



WASHINGTON LAWYERS' COMMITTEE
FOR CIVIL RIGHTS AND URBAN AFFAIRS

Via Email

March 31, 2020

Dania O'Connor
Chief Executive Officer
Psychiatric Institute of Washington
4228 Wisconsin Ave, NW
Washington, DC 20016

Barbara Bazron, Director
DC Department of Behavioral Health
64 New York Avenue, NE
Washington, DC 20002

Re: COVID-19

Dear Ms. O'Connor and Director Bazron:

We write to request information about the Psychiatric Institute of Washington's (PIW's) infection control plans in response to COVID-19 (coronavirus) and to encourage PIW, in coordination with the Department of Behavioral Health, to take aggressive steps to reduce the patient population as quickly as possible and put in place protective measures for those who remain.

On March 7, 2020, the DC Department of Health announced the first positive confirmed case of coronavirus disease in the District and has since announced a series of measures to limit the spread of the virus, including limiting groups gathering of more than 10 people, closing all non-essential businesses, and encouraging residents to remain indoors.¹ The risk of community spread poses a significant risk to the vulnerable District residents at PIW. In Washington State, nursing facilities tragically experienced some of the worst outbreaks of COVID-19 in the United States.² Having an appropriate, evidence-based plan in place now will help prevent an outbreak and minimize its impact if one does occur. PIW, in coordination with the Department of Behavioral Health, must take steps immediately to ensure that patients and staff are not facing an unreasonable risk of contracting COVID-19.

¹Government of the District of Columbia, Coronavirus (COVID-19), available at <https://coronavirus.dc.gov/>

² "How coronavirus quietly spread, a nondescript nursing home became the deadliest hot spot in the U.S." found at https://www.washingtonpost.com/national/as-coronavirus-quietly-spread-a-nondescript-nursing-home-became-the-deadliest-hot-spot-in-the-us/2020/03/06/5d788a26-5f47-11ea-9055-5fa12981bbbf_story.html. Last visited March 11, 2020.

The plan should address:

- **Evaluate every patient for community placement.** The appropriate staff should conduct an individualized assessment of each patient to determine whether other community-based placements with support are more appropriate in lieu of continued placement at PIW.
- **Education of the people in your care:** Patients at PIW need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus. They must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science.
- **Education of the staff:** Administrative, behavioral, educational, and medical staff all must be educated about the virus to protect themselves and their families, as well as the people in their care.
- **Staffing plans:** Regardless of how many staff stay home because they are sick, the hospital will have to continue functioning. There must be a plan for how necessary functions and services will continue if large numbers of staff are out with the virus.
- **Provision of hygiene supplies:** The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene and cleaning supplies, both for handwashing and for cleaning.
- **Screening and testing of the people in your care:** The plan must include guidance, based on the best science available, on how and when to screen and test people in PIW for the virus.
- **Housing of persons exposed to the virus:** The plan must describe how and where people in the facility will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. This should not result in prolonged restrictions of patient movement or suspension of their mental health treatment. Any interruptions in regular activities, including recreation or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration.
- **Treatment:** Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically-based public health protocols.
- **Vulnerable Populations:** The plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as geriatric patients, people with chronic illnesses, and people with compromised immune systems.
- **Data collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical

March 31, 2020

Page 3

to understanding and fighting the virus. PIW must be part of this process. The same information that is tracked in the community must be tracked in the facility.

Accordingly, we request a response with the PIW's infection control plan by April 3, 2020. We appreciate your prompt and meaningful response to this matter.

Best,

/s/ Margaret Hart

Maggie Hart, Counsel

Washington Lawyers' Committee for Civil Rights
and Urban Affairs

/s/ Kaitlin Banner

Kaitlin Banner, Deputy Legal Director

Washington Lawyers' Committee for Civil Rights
and Urban Affairs

CC: Councilmember Vincent Gray, Chair, Committee on Health
Matthew Caspari, Department of Behavioral Health General Counsel