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State of Indiana

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To: Private mental health institutions  
From: Division of Mental Health and Addiction  
Date: May 13, 2020  
Subject: COVID-19 guidance and resources

*We at the Division of Mental Health and Addiction would like to thank you and your staff for continuing to provide the necessary behavioral health services to the residents of Indiana during this unprecedented time.*

On March 4, 2020, the Centers for Medicare and Medicaid Services released QSO-20-13- Hospitals, *Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge.*

This document encouraged all hospitals to monitor the Centers for Disease Control website for information and resources and to contact their local health department as needed. Links to the CDC website are provided at the bottom of this document.

The Indiana State Department of Health provides daily updates both on the webpage and in a daily broadcast. The webpage contains information for the public and for healthcare professionals. The link to the webpage is also listed at the bottom of this page.

This document is a compilation of recommendations from both of these agencies in an attempt to mitigate and manage cases of COVID-19 in inpatient behavioral healthcare settings. As the number of confirmed cases of this virus continue to increase, so does the probability of the admission of a consumer who is asymptomatic or pre-symptomatic at the time of pre-admission screening. The successful implementation of your infection control program has never been more important than now.

### ***Recommendations***

- Presume anyone coming to the hospital for admission is contagious. Many of the recommendations described in the guidance (e.g., triage procedures, source control) should already be part of an infection control program designed to prevent transmission of seasonal respiratory infections. As it might be challenging to distinguish COVID-19



from other respiratory infections, interventions will need to be applied broadly and not limited to patients with confirmed COVID-19.

- To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering the healthcare facility (e.g., HCP, patients, visitors), regardless of symptoms. Screening for fever and symptoms has not been effective in identifying all infected consumers, and additional interventions are needed to limit the transmission of the virus in your facility. Consider requiring anyone entering the facility to wear, at minimum, a cloth face covering.
- Screen individuals, employees and consumers, for fevers and symptoms of respiratory illness per facility policy, but no less than once a shift. This may be implemented with the routine, nursing shift assessments of the consumers, and each time the employees enter the facility.
- HCPs should wear a surgical mask at all times while they are in the healthcare facility.
- Consumers should be instructed to wear surgical facemasks, if available, and/or cloth coverings as tolerated.
- Provide instructions to all visitors, staff, and consumers of the need to perform hand hygiene frequently, and especially before and after touching or adjusting the face coverings.
- Consumers unable to manage hand hygiene or their face coverings should be assisted by staff.
- Avoid congregated and communal dining.
- No groups of more than 10 people, maintaining social distancing of at least six feet. Group therapy may still be completed while incorporating these guidelines.
- Wash hands frequently with soap and water for at least 20 seconds. An alcohol based hand sanitizer may be used for hand hygiene. The alcohol content must be greater than 60% to be effective against the COVID-19 virus. If hands are visibly soiled, wash with soap and water.
- Avoid touching your eyes, nose, and mouth. Should this occur, please remind the patients to use hand hygiene with alcohol based hand rub or hand washing.
- Clean and disinfect frequently touched objects or surfaces such as remote controls, chairs, tabletop surfaces, door handles, hand rails, light switches, countertops, desks, phones, keyboards, toilets, faucets, and sinks. Refer to the Environmental Protection Agency (EPA) guidance for cleaning and disinfecting solutions which are effective for COVID-19. Follow manufacturer's recommendations for all cleaning and disinfection products for concentration, application method, and contact time. (Link for EPA included in list at bottom of page)

***Treating Persons under Investigation and/or consumers known as having COVID-19***

- PUI and consumers having a positive test for COVID-19 should be placed in single person rooms. When possible, maintain the consumer in this room for the duration of the stay.
- Persons having the same known pathogen (confirmed with laboratory testing) may be housed together in the same room. Until pathogens are known, the person should be placed in a single room.
- HCPs who enter the room should utilize personal protective equipment including a respirator, also known as an N95, (or facemask/surgical mask if a N95 respirator is not available), gown, gloves, and eye protection. Limit the number of different employees providing care to these consumers, when possible.
- Contact lenses and personal glasses are not considered eye protection. Goggles or face shields are to be used for eye protection.
- Cloth face coverings should not be used by HCPs during the care of PUI or consumers known to have COVID-19.
- If possible, have the consumer wear a face mask when staff are in the room, and at all times if the consumer leaves the room.
- Aerosol generating procedures/treatments, such as nebulizer treatments, should be performed while wearing an N95 respirator (N95 facemask) or respirators offering a higher level of protection. If possible, substitute inhalers with spacers for nebulizer treatments.
- Gloves should be discarded prior to leaving the consumer's room and hand hygiene should immediately be performed.
- Gowns used should be isolation gowns, should be donned just prior to entering the room, and changed if soiled. The gowns should be removed just prior to leaving the room. If the gowns are disposable, then they should be discarded. If using cloth gowns, these should be laundered after each use.
- Utilize dedicated equipment including blood pressure cuffs, stethoscopes, thermometers, etc. for each PUI and consumers who have tested positive for the virus. Equipment should remain in the room of the consumer.
- Review the [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#) for recommendations for the duration of transmission-based precautions.

The care and safety of the consumers and your employees is of great importance to us. If your facility is unable to follow the recommendations in this guidance, whether due to lack of available PPE, insufficient staffing, or the inability to accommodate the PUI or consumers testing positive for the virus in single rooms, you should consider the transfer of the consumer to another hospital. DMHA has been working with acute care hospitals in the state to identify psychiatric units with the capacity to meet consumers' behavioral health needs and treat COVID-19 patients.

If you need assistance in placing a patient, you may contact Erin Quiring, assistant deputy director for quality improvement ([erin.quiring@fssa.in.gov](mailto:erin.quiring@fssa.in.gov); 317-670-2415).

### ***Suggested Training***

- Review universal precautions with all staff, including proper hand hygiene, covering a cough or sneeze, and assess for understanding.
- Review isolation procedures with employees providing direct care, particularly transmission-based infections (droplet and contact isolation). Assess for competency and understanding of procedures.
- Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
- Take credit for the training you have provided by ensuring staff signatures are documented on a training sign in sheet.

### ***Resources***

#### [ISDH COVID-19](#)

#### [CDC COVID-19](#)

- [Training for Healthcare Professionals](#)
- [Healthcare Professionals: Frequently Asked Questions and Answers](#)
- [Infection Control Guidance for Healthcare Professional about Coronavirus \(COVID-19\)](#)
- [CDC's Guideline for Environmental Infection Control in Health-Care Facilities](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings](#)
- [Healthcare Infection Prevention and Control FAQs for COVID-19](#)
- [Healthcare Supply of Personal Protective](#)
- [What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#)
- [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#)
- [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation for Coronavirus Disease 2019 — aka Guidelines for Clinical Specimens](#)
- [Evaluating and Reporting Persons under Investigation](#)

#### [COVID-19 Focused Infection Control Survey: Acute and Continuing Care \(in QSO-20-20\)](#)

#### [List N: Disinfectants for use Against SARS-CoV-2](#)

[The President's Coronavirus Guidelines for America](#)