

April 6, 2020

Dear Colleagues,

It is imperative that we use the limited time we have left to protect all healthcare workers and prepare for a COVID-19 surge in Rhode Island. At this time, social distancing is the most effective prevention tool that we have. We are fortunate that psychiatry lends itself well to the use of telehealth. We believe that remote telehealth (audio/visual or phone) for patient and staff interactions is the safest way that we can continue to provide all levels of care during this crisis.

We are requesting residents (psychology and psychiatry), postdoctoral fellows, and staff be provided with these capabilities at all clinical sites. Effective immediately, we will be removing all residents from non-emergent in-person clinical care and request telehealth be made available. For non-emergent rotations, residents should report to work to assist with note writing, telehealth technology, orders, calls to family and other non-in-person care. However, patient interactions should occur only by phone or video, and staff interactions should be minimized.

If emergent face-to-face clinical care is required (ED/PAS/PES/DOC/emergent medical care), the trainee must be provided with appropriate PPE. We are requesting this on behalf of the trainees because they function in a vulnerable position, with greater concern for how self-advocacy may jeopardize their ability to complete training and obtain future positions.

We recognize that PPE is limited in availability and that the definition of appropriate PPE can vary greatly between sites. This is particularly complex and disconcerting for residents and fellows who serve at multiple sites within the system. It is our understanding that the Joint Commission has specifically stated that individual staff can utilize their own personal PPE at any site. We hope that all sites will support residents in utilizing use of personal PPE to limit the drain on institutional supplies.

We believe that **by effectively utilizing telehealth capabilities, we will require very little PPE at all sites.**

To be clear, we are instructing our residents to interact with patients and staff for routine inpatient, IOP and outpatient care using the following modalities:

- (1) telehealth - audio/visual for patient interactions
- (2) telehealth - if audio/visual is not possible, audio (phone) alone

We are instructing our residents to interact with patients and staff for emergent care using the following modalities:

- (1) a surgical mask face shield/eye goggles, and gloves - if the resident can ensure that physical distancing can occur (e.g., using larger rooms where patient and staff can be >6 feet apart)
- (2) a N95 mask, face shield/goggles, and gloves - if resident is required to be physically present within 6 feet of a patient or staff, if a patient is disinhibited, or as medically appropriate.

Our psychiatric patients, children and adults, can be behaviorally disinhibited and are often unable to maintain appropriate social distances. They also may not comply with requests to wear their own mask and they may act in physically aggressive ways that can endanger staff (e.g. spitting). When working with emergent patients that are disinhibited, residents should request and wear an N95 mask.

We acknowledge that there are service lines that are in critical need of resident support (e.g., Emergency Rooms, PES, PAS). We will continue to have residents available for both moonlighting and rotations but need telehealth to be implemented immediately. For these rotations, appropriate PPE for patient interactions will still be required as defined above.

Several trainees and healthcare workers in the United States and abroad have already died. The infection rate for healthcare workers is startling.

Minimizing exposure across all vectors is an immediate safety priority for all healthcare workers.



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