

**COVID-19 UPDATE**

A Report from the Inpatient Services  
COVID-19 Task Force  
Robert Breen, M.D., Chairman

Over the last 30, days the DIS Covid-19 task Force has continued to shield our patients from the coronavirus.

We have established isolation sites in each of our programs where we can observe admissions for possible Covid-19 infection, observe current patients who may be awaiting Covid-19 testing and if necessary to treat patients with mild Covid-19 symptoms who would be inappropriate to admit to a local general hospital. We have developed policies to guide our staff in the safest methods to manage our patients in all of these conditions.

We are severely restricting outside contact with our patients and continue to screen all employees upon arrival to work for possible exposure to Covid-19, respiratory infection symptoms and elevated temperature. Many of our staff are working from home to decrease the possibility of spreading Covid-19 and the leadership teams of each of our programs have a plan for rotating leadership personnel and for succession should any of our leaders be out sick with Covid-19. All staff should now be wearing surgical masks while working with our patients or meeting with other staff members. We have had a few employees out and testing positive but there is no evidence of spread of coronavirus amongst our staff.

We are constantly seeking additional supplies of PPE to protect our patients and staff and are communicating with SCDHEC, SC Emergency Management Division and the SC Hospital Association to make sure our healthcare partners are aware of our needs and capabilities.

Each program has developed specific screening processes to allow us to continue to admit new patients and all programs are open for admissions but at a pace allowing us to keep our current patients and our staff safe.

All this work has resulted in only one patient testing positive for Covid-19 and who has since recovered. As of 04/17/20, we have no patients under investigation for possible Covid-19 infection and are observing several recent admissions in isolation to decrease the risk of the spread of Covid-19 to our other patients.

Inpatient Services remains vigilant and focused on taking the necessary steps to serve the citizens of South Carolina while also protecting the safety of our current patients, many of whom would be at high risk for Covid-19 complication and many of whom are court ordered into treatment.

**MEMO**

**April 10, 2020**

**To: The Honorable Frank R. Addy**  
**From: Elizabeth Hutto, General Counsel, SCDMH**  
**RE: Update on COVID-19 Impact to SCDMH Bryan Forensic Hospital**

Update from Bryan Forensic Hospital since our last memo of 3/20/20:

- *Patients and the need to quarantine:* We have modified a unit to make it appropriate for quarantine. The quarantine unit includes a designated sanitized area for staff to put on their personal protective equipment (PPE) before entering the quarantine area. We also made adjustments to the ventilation system to approximate negative pressure for patients.

In late March, delayed test results for a patient proved positive for COVID-19. While awaiting those results, that patient was admitted to Prisma Health Richland for treatment of an unrelated medical condition. Positive results for COVID-19 were obtained while the patient was at Prisma. After discharge from Prisma, the patient was moved to the quarantine unit and remained there until a re-test was negative for COVID-19. At that point, the patient was moved back to their regular unit within the hospital. Two other patients were moved to the quarantine unit as a precaution but have been cleared and moved back to their original units within the hospital. Due to COVID risks, we also quarantined an entire unit under the advice and guidance of DHEC. That quarantine was lifted this week. We are doing our best to identify patients at risk and quarantine immediately.

- *Visitation:* As of 3/12/2020, all visitation was suspended and remains suspended until further notice.
- *Admissions:* We have not been able to admit for the last few weeks as we had an active COVID case and a quarantined unit. We have also lost capacity due to the need to clear a unit to create the quarantine unit. Now, that we have a functioning quarantine unit, admissions may continue on a case-by-case basis. We will admit patients in special circumstances after a phone pre-screen for signs or symptoms of COVID or recent travel to “hotspots.” An in-person screen is conducted upon arrival. We will be working with jails to pre-screen potential admissions by taking twice daily temperatures of those individuals for at least two days. As of this week, we have lost one physician who will be needed to serve as the Interim Bryan Hospital Medical Director. We have concerns that we may lose one or two additional medical staff in the coming weeks. Staffing has also been impacted as individual staff members have been advised to quarantine. These staffing challenges will significantly impact our ability to admit and our overall capacity.

- *Discharges:* Discharges have continued. Over the past few weeks, we identified patients with a high probability of discharge through video conferencing with willing courts or via consent orders. We have discharged about a half dozen patients through these non-traditional methods. We are attempting to work with courts, solicitors, and defense counsel through non-traditional methods as much as possible. We have facilitated Zoom meetings and extended phone calls for patients to speak with their attorneys. We have found certain courts and parties are willing to engage in non-traditional methods; however, the willingness and availability is not statewide. We will continue to seek opportunities to make use of non-traditional methods to discharge patients. In spite of these efforts, I expect we will see decreased discharges due to court closures until the end of the public health crisis.

Discharges are also negatively impacted by certain placements not accepting new patients. Some discharge placements that are willing to accept new patients are delayed due to COVID concerns within their facilities. Those facilities have also been impacted by their ability to discharge their residents due to COVID concerns within the communities where the patients may transition into.

- *Staff:* All critical staff continue to report to work onsite. All staff are screened for COVID-19 prior to entry and required to wear PPE while on duty.
- *Patient movement:* Movement has been limited to medically necessary appointments. Any exceptions must be approved by the Forensic Facility Director and Medical Chief.
- *Supplies:* Procuring PPE has been a challenge. After several shipments, current levels of PPE are sufficient for the near future. We will continue to procure PPE as we are able.
- *Competency to Stand Trial re-evaluations after 60 days of restoration:* These evaluations continue to take place while the patient is in the hospital. They occur through telehealth.
- *Other forensic evaluations:* As stated in the last update, all pending initial Competency to Stand Trial and Criminal Responsibility/Capacity to Conform evaluations will be rescheduled for the earliest possible date after the Courts re-open and the Executive Orders are lifted. The reports from evaluations that were seen in mid-March were completed by employees from home and submitted to the appropriate parties as usual. There have been 38 reports completed in this manner since our last update. We have also completed 10-12 disability or SVP evaluations in this manner. With the completion of these reports, there is very limited forensic evaluation activity occurring until the public health crisis abates.

We continue to look for ways to complete evaluations via non-traditional methods, when possible. There has been one case where we were able to conduct a records-based evaluation due to the patient recently undergoing a prior forensic evaluation. We

may have a second similar case that could be conducted by a records-based evaluation. We will continue to look for similar opportunities. We are also reaching out to local jails to explore the use of video conference for evaluations. In some cases, we are having trouble reaching jail personnel.

The system is seeing a COVID impact on all sides with incoming patients, patients within the hospital, and discharging patients. Although we are making use of all opportunities to keep work flowing, we are facing significant challenges. The public health crisis will likely continue to impact multiple levels of our ability to admit and discharge patients resulting in a buildup of the waitlist.