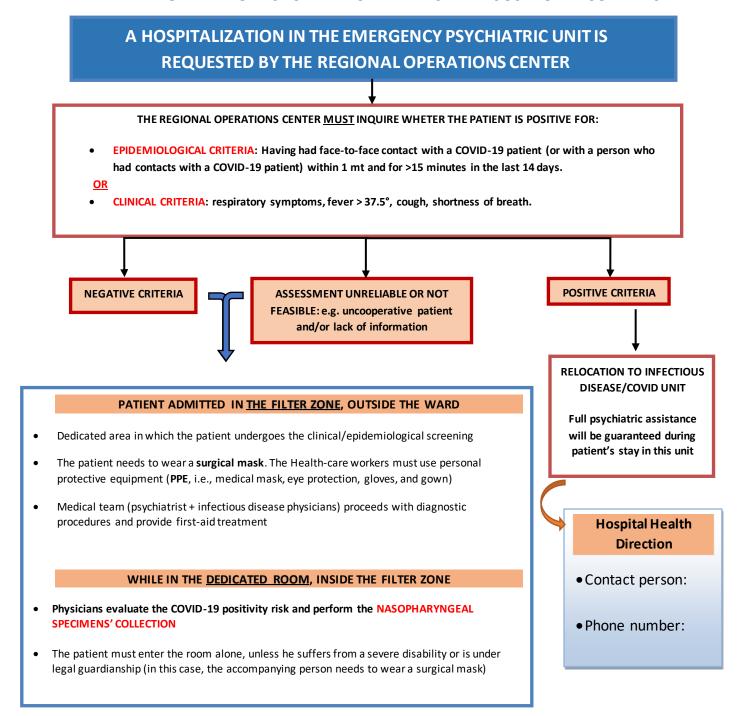
MANAGEMENT OF PSYCHIATRIC PATIENTS WITH SUSPECTED COVID-19



THE SUSPECTED PATIENT MUST STAY WITHIN THE FILTER ZONE UNTIL THE RESPONSE TO THE NASOPHARYNGEAL SPECIMENS' COLLECTION IS OBTAINED. DURING THIS QUARANTINE, THE MENTAL HEALT WORKERS WILL MANAGE THE <u>PSYCHIATRIC SYMPTOMATOLOGY</u> OF THE SUSPECTED PATIENT

- NASOPHARYNGEAL SPECIMENS' COLLECTION POSITIVITY: THE PATIENT IS RELOCATED TO THE INFECTIOUS DISEASE WARD. PSYCHIATRISTS WILL PROVIDE FULL ASSISTANCE DURING THIS PHASE
- NASOPHARYNGEAL SPECIMEN'S COLLECTION NEGATIVITY: THE PATIENT COULD BE ADMITTED TO THE
 PSYCHIATRIC EMERGENCY DEPARTMENT.

WHAT IF WE SUSPECT A COVID-19 POSITIVITY IN A HOSPITALIZED PATIENT?

IF ONE OF THE HOSPITALIZED PATIENTS DEVELOPS:

- Respiratory symptoms
- Fever > 37.5°
- Cough
- Shortness of breath

PROTECTION

- THE PATIENT HAS TO WEAR A **SURGICAL MASK**
- IF POSSIBLE, **ISOLATE** THE PATIENT INSIDE AN ISOLATED ROOM WITH PERSONAL BATHROOM

RELOCATION

- **NOTIFY** THE POTENTIAL COVID-19 POSITIVITY TO THE HEALTH DEPARTMENT AND TO THE INFECTIVOLOGIST
- ACTIVATE THE PROCEDURES FOR THE **RELOCATION**



WHEN THE RELOCATION IS COMPLETED, THE HEALTH DEPARTMENT MUST PROVIDE A COMPLETE SANIFICATION OF THE ROOM/WARD. MOREOVER, HEALT-CARE WORKERS WHO WERE IN CONTACT WITH THE PATIENT MUST UNDERGO A PERIOD OF OBSERVATION, IN ORDER TO RULE OUT THE POSSIBLE CONTAGION