

California Psychiatric Association COVID-19 Task Force

Recommendations to Reduce Risk For SARS-COV-2 Transmission for Procedural Psychiatry

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Goals:

- Increase patient access for those who need in-person care and maintain access to long-acting injectable antipsychotics (LAIs), ketamine, transcranial magnetic stimulation (TMS) and electroconvulsive therapy (ECT)
- Improve quality of care for vulnerable patients and patients with complicated symptoms who would benefit from continued access to in-person care, including LAIs, ketamine, TMS, and ECT
- Improve patient and staff safety by effectively screening patients for symptoms of COVID-19

The California Psychiatric Association (CPA) asserts that maintaining access to the full range of effective psychiatric care while maintaining the health and safety of patients and staff is needed during the SARS-COV-2 pandemic (COVID-19).

LAIs, TMS, ketamine and ECT treatments are highly effective and greatly improve the quality of life for patients with severe mental illness. During COVID-19, the lack of access to LAIs, TMS, ketamine and ECT has negatively impacted some of the most vulnerable patients including: 1) those who are or are at risk of becoming homeless, 2) those who were recently incarcerated and 3) older adults who may be isolated.

LAIs: The California Access Coalition outlined *Clinical Considerations for Prescribing Long Acting Injectables During the COVID-19 Public Health Emergency* on April 21, 2020. This mirrors information on SMI Adviser (smiadviser.org) that outline further comments about the importance and possibility of using LAIs.

ECT: Psychiatrists providing ECT should work closely with and be familiar with anesthesia colleagues' workflows and protocols.

Clinical settings and organization/facility policy vary and information is constantly evolving. The authors recommend that the reader be familiar with CDC guidelines for ambulatory medical practice:

<https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html>

A minimum equipment and environmental checklist is strongly recommended, including but not limited to:

- Screening stations (a designated place to meet patients for screening before they enter a clinical site)

- PPE (Full PPE includes gloves; surgical masks, N95 masks, face shield or goggles; and gown)
- Designated +/-suspected +COVID-19 Room
- Cleaning supplies labeled for use in healthcare (see epa.gov for a list of products with contents appropriate for disinfection against COVID-19)
- Posted signage on COVID-19 signs and symptoms, hand washing and use of PPE
- A plan for managing patient flow through the clinics and patient care rooms plus the time and a process to disinfect rooms/equipment between patients
- Vital sign stations (a designated place to do vital signs which can be cleaned between patients)
- Thermometer (infrared/no-touch preferred)

Safety Protocols based on roles of staff are also critical. The following are examples:

TMS Techs

- Wash hands with soap (20 seconds) after all patient contact.
- Wipe down chairs between patients with approved agents
- Keep physical distancing (6 feet or greater) and wear a surgical mask
- Provide patient with a surgical mask if they do not have one (homemade masks may not provide the same level of protection)
- Stay behind the patient when placing and adjusting the coil.
- Use full PPE when the patient is COVID+ or Suspected COVID+
- Report any contact with a patient who has cold, flu or respiratory symptoms to your supervisor.
- Report any cold or flu symptoms you have to your supervisor immediately. Stay home until symptom-free for 48 hours and cleared by your director of operations/supervisor.

Providers

- Medication management/psychotherapy/routine appointments should be done by telehealth or phone when clinically appropriate
- Wear a surgical mask when interacting with staff or clients when in clinic
- Wash hands with soap for 20 seconds after any patient contact.
- Keep physical distancing (6 feet or greater).
- Report any contact with a patient who has cold, flu or respiratory symptoms to your supervisor.
- Report any cold or flu symptoms you have to your supervisor immediately. Stay home until symptom-free for 48 hours and cleared by your director of operations/supervisor.

Scheduling Staff Script/Workflow:

Patient Name/ID _____,

I'm calling to confirm your appointment with Dr. ____ on _____ at _____.

We expect you to follow strict guidelines when entering:

1. You must be wearing a surgical mask prior to entering the office. One will be provided if you do not have one.
2. Please avoid touching all surfaces, including door handles as best you can.
3. We will be taking your temperature. If you have a fever, you will be asked to go home and return when you no longer have a fever for 48 hours.

4. If you are experiencing any COVID-19 related symptoms, please do not come to the office. Symptoms may include but are not limited to fever, cough, shortness of breath/difficulty breathing, tiredness, aches, chills, sore throat, loss of smell, loss of taste, headache, diarrhea, and severe vomiting.
5. If you are unable to come to the office for your injection because you are experiencing one or more of these symptoms, please contact us and the doctor will determine what next steps will be taken