**STANDARD OPERATING PROCEDURE (SOP)**

**FOR THE MANAGEMENT OF A PATIENT WITH**

**SUSPECTED OR CONFIRMED COVID-19**

**ALL INPATIENT MENTAL HEALTH AND LEARNING**

**DISABILITY UNITS AND COHORTING PLANS**

TO BE USED ALONGSIDE ALL INFECTION CONTROL MEASURES IN LINE WITH NATIONAL GUIDANCE

**1. SCOPE**

This standard operating procedure (SOP) applies to all Mental Health/Learning Disability inpatient units within Leeds and York Partnership NHS Trust. It includes both registered and unregistered staff who are permanent, temporary, bank and agency staff who may come into contact with patients either suspected or confirmed with COVID-19.

Every ward is a community of people – staff and patients. As much as possible, this community should work together to ensure the safety of everyone. But we cannot expect “business as usual”. Each ward will be supported to focus on physical safety and infection control as the main priority. Key to managing this will be ward cohesion, communication and adapting as a community within local services.

This will include the review of all activities that bring people into close contact.

Wards should exercise the principles of social distancing across the ward community. This means minimal contact and an advised distance of two metres. The need to limit contact between individuals should be clearly communicated to patients and staff and any interventions need to be adjusted to meet national guidance. Ward groups, ward rounds/reviews, mealtimes and visiting times should all be reviewed to allow for as little contact as possible. Staff and patients should maintain good infection control principles by washing hands when moving from bedroom area to communal areas of the ward and vice versa. It is anticipated that much of this routine will be postponed on wards for the foreseeable future. (Ref. RCN Guidance for inpatient mental health staff, March 2020).

**2. DUTIES AND RESPONSIBILITIES**

Heads of Operations, Matrons/Operational Managers and Clinical Leads will ensure dissemination and implementation of the SOP within the sphere of responsibility.

Matron/Operational Managers, Clinical Leads and Ward Managers will disseminate and implement the agreed SOP. They will maintain an overview of any information pertaining to COVID-19.

All staff employed by the Trust will familiarise themselves and follow this agreed SOP, Guidance for symptomatic patients –Inpatient Environments and current Public Health England COVID-19 guidance.

Staff should not attend work if they feel unwell have a temperature above 37.8 and or a persistent new cough. They should self-isolate for a minimum of 7 days or longer if symptoms persist. For staff where someone they live with displays the symptoms above the staff member must self-isolate for 14 days and longer if they develop symptoms with in the 14 days i.e. if on day 14 they develop symptoms they must isolate for a further 7 days.

**3. KEY PRINCIPLES**

The key principles are as follows:

* The prompt identification of any potential cases
* To minimise any potential transmission of infection to other patients and staff through the appropriate use of personal protective equipment (PPE) as per section 6.4 of this SOP.
* Everyone should maintain social distancing and minimise the amount of direct physical contact when possible with a suspected or confirmed COVID-19 case.
* To follow the PHE infection prevention and control guidance when managing a suspected or confirmed risk of COVID-19 and relevant LYPFT Standard Operating Procedures.
* We will consistently work closely with LTHT colleagues with our liaison clinicians taking a key role.
* Decisions should be made on the basis of collaborative risk assessments taking into account both physical and mental health risks, and should seek to fully involve patients and carers.
* Minimal movement – from relational and MH as from infection control and logistics perspective
* People should be looked after as much as possible by MDT’s who have experience and expertise of their particular specialist conditions.
* Physical Health Team support and input including appropriate skilled AHP support, which might be redeployed, will be required.
* We must adhere to principles of humanity, privacy and dignity of space where possible.
* We must adhere and be aware of the principles of existing and emerging legislative frameworks around restrictive practice and mental health.

**4. VISITORS TO THE UNIT AND SUSPENSION OF VISITING TIMES**

* Patient safety and staff welfare are our priority. Effective from 12pm Tuesday 24 March 2020, we have **suspended visiting to our inpatient units**. In exceptional circumstances, there will be some individual clinical situations where visiting needs to happen - this will be a clinical decision in co-ordination with families, and will be made in accordance with the latest trust end of life policy. We know this will be a difficult time for patients, carers and loved ones. However it is a key step in reducing the spread of the virus and careful and sensitive management of patients who experience symptoms of the virus while on the ward will be essential in the coming months.
* We have developed a procedure to ensure that service users can have access to supplies and other essentials that they would ordinarily rely on visitors to bring. The **Interim Procedure for Items Being Delivered to Inpatients** has been implemented across all inpatient areas.
* Items brought in by family members must only be items that we are not able to provide ourselves. All items that are brought in must be washed down by universal wipes (Clinell)
* Public information posters for NHS settings are available on Staffnet providing a visual display for all visitors and staff entering the premises. Ensure information is displayed at all reception, waiting areas and at patient access points to all clinical areas.

**5.0 PATIENT TRANSFERS AND ADMISSIONS**

**5.1 PRIOR TO TRANSFER FROM ACUTE TRUST TO LYPFT**

All patients should be assessed as medically fit by LTHT prior to transfer to any of the LYPFT’s inpatient units/wards (**See Appendix A**)The Inter Healthcare Infection Control Transfer form should be completed by the team/service making referral for the admission. Ward staff should ask for a verbal handover of this information when taking referral details.

**5.2 DIRECT ADMISSIONS TO LYPFT**

All direct admissions to Mental Health/Learning Disability wards from the Community or via 136 Suite should follow the following process:

* Check the patient is not currently self-isolating or living with someone who is self-isolating
* Is not showing signs & symptoms of COVID-19 – temperature above 37.8, a new persistent cough, and a loss or change to sense of smell or taste
* Someone they live with is not showing symptoms of COVID-19 - temperature above 37.8 and or a new persistent cough
* Physical health check must be completed (MEWS) and patients temperature must be recorded.
* Prior to admission if a patient shows signs and symptoms or meet the criteria of the above the patient must agree to self-isolate on admission to hospital
* All patients should have an assessment of capacity in relation to being able to give valid consent to isolate. This should be recorded in the capacity assessment on Care Director. Advice to support clinicians in this decision making is available on the Mental Health Legislation (MHL) staffnet page and in **Appendix C**. Further support is available by contacting the MHL team.
* If the patient is assessed as not having the capacity to make this particular decision, a best interest decision should be made, within the framework of the Mental Capacity Act, and recorded on Care Director. Information to support clinicians in making best interest decisions is available as above.
* If a patient is objecting to being isolated, whether or not they have the capacity to make this decision, then this should be reviewed on an individual basis by the MDT, led by the consultant and/or Responsible Clinician (RC). Advice will be available from the MHL team seven days a week to support clinicians with their decision making.
* Any decisions need to be clearly documented to evidence that interventions are necessary and proportionate to manage the presenting risk.
* The [NHS England legal guidance](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0072-MHLDA-Covid-19-Guidance-Legal-300320.pdf) during the coronavirus pandemic must be followed in conjunction with this document.
* Admissions to hospital should be agreed where possible by the MDT and should only be considered if the patient cannot be safely cared for at home.

**5.3 PATIENT PLACEMENT/ASSESSMENT FOR INFECTION RISK**

* Each ward will have a local plan in place which identifies the creation of an internal isolation area. These are detailed in **Appendix B**.
* Patients must be assessed for infection risk prior to their arrival on the unit wards where possible using the guidance in 5.2. Receiving staff should be assured that the above process has been followed.
* Patients will also be assessed promptly on arrival to the unit/ward.
* Current inpatients with symptoms of COVID-19 should be isolated from non-symptomatic patients as promptly as possible and the presentation of any current inpatient within any unit or ward will trigger the implementation of this SOP and isolation measures using the current public health criteria of:

**A new persistent cough, coughing a lot for more than an hour or 3 or more coughing episodes in 24 hours**

**A high temperature, 37.8 upwards**

**A loss or change to sense of smell or taste**

* The Infection Control Team will respond to wards that have patients that meet the case definition with mild to moderate symptoms of suspected COVID-19 and arrange for swabbing.
* It is acknowledged that whenever possible any patient suspected or confirmed as having COVID-19 should be considered for transfer to an acute facility however this may not be possible due to availability of the beds and other factors.
* The most appropriate location and management for the patient is to be determined between the Matron, the Consultant in charge of the inpatient area and the Infection Control Team in normal working hours and Out of Hours the on-call COVID -19 Consultant, the Infection Control Team and the CSM on call.
* Patients presenting with symptoms of potential COVID-19 will be monitored in line with the trust’s Protocol for the Care and Management of the Deteriorating Patient using the Modified early warning score (MEWS) tool. If a patient with suspected COVID-19 deteriorates or has a MEWS score of 3 above service users’ baseline or scores 3 in a single parameter they will require immediate clinical assessment by a clinician with competencies in the assessment of acute illness. In the absence of such clinician staff will call 9-0300 330 0295 for an emergency ambulance and must provide the call handler with detailed information regarding the suspected COVID-19 risks. Given the current situation YAS may not be able to adhere to their usual response times therefore staff to maintain immediate life support until an ambulance arrives.
* All staff caring for patients with COVID-19 or symptoms of COVID-19 must wear the appropriate PPE equipment at all times (apron, mask and gloves). If a breach in PPE equipment occurs staff must immediately contact the Infection Control Team who will advise them to self-isolate.
* Staff exposed to patients with COVID-19 who develop symptoms must self-isolate with immediate effect. Anyone they live with must also self-isolate.
* Staff and patients who have recovered from a confirmed case of COVID-19 do not need to self-isolate as they should have built up sufficient immunity unless they fall into the “at risk” category as they have an underlying health condition, which has meant they are required to ‘shield’ themselves for a 12 week period. Staff would still be required to use PPE in line with national guidance.

**5.4. SCREENING OF A PATIENT WITH SUSPECTED COVID-19**

Please refer to the Standard Operating Procedure COVID-19 Inpatient Swabbing (insert link) which can be located on Staffnet and is updated as national guidance changes. Staff can contact the Infection Control Team for advice and guidance at any time via switchboard.

**5.5 MAINTAINING A SAFE ENVIRONMENT FOR A SUSPECTED OR CONFIRMED CASE OF COVID-19**

* The most appropriate location and management for the patient is to be determined between the Matron, the Consultant in charge of the inpatient area and the Infection Control Team in normal working hours and Out of Hours the on-call COVID -19 Consultant, the Infection Control Team and the CSM on call.
* If an agreement is reached that the patient needs to be admitted to any of our inpatient units/wards (ensuring the process outlined in 5.2 has been followed) or is to remain on one of our inpatient areas then the patient suspected or confirmed with COVID-19, then the patient may need to be cared for in one of the identified cohort beds. Please refer to the **Summary Interim Guidance for Management of Suspected COVID Positive Patient LYPFT (Appendix B)**
* If a patient is to remain on a ward/unit they should be nursed in the isolation area where these have been identified. In wards where isolation areas have not been identified patients will need to be admitted into a bedroom as close to a designated bathroom as possible to reduce the risk of contact with other patients. Staff will need to identify toilet facilities that will be designated for the sole use of patients whilst in isolation without an en suite. These will need to be locked off with appropriate signage to prevent the potential cross infection transmission to other patients. Waste disposal bin must be placed outside the patient’s bedroom (remove waste after each intervention if risk assessed as more appropriate) and all waste must be placed in a single orange bag. Following positive COVID-19 result patients must be isolated. Isolation can cease after 14 days providing there is:
* clinical improvement with at least some respiratory recovery
* absence of fever (> 37.8°C) for 48 hours
* no underlying severe immunosuppression
* All staff including housekeeping and Interserve staff must be aware that isolation is in progress, and be aware of the specific precautions that will need to be taken as outlined in the Standard Operating Procedure for the Environmental cleaning of rooms with a suspected/confirmed case of COVID- 19

**5.6 TRANSFER OF PATIENTS TO THE COHORT WARDS**

When a patient has been confirmed as a symptomatic patient and is ready to move to the Cohort Ward they are to be escorted via the identified route by 2 staff members, one staff member will be in full PPE – surgical mask, gloves and apron. The other will ensure the corridor has a clear path.

In addition patients may be transferred from the acute trust who are medically optimized and need ongoing mental health care.

**6. INFECTION PREVENTION AND CONTROL MEASURES**

**6.1 STAFF COHORTING**

Staff members on each shift will be assigned to care for any patients in isolation areas of wards to limit the number of staff in contact with patients who are suspected / confirmed to have COVID-19 and thereby reduce the risk of cross-infection.

Whilst it is preferable to staff the cohort areas with substantive staff, staff are able to be deployed and redeployed to other areas after working in a cohort area as the risk of cross contamination will be mitigated by the appropriate use of PPE. And adhering to infection control guidance.

Moving from one place to another may cause some anxiety and staff may have a number of questions relating to infection prevention control and PPE.

Please follow this guidance, and use PPE and infection prevention procedures, to reduce the risk of any cross infection and enhance the safety of everyone.

There is no additional risk working across sites providing every effort is made to reduce the risk of cross contamination in accordance with the Trust’s infection prevention policy. Remember to:

* + Apply handwashing up to the elbows, use of aprons and PPE whilst in the clinical area, and ensure these are changed after each patient contact.
	+ Wear a mask whilst on duty, but change it when you have a break/take a drink and if it becomes damp.
	+ Gloves must be worn for all patient contact and disposed of immediately after.
	+ Hand sanitiser can be used but does not replace handwashing after providing personal care to a patient.
	+ Ensure that you remove your PPE with care, and dispose of it in the appropriate waste bag.
	+ All inpatient areas have a changing facility for you to remove your uniform, place in a bag, and take home and wash. This further reduces any risk of cross contamination.

If you have any questions, please contact your line manager or the Infection Prevention Control team on 0113 85 55957.

Staff who have confirmed COVID-19 and recovered may work in the cohort areas and care for COVID-19 patients. Good infection control measures must still be adhered to and PPE equipment must still be worn.

**6.2. Hand Hygiene**

Hand hygiene is essential to reduce the transmission of infection. Current guidelines recommend that clinical staff follow ‘bare below the elbows’ principles.Hand hygiene must be performed immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling. Hand hygiene to be accordance with Your 5 Moments for Hand Hygiene at the point of care Poster <https://www.who.int/gpsc/5may/5moments-posters/en/> and the Hand Hygiene Procedure (IC-0002) ensuring that this includes up to the elbows. Use soap and water to wash hands ensuring that this includes the area up to the elbows by staff delivering direct patient care or an alcohol hand rub if hands are visibly clean.

**6.3. Respiratory and Cough Hygiene**

Respiratory and cough hygiene will minimise the risk of cross-transmission of respiratory illness:

* The patient should be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose.
* Some patients (e.g. older people and children) may need assistance with containment of their respiratory secretions; those who are immobile will need a container (e.g. a plastic bag) readily at hand for immediate disposal of tissues.
* All used tissues should be disposed of promptly into clinical waste bin
* Give the patient the opportunity to clean their hands with soap and water, alcohol hand rub or hand wipes after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions

**6.4. Appropriate Use of Personal Protective Equipment (PPE)**

Before undertaking any procedure staff should wash their hands and assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all PPE that they may be required to wear. The exact required amount of staff to undertake the procedure should only be utilised and all staff should be clear what their purpose and role is within the procedure.

Staff who have had and recovered from COVID-19 should continue to follow precautions, including the PPE recommended in this document.

The PPE required to care for patients is outlined on The Coronavirus section of Staffnet which is regularly updated by Public Health England.

All waste associated with possible or confirmed COVID-19 cases, including PPE is Category B infectious clinical waste and safe disposal is required as per Leeds and York Partnership NHS Foundation Trust Waste Policy. All waste should be single bagged in an orange waste bag.

Within the daily huddle / handover, information on patients that are COVID-19 will be shared and nursing staff will be identified to care for those patients on a shift to shift basis.

**6.5. Decontamination of Clinical Equipment**

Single use equipment must be used in the room where available. Where re-useable equipment cannot be avoided it should be decontaminated according to the manufacturer’s instructions before removal from the room and in accordance with Appendix 4 in the PHE COVID-19: Infection Prevention and Control guidance document. Staff must refer to this.

Avoid storing any extraneous equipment in the patient’s room.

Dispose of single use equipment to be disposed of as per clinical waste in the bin outside the patient’s bedroom.

**6.6. Crockery and Utensils**

A dish washer is recommended for the washing of eating utensils and crockery. There is no requirement for disposable plates and cutlery.

**6.7. Safe Management of Linen (Laundry)**

No special procedures are required; linen is categorised as ‘used’ or ‘infectious’. All linen used in the direct care of patients with suspected and confirmed COVID-19 should be managed as ‘infectious’ linen as outlined in the Laundry Procedure (IC 0017). Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment.

Disposable gloves, masks and an apron should be worn when handling the linen.

All linen should be handled inside the patient room/cohort area. A laundry receptacle should be available as close as possible to the point of use for immediate linen deposit.

**6.8. Environmental Cleaning**

There is as Standard Operating Procedure for the Environmental cleaning of rooms with a suspected/confirmed case of COVID- 19 available on Staffnet.

Patient isolations rooms, cohort areas and clinical rooms must be decontaminated at least daily. Clinical rooms should also be decontaminated after clinical sessions for patients with suspected/known pandemic COVID-19.

The environmental cleaning is at Enhanced Cleaning Level, i.e. use of Trust chlorine-releasing agent 1,000ppm available chlorine. In addition, patient isolation rooms must be thoroughly deep cleaned following resolution of symptoms, discharge or transfer (this includes removal and laundering of all curtains and bed screens).

An increased frequency of cleaning should be incorporated into the environmental cleaning schedules for areas where there may be higher environmental contamination rates e.g. toilets/commodes particularly if patients have diarrhoea; and frequently touched surfaces such as medical equipment, door/toilet handles and locker tops, patient call bells, over bed tables and bed rails should be cleaned at least a minimum of each shift handover and when known to be contaminated with secretions, excretions or body fluids.

The care environment should be kept clean and clutter free. All non-essential items including toys, books and magazines should be removed from reception and waiting areas, day rooms and lounges. When made available, these items should not be shared and should be cleaned.

Domestic/cleaning staff performing environmental decontamination should:

* Be allocated to specific area(s) and not be moved between COVID-19 and non-COVID-19 care areas
* Be trained in which personal protective equipment (PPE) to use and the correct methods of wearing, removing and disposing of PPE.
* Seek support and advice from the nurse in charge before commencing environmental decontamination

**6.10. Discharges**

If the patient is clinically well and suitable for discharge from hospital, they can be discharged following:

* An appropriate clinical assessment
* A risk assessment of their home environment and provision of advice about staying at home
* There are arrangements in place to get them home. Ensure patients have access to food and essentials that may prevent them going out unnecessarily. The Food Aid Network are working with LYPFT to support our patients with food parcels upon discharge from hospital.

People in hospital who are not confirmed to have COVID-19 can be discharged. Decisions about any follow-up will be on a case by case basis. However patients who are due to be transferred to a Care Home must now be swabbed and the result available and communicated prior to discharge.

**7. CARE OF THE DECEASED**

Please refer to the Holistic End of life care procedure **(**C-0012 insert link) -Appendix D.

The usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) apply. No additional precautions are needed unless Aerosol Generating Procedures (AGPs) are being undertaken after death.

Preparing the body for transfer to a mortuary or undertakers does not include any AGP.

**There is no requirement for use of a body bag**, but there may be other practical reasons for their use.

PPE for non-aerosol generating procedures should be worn by staff attending to the body of a person with suspected or confirmed COVID-19.

All waste should be disposed of as clinical waste in line with Trust guidance.

Linen should be managed in line with Trust guidance for Management of Infected Linen.

All personnel contacted to arrange the transfer of the deceased person to the mortuary or undertaker must be informed of a suspected or confirmed diagnosis of COVID-19.

Cleaning of the environment and reusable medical equipment must take place following Trust guidance for decontamination of equipment and the environment

In line with social distancing measures and Trust visiting restrictions, contact with the body should be restricted to clinical staff who are wearing PPE and have been trained in the appropriate use of PPE. Where families are offered the chance to say goodbye to loved ones they must agree to wear PPE and will be informed that contact with the body will be restricted.

**8. MANAGEMENT OF STAFF REPORTING SYMPTOMS**

Staff **must** follow the PHE guidance.

* If you feel unwell you must stay at home
* If you have symptoms of a new persistent cough, coughing a lot for more than an hour or 3 or more coughing episodes in 24 hours
* A high temperature, 37.8 upwards
* A loss or change to sense of smell or taste

If you have any of the following symptoms you may have one but not the other than you must isolate for 7 days. You cannot return to work until the 8th day. If symptoms persist you must remain away from work until you have had 48 hours symptom free after the full 7 days have passed.

If someone you live with displays any of the symptoms above you must stay at home for 14 days. If on day 14 you develop symptoms then you must stay at home for a further 7 days. If symptoms persist longer than 7 days you must not return to work until you have been symptom free for 48 hours.

**LYPFT have instructed that all staff should be at home in line with PHE guidance and where possible work from home by default unless you work in a priority service and you physically need to be on site to do your job.**

* Staff need to contact their line manager if they suspect they are symptomatic and refer to the intranet for up to date absence management in information on COVID-19. Any operational concerns should be escalated. Absence should be reported as per the guidance here.

There are now tests available for:

* Staff who are symptomatic and therefore self-isolating
* Adults in a staff member’s household who are symptomatic, even if the staff member is not

If you or someone in your household experiences symptoms – a new, continuous cough or a high temperature – you should [follow the national guidance](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms-and-what-to-do/), as well as our normal sickness procedures. **Please also email the HR advice line on** HRAdvice.lypft@nhs.net**.** You should do this straight away, whether you’re due on shift, or it’s the weekend or your non-working day. This way we can arrange a test for you or the person in your household with symptoms within the first three days of showing symptoms. To help us do this, please make sure your contact details on ESR are up to date.

**This SOP has been completed with the current evidence at the time of writing however staff need to be aware that the guidance and situation is evolving and there may be updates to advice. Staff are advised to read all Trust communications that are circulated regarding COVID-19 and access the Trust intranet site.**

 **Appendix A**

 **Inter healthcare infection control transfer form**

 ***This form updated March 2020 for duration of Covid-19 Pandemic.***

***This form should be completed by the team/service making referral for the admission.***

***Ward staff will ask for a verbal handover of this information when taking referral details.***

|  |  |
| --- | --- |
| **Service user details:** (insert label if available)Name:Address:NHS number:Date of birth: | **Consultant:****GP:****Current service user location:****Transferring facility – hospital, ward, care home, other:****Contact no:**Is the ICT aware of transfer? Yes/No |
| **Receiving facility – hospital, ward, care home, district nurse****Contact no:**Is the ICT/ambulance service aware of transfer? Yes/No | **Is this service user an infection risk?**Please tick most appropriate box and give confirmed or suspected organism□ Confirmed risk Organism:□ Confirmed risk Organism:□ Confirmed risk Organism:□ No known riskService user exposed to others with infection e.g. D&V/ Covid-19? Yes/No |
| **If service user has diarrhoeal illness, please indicate bowel history for last week:**(based on Bristol stool form scale)**Is the diarrhoea thought to be of an infectious nature? Yes/No** |
| **Relevant specimen results (including admission screens – MRSA, glycopeptides resistant enterococcus spp, C. *difficile,* multi resistant Acetinobacter spp, Covid-19 screening) and treatment information, including antimicrobial therapy:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specimen: |  |  |  |  |
| Date: |  |  |  |  |
| Result: |  |  |  |  |

**Treatment information:** |
| **Coronavirus (Covid-19)*****“Been in contact” includes – living at same address, visited by or been cared for in a place where there are individuals symptomatic &/or confirmed.*****Does the service users have any symptoms associated with Coronavirus or tested positive?** Yes/No* **If yes what action has been taken?**
* **If yes seek advice from ICT about admitting someone with suspected/known infection**

**Has the service user been in contact with anyone who has tested positive?** Yes/No* **If so who?**

**Has the service user been in contact with anyone that has been symptomatic?** Yes/No* **If so who?**

**Has the service user been required to self-isolate?** Yes/No* **If so why? & When?**
 |
| **Other information:** |
| Is the service user aware of their diagnosis/risk of infection?Yes/No |
| Does the service user require isolation? Yes/No***NOTE:*** *This may include Protective isolation for individuals who are immuno-compromised and may be at risk if being admitted to an area with a known/potential outbreak.***\*\*\*Should the service user require isolation please phone the receiving unit in advance.\*\*\*** |
| **Name of staff member completing this form:****Print name: Contact number:** |

**For further advice, please contact Senior Nurse Infection Control**

**Tel: 0113 2952372/07957 378841**

**Patient presents with symptoms of COVID-19**

**Continuous Cough**

**OR**

**High temperature**

**Or**

**Sore throat, lethargy, Loss of smell**

**Summary pathway guidance for management of suspected Covid positive patient LYPFT (23/4/20)**

**Immediate Action**

* **Ensure the appropriate use of personal protective equipment according to local guidance**
* **Isolate patient and consider the need for urgent transfer to the acute hospital or appropriate cohort area**
* **Urgent clinical assessment of MH and capacity risks.**
* **Contact infection control for advice re swabbing**

**Once identified as not needing acute hospital care consider the following:**

|  |  |  |
| --- | --- | --- |
| **Patients who are well enough to go home.** | **Patients who need to remain in LYPFT but have capacity to comply with isolation in room** | **Patients who need to remain at LYPFT but do not have capacity/will not comply with self isolation in room** |
| **Home*** Collaborative risk assessment with patient and carers taking into account mental and physical health risks.
* Can the patient be safely discharged./stay at home?
* If yes - Ensure appropriate support arrangements are in place with CRISS and IHTT
* Clear advise about when to seek help for worsening physical symptoms.
 | * Isolate in a room and allocate bathroom space.
* Dedicated staff to look after them
* All staff to use appropriate full PPE
* Follow the protocols around nursing care.
* Physical health monitoring as per protocol (MEWS)
* Analgesia and / or antipyretics as needed. Do not use ibuprofen.
* Oral fluids
* Ongoing active treatment of mental illness
* Organise appropriate activity and contact with family.
 | * Review space available on current ward or site with manager and senior clinician on call.
* If informal and not detainable/MCA not appropriate then consider discharge home
* If detained then use nearest Covid area.
* In some wards an area has been identified to maintain the patient, which can be used with enough space
* If the bed usage on other wards is such that no such space can be identified then discussion with on call managers/clinicians about other COVID bed space
* In Leeds currently there is designated capacity at CAU at Becklin Centre.
* Nurse as per protocols outlined in amber pathway
 |

* This Guidance to be used alongside more detailed COVID Standard Operating Procedures available on staff net.
* This Guidance to be used alongside guidance around patients who meet the shielding criteria to ensure their needs are met.
* This Guidance to be used alongside appropriate liaison with MHA office and guidance.
* This Guidance to be used with the support of usual clinical/operational structures and the Ethics Committee.

