

Guidance for Psychiatry Consults in the ED and CL during COVID19 Pandemic:

- **Avoid unnecessary exposure**
 - When receiving any consult, discuss the case with the consultee and review the chart to determine if the consult question can be answered without face to face contact.
 - If chart review is sufficient, complete an E-Consult.
 - If patient interaction is required to answer the consult question, ask consultee or nursing staff if patient can use the phone. If yes, call patient by phone.
- **Face to Face encounters**
 - Routinely ask the consultee about any need for personal protective equipment (PPE) prior to seeing the patient.
 - When in the ED, we recommend that you wear a surgical mask at all times.
 - Wear any additional PPE (gloves, gowns, face shields) as instructed by the consultee or as indicated by signage outside the patient room.
 - Limit face to face interaction to the minimum time necessary to answer the consult question. It may be acceptable to “eyeball” patients from the doorway in some cases. Please use your clinical judgment.
 - Division of labor to reduce exposure: At the beginning of weekend call or any shift, attendings and residents should strategically plan out face to face contact to reduce # of individuals making contact with the patient, eg. If the attending feels he/she needs to see the patient face to face anyway, we recommend the resident NOT see the patient. Resident may still help out with other tasks, eg. chart review, calling the family, etc. Attendings will not be required to see every new patient face to face that the resident has already seen. Verbal staffing of new consults is acceptable during COVID19. Please use your clinical judgment.
 - Always wear gloves if a physical exam is required, eg. suspected catatonia or exams for EPS.
 - Avoid shaking hands.
 - Allow at least 6 feet between you and the patient.
 - If you must be closer than 6 feet for any reasons (eg. small room or patient is hard of hearing), wear a surgical mask.
 - Use hand sanitizer, or wash your hands for 20 seconds, before and after seeing the patient.
- **PPE**
 - Due to limited supplies, we recommend re-using surgical masks for at least 1 day, up to a few days, as long as it is not soiled or wet. We suggest storing the mask in either a plastic or paper bag.
 - Surgical masks can be found at the nurses station, outside patient rooms, and in the resident call rooms.
 - N95 masks are reserved only for aerosolizing procedures, eg. intubation, and is rarely used by psychiatry.
- **For COVID positive or PUI (persons under investigation) cases:**
 - Discuss the case with the attending before you even consider seeing the patient.
 - There should be a very high threshold to seeing these patients face to face.
 - Preference should be given to phone and E-consult methods as above.

- If face to face exam is deemed necessary, the attending psychiatrist should see these patients alone and wear appropriate PPE. Non-urgent cases on call can be deferred to the daytime CL/ED teams.
- For COVID/PUI patients requiring a sitter: May suggest sitter outside the patient room, relocating to a room with window doors, and use of bed alarms. More liberal use of psychotropic meds for agitation and soft restraints may be required to keep patient safe. Please use your clinical judgment.
- **Symptomatic patients**
 - In the ED, patients who are on LPS involuntary holds requiring hospital admission who have any lower respiratory symptoms (cough, SOB), flu-like symptoms, and/or fevers, should be admitted to medicine with CL psychiatry following. Infectious Disease will determine if COVID testing is indicated. A negative test result could expedite transfer to psychiatry if otherwise medically stable for transfer.
- **Sign-Out**
 - Sign-out sheets are shared electronically through the secure drive
 - At the beginning and end of each shift, outgoing and incoming residents must communicate sign out by phone, even if there is nothing new to sign out.

From the Greater Los Angeles VA Healthcare System, Los Angeles, CA.