

Department of Psychiatry and Psychotherapy

# MEASURES FOR HOSPITAL FACILITIES IN THE CONTEXT OF THE SARS CoV-2 PANDEMIC

# DEPARTMENT OF PSYCHIATRY AND PSYCHOTHERAPY UNIVERSITY HOSPITAL MUNICH, GERMANY

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#### Five level model:

#### Phase I: Containment

- Increased hygienic measures
- Screening questions regarding possible SARS-CoV-2 infection at first contact
- Psychotherapy / Ergotherapy / Physiotherapy / Social Services / Withdrawal therapy / Supervision: fully available
- Events postponed, teachings at University Hospital cancelled
- No therapy restrictions

## **Phase II:** Cutbacks of the elective programme

- Small therapy groups with max. 5-6 persons, distance > 2 m
- Groups across wards cancelled
- Patient contact restricted
- Adaptation of therapy plans to the personnel situation
- Implementation of further risk mitigation
- Adaptation of the content of therapy programmes: impact of isolation and the contact barrier on mental health, handling of stress situations and the activation of (new) resources
- Protection of high-risk patients
- Visiting ban



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**Phase III:** Measures for the treatment of patients with mental disorders **and** a positive SARS-CoV-2 diagnosis

- Strengthened hygiene measures: tunics and protection masks obligatory
- Conversion of a regular ward into a "Psychiatric COVID ward"
- Equipment at the COVID ward: O<sub>2</sub> masks and O<sub>2</sub> access, larynx masks, pulse oximeters, clinical thermometers, FFP2 masks and protective wear
- Training of staff, preparation of a clinical manual for diagnostics and treatment of patients with psychiatric disorders and COVID-19
- Reduced multimodal therapy programme
- Tele-medical psychotherapy

# Phase IV: Mass epidemic

- Interdisciplinary admission of COVID-19 patients to the Psychiatric Hospital
- Implementation of a psychosocial rehabilitation ward
- Multimodal therapy programme discontinued

**Phase V:** Long-term preparation period (more than 2 years)

 Patients with SARS-CoV-2 infection are expected to continue presenting themselves at the Psychiatric Hospital

## Working models for staff

- Team building preparations for working efficiently in a hospital emergency
- Team A: in direct patient care; Team B: in the backup; after 14 days, the teams change
- Recruitment of medical students
- Crisis support for staff via telephone (crisis hotline)
- Daily conference calls for staff
- Shifting of staff