Principles for inpatient mental health & learning disabilities staff

when isolating or cohorting patients.

The Coronavirus pandemic presents The Trust with unique dilemmas. therefore, can only offer general principles to support you in your ongoing care of patients on your wards. They need to be as flexible as possible as the situation will change and may change rapidly. Services are different with variations in bed base, local resources, the condition of the estate, variation in patient needs and workforce configuration.

These hierarchies of control measures should be maintained:

• Implement control measures, including maintaining separation in space and or time between suspected and confirmed COVID-19 patients. Remove all activities could be counter productive

* All activities that bring people into close contact will need to stop altogether or be adjusted to meet national guidance. Ward groups, ward rounds, mealtimes and visiting times should all be reviewed to allow for as little contact as possible. It is anticipated that much of this routine will be postponed on wards for the foreseeable future.
* Meetings can still be carried out provided personal contact is avoided and adequate distancing is able to be maintained.

• Educate staff, patients and visitors about national guidance. Staff should always also model this advice.

• When allowing visitors, ensure that visitors carry out basic screening and infection control procedures before admittance onto the ward. Visitors should be clearly informed not to come to the hospital if they have any symptoms (i.e. fever of persistent cough) or if they have been in contact with someone who has had symptoms, and this should be checked before admittance. Visitors should only come at times specified by the ward. All visitors should also carry out basic hand hygiene and only be with the person they have come to see. Wards may need to identify areas of the ward where this can be safely achieved. All visits should be a short as possible and both patient and visitor should carry out basic hand hygiene after the visit.

* Wherever possible, patients with possible or confirmed or patients awaiting laboratory confirmation of COVID-19 should be placed in isolation.

• Wards that provide rooms with en-suite facilities for patients should encourage patients to remain in their rooms as much as possible.

• Wards that have single rooms without toilet or showering facilities will need to proactively plan to manage personal hygiene. While this may require the use of commodes or planned bath and showers, these plans should include routine cleaning of the equipment and may require supervision. The commode can be removed from the room and cleaned with disinfectant. All such plans should be clearly communicated to patients.

* Patient(s) awaiting laboratory confirmation or by positive result can be cohorted or when they lack capacity to comply with isolation
* Wards that are cohorting should make specific plans for the management of infection control in these areas. While the use of commodes and ensuite facilities is preferable, considered planned use of communal toilets bath and showers, these plans should include routine cleaning of the equipment in between patients and may require supervision.
* Patients should not be denied access to toilets in low risk areas