



Association of General Hospital Psychiatric Services

Association of General Hospital Psychiatric Services (AGHPS) - Position Statement

The Care of Inpatients on Psychiatric Units in Schedule 1 Mental Health Facilities during COVID-19

Each hospital across the province has been actively engaged in pandemic planning to ensure safety of patients and staff during COVID-19.

Planning Principles:

- Each hospital's mental health program will work with colleagues, including those in Infection Control, Occupational Health, Emergency Medicine, ICU, and Anaesthesia, to determine local hospital priorities, resources, and best practises in support of their community.
- All efforts will be made to maintain acute care in-patient resources and urgent care clinics to ensure safety and treatment for those patients presenting with relapse of a mental illness and/or increased risk of harm following physical, financial, environmental, and social stressors.
- Staff and Patient safety will be prioritized including access to appropriate PPE as per MOH guidelines.

For the care of patients admitted to inpatient mental health units during times of pandemic:

1. Out of hospital passes and off unit privileges are not allowed.
2. Visitors are restricted with the exception of 1 parent or caregiver for children and adolescents. Efforts should be given to involve families in patient care via virtual platforms or by phone depending on clinical circumstance and age of patient.
3. Group activities are discontinued unless occurring virtually on a video platform.
4. Communal dining options are discontinued. Patients will receive meals in their rooms or, if space allows, meal times will be sequenced and meals distributed in a manner that allows for proper social distance.
5. All new admissions are to be placed in private rooms when possible even if screened negative. Patients with the highest length of stay, if asymptomatic, will be moved to double or quad rooms if all private rooms are occupied.
6. COVID-19 positive or PUI patients, if medically stable, can be provided care on the mental health unit or a COVID-19 medicine unit with a psychiatrist acting as MRP for that patient, with isolation in a private room with a private washroom and full droplet precautions, when possible,

given the physical layout of the ward. For patients remaining on a mental health unit, these rooms would preferably be cohorted on a separate unit or in a sectioned area separated from the rest of the general unit. Note: individual hospitals will establish process that works for that organization.

7. Formal capacity assessment regarding COVID- 19 testing and understanding and agreement of isolation requirements should be completed and documented.
8. COVID-19 positive or PUI patients presenting with behavioural disinhibition and unable to cooperate with directions to isolate, will require isolation in a locked room within an intensive observation area. Hospital policies of Least Restraint and Observation levels will be followed.
9. All clinical staff should wear surgical masks and PPE consistent with hospital IPAC policies for any clinical encounters with patients. Full PPE is required, as per IPAC direction, if the patient is on droplet/contact isolation. All staff must complete hospital PPE donning and doffing education.
10. Specialty units not required due to low census may be re-purposed to assist medical services in increasing capacity.
11. Within limits of existing space resources, consideration should be given to the creation of mental health assessment zones outside of the emergency department for patients deemed medically stable, to assist with emergency department capacity, flow, and patient safety.
12. Code White protocols to be updated including full PPE preparedness for all involved clinical staff.
13. Medical staffing plans to be updated allowing for backup MRP coverage in the event of critical workforce shortage amongst psychiatrists. Options for virtual care will also be implemented in such circumstance.
14. Urgent care/rapid access mental health and addiction clinics are to be maintained and expanded to assist with admission avoidance and discharge follow up, with options of interprofessional telephone and video support. Collaborative care models with community mental health resources to be enhanced to prevent repeat need for emergency presentation.
15. Public health measures related to reducing spread of COVID 19 in the community are to be reinforced with patients during their stay on the inpatient units: this includes handwashing, social distancing, etc. Signage, health teaching and modelling of these behaviours are critical so that our patients are current with these expectations once discharged to community.