li>Detailed list for precautionary measures for all behavioral health inpatients</li> </ul>
April, 2020	<ul style="list-style-type: none"> <li>Guidelines for physicians for implementing video visits for patients</li> <li>Flowchart for how to handle inpatient who has tested positive,</li> <li>Implementation of COVID-19 guidelines for: use of PPE, hospital entry, ECT services, patient refusal of testing, patient transport, food being brought into the hospital, masking for employee shifts/universal masking, use of N95 masks on appropriate units</li> </ul>

May, 2020	<ul style="list-style-type: none"> <li>• Step-by-step guide for taking a patient off unit</li> <li>• Document for support persons and when they can visit and what they can do</li> <li>• Procedure for transfer of psychiatric patient from behavioral health hospital to emergency hospital</li> <li>• Detailed procedure for collaboration between medical and behavioral health hospitals for ECT treatment</li> <li>• Implementation of support person cards and reference guide for what support personnel are allowed to do</li> </ul>
June, 2020	<ul style="list-style-type: none"> <li>• Guidelines for asymptomatic and symptomatic patients being transferred from behavioral health hospital to medical hospital</li> <li>• Ambulatory guidelines for behavioral health telephonic visits</li> <li>• PPE plan for aerosolizing procedures specific to patients in behavioral health</li> <li>• Guidelines for testing of patients before release from hospital</li> <li>• Asymptomatic testing in Psychiatric ER</li> </ul>
July, 2020	<ul style="list-style-type: none"> <li>• Video of general guidelines directed to all staff</li> <li>• Implementation of PPE training plan</li> </ul>
August, 2020	<ul style="list-style-type: none"> <li>• Guidelines for hospital symptomatic testing for inpatient and psychiatric ER patients</li> <li>• Guideline detailing steps for discharge of a COVID-19 positive patient</li> <li>• Guideline that modifies safety response in units with positive patients</li> <li>• Procedure for running and cleaning of COVID-19 testing rooms</li> </ul>
September, 2020	<ul style="list-style-type: none"> <li>• Hospital inpatient COVID hearing process</li> <li>• Guidelines/plans for implementation of asymptomatic testing in the hospital</li> </ul>

**Table 2. COVID-19 Diagnosis Based Zoning**

Zone	Eye Protection	Mask	Gown
<b>RED</b> (negative pressure room/unit) COVID-19 Positive Patients	<u>Face Shield/goggles</u>  -SHIFT use	<u>N-95/PARP</u> -SHIFT use	<ul style="list-style-type: none"> <li>- SHIFT use</li> <li>- Change for known MDROs</li> <li>- Change if visibly soiled</li> <li>- Change after the following high-contact patient care activities: <ul style="list-style-type: none"> <li>- Dressing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care</li> </ul> </li> </ul>

<b>YELLOW</b> Patients with the same known COVID-19 exposure date	<u><b>Face Shield/goggles</b></u> -During care activities where splash and sprays are anticipated  Optional -SHIFT use	<u><b>Surgical Mask</b></u> -SHIFT use	-Single use -During care activities where splash and sprays are anticipated -During the following high-contact patient care activities -Dressing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care
<b>GREEN</b> Patients without known COVID-19 exposure and preplacement COVID-19 test negative no greater than 48 hours before admission to zone.	<u><b>Face Shield/goggles</b></u> -During care activities where splash and sprays are anticipated Optional -SHIFT use	<u><b>Surgical Mask</b></u> -SHIFT use	-Single use -During care activities where splash and sprays are anticipated -For care of a patient with a known MDRO that requires contact precautions

## **5.0 Discussion**

Over the course of the first year of the pandemic a lot had changed regarding which precautions to use, and which mitigation strategies proved to be effective. With large numbers of cases present in the surrounding Allegheny County, WPH managed to keep patients safe and maintained low numbers of exposures. Many of the initial strategies used were essential and just adapted upon as new information was discovered and released. As new information was discovered about the transmission mechanisms of the virus mitigation efforts were adjusted to reflect newly found information. This can be seen with how the zones were structured, as knowing more about the virus allowed for grouping of patients for safety without risk of transmission. Weekly meetings proved a great benefit in maintaining safety for employees and patients in WPH and the other UPMC hospitals. Precautions that we put into place had proven to be effective in preventing the spread of the virus within WHP's behavioral health facility setting. This was seen by the low number of confirmed cases and exposures that were documented within the behavioral health hospital when compared to the confirmed cases within the surrounding Allegheny County. Many different aspects of the virus were considered when implementing strategies, focusing on patient care and safety overall. Behavioral health has higher precautions for patient care, and it will be essential that facilities caring for patients' mental health are equipped to handle future pandemics or outbreaks. The safety and health of patients are the most important considerations. As new information was released that helped create new preventative measures, the diagnosis of individual patients needed to be taken into consideration to protect them better.

Lack of preexisting literature during the initial days of COVID-19 proved to be a challenge for not only behavioral health but other health facilities. Though this presented a



challenge it also showed the effectiveness of healthcare collaboration. UPMC encompasses multiple different healthcare facilities with varying focuses. The collaboration conducted in weekly meetings among UPMC healthcare professionals was essential to the developing multiple COVID-19 mitigation efforts. UPMC Western Psychiatric Hospital was able to adjust discussed mitigation efforts to fit the regulations in place within a behavioral health facility. The tip sheet for swab collection proved to be beneficial and is shared as best practices with UPMC senior committees, behavioral health long-term care facilities, personal care homes and the Regional Response Health collaborative.

Success in the behavioral health setting of WPH can be an example of how to implement strategies that adhere to stricter guidelines in behavioral health. This could be used in future outbreaks in other mental health facilities to ensure overall patient health and safety. The SARS-CoV-2 pandemic has shown how a virus can not only impact the physical health of people but also their mental health. Isolation for the prevention of a spreading disease is essential but the impact of this isolation should not be taken lightly. The need for mental and behavioral health hospitals has only grown over the years, and its importance is only highlighted more during a global pandemic. Other behavioral health facilities must work to create a safe and accessible environment for patients, even during a global pandemic. A positive implementation for ensuring patients safety and conformability was WPHs successful implementation of telehealth services. These services allowed patients in the hospital and in isolation to stay in contact with their healthcare professionals. With telehealth, patients did not need to worry about disrupting their everyday routines due to intensified regulations during the pandemic. This allowed for more accessible communication between health professionals and patients while also significantly reducing the possibility of further transmission of the virus.

Overall, the guidelines and measures implemented within UPMC Western Psychiatric Hospital proved to be effective in preventing exposures in the hospital. Even with the more stringent restrictions that can come with behavioral health when caring for patients, we created procedures that didn't negatively impact the patients. This is essential when discussing the care for patients in behavioral health. Procedures in place to prevent exposure of patients to the virus are greatly important during an outbreak. Keeping patients who may be unable to care for themselves safe is the priority that needs to be focused on. The development of a vaccine can take time, and the protection of patients before a vaccine is available should be of utmost importance. Using these guidelines that we developed for WPH could prove beneficial in other facilities in the future. My hope is that this essay can highlight the importance of mental health care and how even during the unprecedented times of a global pandemic, it is still possible to maintain a safe and healthy environment for patients.

## Appendix

### Item 1: COVID testing tip sheet



#### **Resident Covid Testing Tip Sheet**

**Date:** 8/5/2020

**Topic:** Helpful Tools Regarding Covid Testing

1. If the patient is uncooperative and/or agitated provide the patient a break, and then come back to the patient at a later time. During this time, if available, find another facility team member who has the best relationship with the patient. This team member can talk with the patient about the test and attempt to get consent once more.
2. If possible try to have a visual of the testing process available to show the patient. This can be helpful in calming the patient who is unsure about the test.
3. Be honest with the patient and explain everything in layman terms (e.g. I will be putting a q-tip in your nose in order to get the sample. The q-tip will likely burn/tickle a little but try to stay still and relaxed as it will be over with quickly, 10 seconds).
4. Utilize distraction or refocusing techniques to help the patient stay busy and focused on something else during the procedure. Helpful distractions that can be used are: playing music for the patient, asking the patient to count to 10, wiggle their toes or squeeze a stress ball. These techniques are grounding-based techniques that use any of the five senses to focus on one activity during the testing process.
5. It may be helpful to support the patient's head during the test with a pillow. This can discourage the patient from the natural reaction of pulling back during the test.
6. Allow the patient to choose which nostril they would prefer to have the test done on. (if appropriate).
7. It is helpful to be calm for the patient while performing the swab, as the patient may sense the anxiousness of the other person.
8. In order to help the patient feel more comfortable and in control of the situation give them the option of dimming the lights or facing the chair differently
9. If the initial swab of the patient is unsuccessful attempt again with the patients second nare.

## Item 2: Observer Log for Don and Doffing PPE

### PPE Observer Log

Observer's Name: [REDACTED] Date: [REDACTED] Unit: [REDACTED]

*Note: Each Observer must have a new Personnel List:*

Date/Shift	Name (please print)	Job Title	Department Phone Number	Comments
				Don <input type="checkbox"/> Doff <input type="checkbox"/>
				Don <input type="checkbox"/> Doff <input type="checkbox"/>
				Don <input type="checkbox"/> Doff <input type="checkbox"/>
				Don <input type="checkbox"/> Doff <input type="checkbox"/>
				Don <input type="checkbox"/> Doff <input type="checkbox"/>
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