

GUIDANCE FOR SYMPTOMATIC PATIENTS – INPATIENT ENVIRONMENTS– COVID-19

The patient is presenting with a fever of 37.8 degrees and above or continuous cough **regardless of any travel history OR** has been in contact with a suspected / confirmed case of COVID-19

Isolate the person in their bedroom - they must remain in there at all times

1. Explain what is happening to the patient
2. Only enter the room wearing personal protective equipment - see guidance
3. Physical exam to be completed
 - a) Temperature (pattern over the past 24-48 hours)
 - b) Pulse, BP, Resp rate and O2 Sats especially any new or rapid changes.
 - c) Full physical examination recorded
 - d) If physical exam of chest is not possible – comment on breathlessness, ability to talk/finish whole sentences.
 - e) Relevant previous history of health problems
 - f) Other vulnerability factors e.g. Clozapine
 - g) Results of urine dipstick to exclude a UTI
 - h) Recent bloods including FBC and CRP
4. Take physical observations at least 4 hourly and share results with Duty Doctor if NEWS scores indicate.
5. Agree a 'worsening advice' plan with duty Doctor for a deteriorating patient.
6. Food/Fluid monitoring to be in place.
7. Plan how you will deliver care to limit the amount of times that the room is entered.
8. Contact physical health team for advice/support or on call manager out of hours
9. Document on carenotes / complete an alert
10. Complete an incident form

1. Inform the Operational Manager or Manager –on Call of the decision to isolate the patient.
2. Close ward to admissions.
3. Close ward to visitors and inform patients and families.
4. Reduce/restrict footfall to the ward
5. Reduce footfall to the whole building to reduce risk of cross contamination.
6. Display outbreak /incident poster at all entrances.
7. Follow standard infection control procedures
8. Ensure handwashing is visibly displayed and explained to patients hand washing procedures.
9. Regular cleaning of 'touch point' (such as handles, phones, keys, fobs) with chlorine based wipes is essential by all staff.
10. Restrict other patients from leaving the ward

Restricting patients

- If the person refuses to self-isolate please complete capacity assessment in Carenotes Assessment tab immediately.
- Complete a risk assessment so you are clear about what the risks are and understand the reason for non-compliance.
- The risk of cross-contamination puts other patients and staff at significant risk - actions taken by staff should be the least restrictive option and proportionate to the risks identified.
- If person refuses to co-operate with self-isolation, has capacity, is low risk and informal, MDT to consider discharge.
- If person refuses to co-operate with self-isolation, has capacity, is high risk and informal MDT need to discuss with senior leadership team or consider Mental Health Act if appropriate.
- If the patient refuses to self-isolate and lacks capacity or is detained and is displaying disturbed behaviours in the context of their mental illness then the person will need to be secluded/segregated and the appropriate procedures initiated.
- After the person is in seclusion / segregation then check whether the person has a Lasting Power of Attorney for health and welfare decisions and explain to them why you have needed to make the decision
- If the person has no Lasting Power of Attorney for health and welfare decisions then once they are in enforced isolation, perform a Best Interests Decision meeting as soon as practical following isolation - preferably involving a senior manager and refer to the IMCA service
- All effort should be made to achieve co-operation and removal of the need for seclusion / segregation for less restrictive options
- When PMVA needs to be used, PPE equipment must be used by all staff.
- Please contact PMVA@sussexpartnership.nhs.uk for advice/support (mon - fri 9-5)

Legislative Guidance

The management of Disturbed Behaviours is covered in Chapter 26 of the MHA Code of Practice - where there is any departure from the Code of Practice (covered in relevant Trust Policies) clear robust multi-disciplinary documentation should be completed to include a rationale, justification and management plan.

The MCA is not used for the protection of others e.g. if the decision relates to the patient's understanding of the need to remain quarantined for the protection of others, Public Health Law would apply and you can record in the patient's clinical records that the patient's liberty is restricted for the wider public interest.