

---

## Managing short periods of leave (section 17 and other) during COVID-19 Pandemic – Updated 21.1.22

### Acknowledgment:

As covid restrictions in England begin to reduce we must continue to risk assess any planned periods of leave, both prior to the leave and on return to the trust .In order to take steps to mitigate the risk of infection, our use of leave may still be reduced where risk assessed as appropriate. In doing so, any current covid outbreaks on the ward, and local transmission rates should be considered.

Decisions around leave for service users during this period continue to be particularly complex and need to take into account:

- Rights of service users to have time off the ward when appropriate.
- Rights of staff to be safe in terms of potential infection risk whilst escorting service users.
- Rights of other service users on wards who might be physically vulnerable from C-19 to be protected from exposure.

All leave should start with a planned risk assessment that considers the patient's place of leave, any risks associated, and their ability to follow the Hands, Face, Space, Fresh air public health advice. Based on the risk assessment, consideration should be given to the need to isolate and swab patients on return from leave. See also section 11.

### Principles for decision making:

1. Service users need access to space for exercise, for their own health and wellbeing..
2. At the current time, the household equivalent remains the ward community.
3. Decisions about section 17 leave and other leave must put the health and wellbeing of service users and staff at the centre.
4. If leave from the ward, either escorted or unescorted, is being considered it will require a documented MDT risk assessment as per usual process. This should include an analysis of the purpose, benefits and risks both for the service user, staff, other service users on the ward and the wider community from both a mental health and infection control perspective.
5. Every service user should have a documented capacity/Gillick assessment in relation to their understanding of the public health guidance around COVID-19. This should inform adaptations to care plans and whether leave can be granted in a safe manner.

6. Blanket restrictions must be avoided where possible but if needed to respond to an emergency, must be recorded in the register and reviewed regularly, as per the protocol.
7. Leave for urgent physical health care must continue.
8. Leave to support discharge is important for flow and must be ongoing, with appropriate physical checks as per infection control protocols on return from leave.
9. Decisions must be made collaboratively with service users and carers within an active care planning process..
10. Decisions should be informed by ward community meetings to try and increase education about the risks and issues, including visual aids and staff modelling.
11. Decisions about escorting leave should be discussed within staff team meetings to openly acknowledge the dilemmas and issues for individual staff and how this might affect team working.
12. Decisions must be made in a way that ensures consistency across all LYPFT wards but allows for adaptation for different populations.
13. Use of ward outdoor spaces should be maximised.
14. Decisions should reflect latest government guidance **Proposals for cross trust approach:**
  1. Appropriate agreed leave is important and should continue within above principles and through usual processes.
  2. As restrictions in England change there must be a review of leave which has been agreed to ensure it is consistent with current law.
  3. Service users accessing leave must be participating in weekly asymptomatic screening and have returned a negative result from their most recent swab. For service users unable to consent to weekly screening, the IPC team will support local teams in a risk assessment.
  4. If the patient is assessed as lacking capacity/Gillick competence to understand the risks relating to COVID-19, the clinical team should make and clearly document a decision that is in the best interest of the person. In making such a decision, a factor to be considered will be the effect of their decision on others.
  5. If the patient's inability to comply with the guidance around leave is caused by their mental disorder, staff will need to consider whether the service user meets the criteria for detention under the Mental Health Act, if they are not already detained. Otherwise staff should follow the Mental Capacity Act provisions, i.e. assessing capacity and making a best interest decision if the service user lacks capacity, including evidencing necessity and proportionality. If the service user is not detained under the Mental Health Act and the restrictions amount to a deprivation of liberty, consideration will need to be given to using the Deprivation of Liberty Safeguards.
  6. If service users do go on leave and it is seen that they are not observing guidance and might pose a risk to the ward community, then a clear documented conversation will be had and either future leave might be rescinded or informal patients might be discharged.

7. The reasons for not supporting leave should be explained fully to the patient, and family/carers if appropriate and reasonable alternatives explored using technology. This should all be documented in the notes.

#### 8. **Escorted leave**

- a. Staff should complete individual risk assessments with line managers about their own situation which will inform teams in deciding who can escort safely.
- b. Staff should not be put at risk of potential exposure escorting service users who might not adhere to government guidance.
- c. Staff escorting service users are responsible for reminding them about the conditions of their leave.
- d. When staff are escorting service users they can choose if they would prefer to wear their own clothes (this may be preferred to help patient confidentiality).
- e. Staff and service users must wash their hands and arms up to the elbow on exiting and re-entering the ward.
- f. Both service users and staff must wear a face mask whilst out on leave.
- g. For short periods in the grounds, staff will remain in uniform during the leave.
- h. Upon leaving the ward staff will doff their PPE and don new PPE prior to leaving the ward. On return from leave, doff PPE and re-don with new PPE prior to entering the ward.
- i. When staff are escorting in the wider community, for example to patient's homes they should use PPE and follow social distancing guidance when in the home. and wash the clothes they are wearing when they get home.
- j. Staff should minimise any use of public transport whilst escorting leave.

#### 9. **Unescorted leave**

Where leave is taken in hospital grounds for short periods, staff should have a discussion with the service user and obtain their agreement to adhere to government guidance regarding infection control which will be shared in an accessible format, this includes:

- a. not socialising with people outside their current ward community.
- b. maintaining a 2 meter distance from others
- c. Bringing back only necessary items to the ward, and alerting staff if any items are brought back. Whereever possible these items will be wiped down i.e., if in a carrier bag.
- d. The need to wash thoroughly from their hands up to their elbow on leaving and entering the ward.
- e. Service user to wear a mask whilst out on leave

- f. There is no requirement for the service users to change clothes on return from leave.
10. Where leave is to be taken outside of the grounds of the hospital, staff should have a documented discussion with service user to explain public health guidance (backed up by accessible written information) and seek the service user's agreement to adhering to it, including:
- a. Staying 2 meters apart from people outside their current ward community and ideally having side-to-side contact rather than face-to-face contact
  - b. wearing masks as per national guidance and cleaning their hands regularly,
  - c. limit items brought onto the ward to prevent the spread of infection, and alerting staff if items are brought back,
  - d. avoiding crowds,
  - e. avoiding the use of public transport, where possible and if used wearing a facemask
  - f. In some cases where it is appropriate for the ward community, continuing to wear a face mask when returning to the ward.

#### 11. **Unauthorised absence/AWOL**

When the service user returns to the ward they should be re-swabbed and isolated pending results. It is acknowledged some service users may struggle with swabbing and services need to manage this with advice from infection control.

#### 12. **Overnight leave**

In addition to the guidance above, the preference during the pandemic is that overnight leave is agreed when the service user is near to discharge and when they are less likely to need to return to the ward. It is best practice to engage community service support at this point to facilitate discharge. However in some areas this is not possible and some overnight stays are required in preparation for discharge.

Current national infection prevention & control mental health guidance states that patients must be re-tested on their return if they leave the ward or unit overnight. This requirement for testing and isolation whilst awaiting result should be discussed with the service user as part of planning for leave. In the extreme event where this is unlikely to be achieved but where not utilising leave would be of severe detriment to the individual, the criteria below should be used to inform risk assessment prior to going on leave.

- Does the service user have an understanding of the points in section 9?
- Is MDT confident that the service user will be compliant with measures in section 9?
- Will the service user be in their own home alone?
- Will the service user be with other family members who do not knowingly pose a medium/high risk of infection

In this context, the balance of the risk to the unit should introduction of infection occur, should always be considered in decisions regarding individuals accessing leave.

Where service users have had leave to an acute hospital setting, advice should be sought from LYPFT Infection control team about the need for swabbing, however if the visit was longer than 24 hours a swab and isolation will always be required on return.

### 13. **Assessment for swabbing of service user on return from day leave**

As service users return from day leave, the nursing staff should ask the following standard questions below, ensuring that physical health and infection control aspects are explored, specifically relating to the risk of transmission of COVID-19.

- Has the service user been **unable** to maintain the agreed cross-infection reducing actions as outlined in section 9?
- Is the service user unwell or do they have any of the following symptoms:
  - fever
  - Persistent cough
  - change or loss of sense of smell or taste
  - Cold or aches and pains
  - Other unusual change in physical health presentation
- Has anyone in direct contact with the service user during their leave reported any of the above symptoms?
- Has the service user or anyone they have come into contact with been confirmed as COVID positive (including on lateral flow testing) or awaiting a test or results?
- Has the service user been in a social setting where it is felt that social distancing has not been maintained?
- Has the service user, or any member of the household been contacted through the Test and Trace process, and waiting for results?

If the screening highlights YES to any of the questions above, the service user should be isolated as outlined within the Trust isolation policy, referred for swabbing, and remain isolated whilst awaiting results.

Where there are particular ethical or complex decisions around leave for individuals which need review and consideration, the Mental Health Legislation team and/or Ethics Committee can support with this.

This Guidance to be considered alongside other LYPFT documents:

- Leave policy
- MHA policy
- MCA and DOLS policy

For further guidance and support the infection control team are available on 0113 8555957 or via email at [infectioncontrol.lypft@nhs.net](mailto:infectioncontrol.lypft@nhs.net)