Proactive Risk Assessment: 
Face Masks in Behavioral Health Units during COVID-19
(Courtesy of Michigan Accreditation Team)

**Describe the issue:** The current Covid 19 pandemic has caused organizations to consider how to best minimize exposure to and spreading of the coronavirus while patients are being cared for. Trinity Health has required that all patient "forward facing" staff wear a surgical type mask while caring for patients in all units of the hospital. The CDC, the Federal Government, and Michigan Governor Gretchen Whitmer recommend the use of a mask when in public.

Those involved in the discussion (April 7) pertaining to Behavioral Health (BH) patients wearing masks: Accreditation, Behavior Health Unit On-Site Experts, Infectious Disease Physician, Chief Nursing Officer, Chief Quality Officer

RA compiled by: Accreditation and Regulatory

<table>
<thead>
<tr>
<th>Arguments in support of the issue—why things should remain the same (No BHS patient to wear mask)</th>
<th>Arguments against the issue—why things should change (why should they wear a mask)</th>
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</thead>
<tbody>
<tr>
<td>Safety issue- Potential ligature risk</td>
<td>Could protect patient and staff from a potentially deadly outbreak on a closed unit.</td>
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<tr>
<td>Donning mask causes patient to touch face which is contradictory to CDC recommendation to limit touching face in order to decrease transmission of the virus</td>
<td>Current evidence-based research indicates that patient can be asymptomatic and still transmit virus to others before identified as positive for coronavirus</td>
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| BH patients are cohort together in the hospital. There is decreased risk of transmission on this unit due to not being on in-patient units. | Social distancing is difficult where group therapy is part of the treatment plan  
  - Many people together in small spaces |
<p>| Not requiring masks will help to conserve the use of PPE necessary in other areas of the hospital | Proactively mitigating risk by wearing a mask spares the higher acuity beds (Covid positive patient would require transfer to higher level of care) |
| Patient screening, including temperature checks twice daily, will identify BH patients who may not be exhibiting symptoms | Current evidence indicates transmission through droplet and cough. Potential altered mental status and capacity in BH patients may lead to a lack or lapse in understanding what their role is in covering cough, hand hygiene, etc. |
| Process is established to allow patient to wear mask ONLY if requested. | Compliance with patient rights to wear a mask (mask only allowed when patient is in direct visualization of staff, not when alone in room) |
| Process is established to be able to maintain social distancing during groups and meals to promote effective programming and therapeutic milieu | The Coronavirus has high incidence of mortality |
| High touch surfaces cleaned regularly | Suicide risk with mask is unknown |
| Medical assessments and BH therapy need to | Outbreak on a closed unit could severely diminish |</p>
<table>
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<tr>
<th>include non-verbal communication and facial expressions during discussions with patients. Facemasks would prohibit.</th>
<th>mental health resources</th>
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| All BHS patients are risk stratified through the Columbia Suicide Screening Assessment Tool and medical examination.  
- All high-risk patients are placed on 1:1 staff monitoring | |
| Any risk reports or performance improvement (PI) data applicable: | Any risk reports or PI data applicable: |
| None available | None available |
| Any Sentinel Event Alerts applicable: | Any Sentinel Event Alerts applicable: |
| Sentinel Event Alerts #7, #56 retired, changed to Joint Commission Standard- 2020 National Patient Safety Goal 15.01.01 | |
| **Mitigation:** (potential strategies to reduce risk)  
- Patient education – social distancing, cough etiquette, Coronavirus symptoms  
- Private rooms  
- Limit # of patients in group areas according to size of space- dining, group therapy  
- Consider rapid testing prior to admission  
- Screening (twice daily temperature for fever, SOB)  
- Staff education- rationale re: use of face masks with BH patients  
- Patient rights – allow pts who ask for a face mask and strictly adhere to unit-based policy  
- Strict handwashing – observe for non-compliance with patients and/or staff  
- Daily cleaning including high touch surfaces – door knobs, phone in hallway, bathrooms, handrails, etc. | Approved for implementation  
Implementation approval pending each RHM leadership |

**Resources:**  

CDC:  
Conclusion:

Mental health patients pose unique opportunities and challenges for providing safe and effective care. It is essential for HCW’s to be able to see the expression and affect of patients during group and individual therapy sessions. CDC experts conclude that exposure to the coronavirus during the pandemic is greatly reduced through social distancing. Social distancing can be achieved by limiting patient movement in the halls, creating all private rooms, and decreasing the number of patients during dining and group times according to the square footage of the space.

A process must be created for patients who ask to wear a mask. This practice and process must comply with patient rights and be in alignment with organizational infection control guidelines. The process must be communicated to all staff including Licensed Practitioners, EVS, Dietary, and any other staff members that could come in contact with BH patients.

Based on strict adherence to above strategies, and following risk reduction mitigation, the risk of BH patients contracting Coronavirus while in the hospital is low if they do not wear a mask, as opposed to the risk of ligature using a mask, which could lead to death.

Communication plan: Communication of the plan to staff is the responsibility of BH leadership

All staff that come in contact with BH patients will be informed that patients receiving care on the BH unit will not be required to wear a facemask. Exception: patient will be provided a mask if transport off the unit is required. A process must be created at the organizational level for patients who ask to wear a mask. This process must be communicated to all staff including Licensed Practitioners, EVS, Dietary, and any other staff members that could come in contact with BH patients.

BH leadership will communicate recommendations to staff with rationale to support not having BH patients wear a mask.

BH staff will educate patients who request a mask. If a mask is given to a patient, it should only be worn under direct supervision and never in patient’s rooms.

Time frame for reassessment, if applicable: TBD based on evolving Coronavirus pandemic

Date(s): TBD

Responsible for follow-up, if applicable: Person(s):

Route form to the risk manager/QI

Date: N/A

Person: N/A

Instructions for use of the Proactive Risk Assessment Form

This form can be used when a hospital is confronted with a problem and is unsure of the needed plan of action to resolve the issue. The process, utilizing this form, provides the hospital the opportunity to study/identify the reasons to do or not to do—to take an action or not to take the action. This process
assists hospitals in the discussion and determination of when an issue is a risk and in the determination of the appropriate plan of action based on the situation.

1. Whenever an unsafe, questionable, or complex issue, condition, or activity is identified, conduct an initial proactive risk assessment.

2. Based on the identified risk, determine which persons/departments should be included in the assessment activity.

3. Discuss the risk as an interdisciplinary group. What are the risks to patients, staff, visitors, and others?

4. Identify why the situation should remain unchanged. Identify why the process or situation should be changed to reduce risk.

5. Identify and analyze any data, information, or literature that is pertinent to the issue.

6. Outline several potential risk reduction (mitigation) strategies that could be explored or implemented to reduce the risk(s).

7. Formulate the plan for resolution or mitigation.

8. Outline the plan to communicate the findings and decisions of the proactive risk assessment group.

9. Assign time lines and expectations for action, including dates and persons to be held responsible for completion items.

10. Document the proactive risk assessment process.