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TO: CMH/PIHP Medical Directors
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FROM: Debra A. Pinals, MD

SUBJECT: LAIs and Laboratory Testing in Psychiatric Care in the COVID-19 Context

DATE: April 13, 2020

Guidelines for Maintaining Psychiatric stability for Patients Receiving Long-Acting Injectable Antipsychotic Medications (LAIs) and other Medications that require injections and periodic phlebotomy for lab testing in Mental Health Care during the COVID-19 Pandemic*

Long-Acting Injectable (LAIs) Antipsychotic Medications:

During the COVID-19 pandemic, it is critical to maximize supports to maintain individual psychiatric stability to help patients avoid the need for exposure to hospital settings and increased risk of COVID-19, as well as support their behavioral health stability overall. With that in mind, unless medically contraindicated, patients who currently receive Long-Acting Injectable antipsychotic medications (LAIs) and are at risk of difficulties with oral medication should generally be maintained on these medications to decrease the risk of psychiatric decompensation, and patients who have challenges with managing their oral medications should be considered for a LAI for their condition if medically indicated. Although individual prescribing should be done on a case by case basis and as medical indicated, general considerations for psychopharmacology may include:

- Consider use of longer lasting injectables that can be shifted from every two weeks to monthly or once every three months, if medically appropriate, but maintain schedule of dosing according to patient's susceptibility to relapse and decompensation with any alteration in schedule.

*Developed in collaboration with Bradleigh Dornfeld, M.D.

- Document any changes in prescriptions and rationale for them in the medical record, weighing risks and benefits of these decisions and document that informed consent was obtained by patient or guardian, and the modality of the interaction (e.g., telemedicine or other).

- If patients cannot come to a clinic for an injection (e.g., due to transportation, physical illness, or other factors), consider arranging for a bridge prescription of oral medications at an accessible pharmacy or make sure that they have a supply of oral medication on hand with clear instructions regarding the use of this bridge. Once stabilized/re-stabilized on a LAI, discontinue bridging oral medications as quickly as possible to avoid excessive dosing, as well as avoid unnecessary pharmacy visits or medication drop offs.

- If a patient needs to be switched from a LAI to oral medications for any reason, consider checking in with that patient on a more frequent basis to assess for decompensation. Provide for adequate refills and consider providing an extended supply of medications for whom that is not a concern, weighing any risks of doing so.

- Consider discussing medication changes, with proper consent as indicated, with family, care givers and support workers for patients so that they can help provide oversight and can assess for concerns. Develop a plan for such individuals to notify the prescriber if concerns arise about relapse or side effects.

Medications requiring phlebotomy and other laboratory testing, physical examination, and other types of close contact needed in psychiatric care:

In psychiatric care, the need for close contact may be needed to support life and safety. This can include laboratory testing to assess levels of medications (e.g., Lithium, Valproic Acid) or assess for any toxicity, as well as the need for other laboratory testing (e.g., as required with Clozapine), blood pressure monitoring, determination of side effects (e.g., testing for cogwheel rigidity), or oral dosing of medication in clinical settings (e.g., Opioid Treatment Programs). It is recognized that for mental health care providers, these types of procedures might include close contact (defined by the CDC as within six feet of another individual for a prolonged period of time). Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important. Even with relaxation of guidelines (such as in the REMS system), ultimate decisions for frequency of obtaining medication blood levels, side effect testing, and other patient face to face assessments rest on clinical judgment and patient or surrogate consent, and any change in patterns of assessment for patients should be documented in the medical record, with a rationale for such changes.

Considerations to Reduce the Spread of COVID-19 for clinics that administer LAIs, Draw Labs, or Conduct Physical Examination, or Conduct Other Procedures that Require Close Contact with Patients:

Standard Precautions should be taken in any interaction with patients. For patients with known or suspected COVID-19, workers should adhere to Standard Precautions and use a facemask, gown, gloves, and eye protection. Patients should be encouraged to wear a cloth face covering.

Protecting individuals in care as well as staff at the frontlines is a priority. Given the realities of PPE access around the globe, it is important to strategize ways to limit contact and reduce exposure in facilities through other means.

Full guidance for infection control in health care facilities is available from the CDC.

Consider the following strategies to reduce spread:

Limit how germs can enter the facility.
- Cancel elective procedures
- Use telemedicine when possible
- Limit points of entry and manage visitors
- Screen patients for respiratory symptoms and for fever
- Encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough). Patients should be encouraged to wear cloth face coverings when outside their homes.

Isolate symptomatic patients as soon as possible.
- Set up separate, well-ventilated triage areas
- Immediately place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (as possible)
- Prioritize AIIRs for patients undergoing aerosol-generating procedures.

Reduce staff exposure.
- Emphasize hand hygiene
- Install barriers to limit contact with patients at triage
- Cohort COVID-19 patients
- Limit the number of staff providing care to COVID-19 patients
- Prioritize respirators and AIIRs for aerosol-generating procedures

Optimize the use of PPE.
Providers should implement the use of MDHHS Optimizing PPE During Crisis Capacity strategy during PPE shortages.

- These strategies should only be used when there is limited supply that has exceeded the ability to provide conventional standards. As PPE becomes available, healthcare providers should promptly resume standard practices.
- During severe resource limitations, consider excluding healthcare providers (HCP) at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients (e.g., those of older age, those with chronic medical conditions, or those who may be pregnant).

Manage PPE access.

- Develop accountability and clear inventory for PPE within the clinical setting. Any reuse of PPE should include accountability and tracking.
- Use the PPE Burn Rate Calculator to anticipate future PPE needs.

Prioritize the use of PPE.

During periods of limited availability, it may be necessary to prioritize allocation of PPE. When supplies are less limited, allocations should be as broad as possible to mitigate spread of disease. The MDHHS Prioritization of PPE strategy outlines prioritization during periods of limited availability.

With these guiding principles in mind, also consider the following approaches for behavioral health clinics:

- Identify waiting spaces to avoid congregation of patients and staff.
- Consider having patients wait in vehicle until called into clinic. Ensure the availability of tissues, trash receptacles, and a handwashing station along with alcohol-based hand sanitizer containing at least 60% alcohol may be used.
- Set up lines, waiting rooms, and other spaces to allow for social distances of 6 feet apart. For example, tape at 6-foot intervals, remove extra chairs from waiting rooms and place remaining chairs 6 feet apart. Limit the number of people in waiting rooms to less than 10 at a time if possible, including staff.
- Encouraging all people to wear cloth face covers outside of their homes.

Specific Considerations for Management of Mental Health Services Requiring Close Contact:

- Consider dedicating a specific day for in-person contacts that require close contact so that certain staff can be assigned to PPE specified for such close contact procedures.
- Provide PPE to patients and staff only as indicated according to CDC guidelines.
- Consider strategies to maximize privacy for patients even if location of intervention is in a larger space outside of a small examination room.
- Have patient wear a mask and remind patient to face away from staff during the close contact procedure.
- Encourage patient to wear a cloth face covering.
- Both patients and staff wash hands before and after encounter.
- Remind patients not to touch faces.

For further information please review:

BHDDA Communication #20-02 Guidance for Specific Clinically Essential Face to Face Encounters in Behavioral Health Clinics, Substance Use Services and Residential Settings in the COVID-19 Context

BHDDA Communication #20-03: Infection Control Issues during Patient Close Contact Face to Face Assessment in Behavioral Health Clinic Settings in the COVID-19 Context

Both documents are available on the BHDDA website.