



TDMHSAS Recommendations for Coronavirus (COVID-19) for Mental Health Crisis Providers

It is recommended that all providers regularly check www.cdc.gov/COVID19.html and <http://www.tn.gov/health/cedep/ncoy.html> for updated information and make any changes in procedure as needed.

NOTE: Telehealth should be utilized whenever possible. Utilize call-thrus (phone consultation with CON writer) whenever possible. Attempt to avoid sending non-symptomatic clients to the ED for assessment whenever possible. Always, maintain 3 feet or more distance when conducting a face to face assessment. If patient is symptomatic, prioritize medical intervention first before addressing the mental health crisis to contain any potential spread of virus.

Ensure all staff have access to an **alcohol-based** hand sanitizer and other PPE= Personal Protective Equipment, if available.

1. Call Triaging

Screening Criteria:

- a) Fever, cough, shortness of breath or any flu like symptoms? AND
 - b) Traveled to affected area past 14 days? OR
 - c) Had contact with any confirmed COVID-19 patient within 14 days of onset? OR
 - d) Has anyone you have come in contact with in the past 14 days had fever, cough, shortness of breath or any flu like symptoms?
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- ❖ If **yes** to both (a) & (b) or (c) or (d) above, ask the person if they have been seen by a medical provider.
 - ❖ If **no** to all four, the patient is not currently at risk of having COVID-19 and you may conduct business as usual.
 - ❖ If no to (a) but yes to (b), (c) or (d), proceed with caution but medical screening may not be necessary in the absence of current symptoms.
 - ❖ **Attempt to provide mental health assistance by phone whenever possible.** If person is at risk of having COVID-19, direct the person to a medical provider. (DO NOT automatically send to the ED unless that is the only option) You can always call 615-741-7247 to determine if the person is eligible for lab testing and where to send them.

If symptomatic and unable to address needs by phone, prioritize medical intervention first before addressing the mental health crisis to contain any spread of virus.

2. Mobile Response- UTILIZE TELEHEALTH or PHONE response whenever possible

For in person face to face assessments:

- ❖ Ensure screening questions have been asked either by ED or jail staff or by asking them yourself. If yes to both (a) **and** (b) **or** (c) **or** (d) above follow all infection control precautions. If no to all, proceed as usual *but always wash your hands before and after encountering each individual client.*
- ❖ Ensure anyone experiencing symptoms is wearing a face mask before conducting an assessment.
- ❖ Maintain 3 feet or greater distance during screening.
- ❖ For anyone experiencing symptoms with a fever over 100.4 degrees, counselors should request a N-95 mask. If a N-95 mask is not available, use all other PPE available and maintain 6 feet or greater distance.
- ❖ For anyone with a fever over 100.4 degrees, do NOT refer for inpatient psychiatric services until fever is absent for more than 24 hours.
- ❖ For any suspected cases that are not already in a medical facility, contact TDH at 615-741-7247 for next steps.

3. Walk-In Centers – Place signage on entryways to prevent anyone with fever, cough or other symptoms from entering the facility.

- Ask assessment questions.
- Take vital signs
- If yes to any questions and/or fever is present:
 - ❖ Place a mask on the patient. If masks are not available, provide personal hygiene products to patient (tissues, hand sanitizer, etc.) and instruct them to cover mouth/nose when coughing or sneezing.
 - ❖ Move patient to a room that is at least 6 feet away from others and close door. Do not allow the person with symptoms to roam around.
 - ❖ Use standard airborne infection control precautions.
 - ❖ Call TDH 615-741-7247 to determine whether person meets criteria for testing and/or further instruction.
 - ❖ If testing not required, provide service (while maintaining isolation and PPE) and send the person back home with recommendation to follow-up with physician if symptoms do not improve within 14 days.
 - ❖ Immediately clean any area the person may have come in contact with using a CDC recommended cleaning product.

4. CSUs- Place signage on entryways to prevent anyone with fever, cough or other symptoms from entering the facility.

- Ask assessment questions.
 - Take vital signs
 - If yes to any questions and/or fever present:
 - ❖ Place a mask on the patient
 - ❖ Move patient to a room that is at least 6 feet away from others and close door
 - ❖ Use standard airborne infection control precautions
 - ❖ Call TDH 615-741-7247 to determine whether person meets criteria for testing and/or further instruction.
 - ❖ If testing not required, defer admission due to medical instability. Attempt to meet mental health needs (provide script, OP appointment, etc.). Send the person back home with recommendations to follow-up with physician if symptoms do not improve within 14 days.
 - ❖ If answers to questions are no, admit and provide service as indicated.
 - ❖ Restrict visitation of patient family/friends.
5. **RMHI Referrals-** Do not refer individuals experiencing fever over 100.4, with cough, and shortness of breath for inpatient services. Ensure vital signs are taken within 30 minutes of transport. If the individual is already in a medical facility, communicate this requirement to the medical facility staff and hand them the Vital Signs Requirement flyer. Stress the importance of following process as non-adherence could lead to further delay.
6. **Staff and Visitors-** Apply same screening and isolation protocols to staff and visitors.