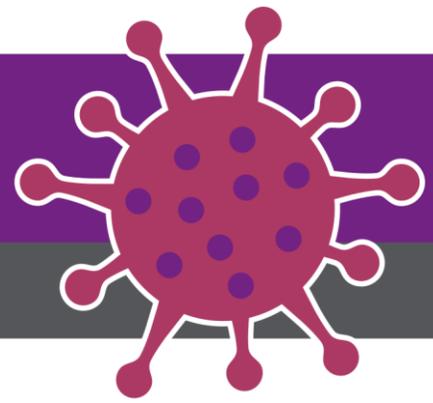


# CORONAVIRUS DISEASE 2019 (COVID-19)

## Care of the Suicidal Patient with COVID-19



**Audience:** Clinical Colleagues

**Revision Date:** 3/28/2020

**Version:** Version #1

This interim guidance is based on what is currently known [about COVID-19](#) and The Centers for Disease Control and Prevention (CDC) and The Joint Commission current guidance:

### Care of the Patient at Serious Risk for Suicide

In this situation, it is imperative to address both the infection control and safety monitoring requirements for the patient. In units/areas that contain ligature and/or other safety risks, patients determined to be at high-risk for suicide must be under continuous observation with the ability to immediately intervene through the use of 1:1 observation - 1 qualified staff member to 1 high risk patient. A qualified staff member is one that has been trained and has demonstrated competence in working with suicidal patients and performing 1:1 observation.

The Joint Commission does not prescribe a specific distance from which the observer must be to the patient. This is determined by the organization. The observer must always have full continuous view of the patient and be able to intervene without delay if necessary.

The current CDC recommendations for the patient with known or suspected COVID-19 include (as of March 26th, 2020):

- If admitted, the patient with known or suspected COVID-19 should be placed in a single-person room with the door closed.
- Standard Precautions and use of a respirator or facemask, gown, gloves and eye protection must be used when entering the room of a patient with known or suspected COVID-19.
- The observer must have received training on and demonstrate an understanding of how to properly don, doff, dispose of, and maintain PPE.
- The observer should not be present in the room when aerosol generating procedures are performed unless they are wearing a respirator (rather than a surgical mask).

If outside of the room, the 1:1 observer must be able to maintain full continuous view of the patient, with the door closed, and be able to intervene without delay when necessary. The observer would have to maintain the appropriate PPE to ensure entry into the room without delay if necessary. If this is not possible, the 1:1 observer would have to remain in the room, with the door closed, donning the appropriate PPE with full continuous view of the patient and within a distance to be able to immediately intervene if necessary.

Resource: <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/national-patient-safety-goals-npsg/000002287/?ref=TJCAL20>