

ACTION CARD:

Management of patients in seclusion and long-term segregation during the COVID-19 pandemic v3

15.04.20

This action card does not provide the authority for patients to be secluded or segregated due to symptoms or positive testing for Covid-19 alone. Where a symptomatic or positive patient is non-compliant with isolation, the clinical team should consider the risk to other patients and staff, a move to an isolation ward or other least restrictive options.

Guidance has been given by NAPICU for Acute Disturbance and by NHS England for “Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic” and this has been used to inform the content of this action card.

Patients being nursed in seclusion/ segregation with symptoms or are positive for Covid-19

All staff should follow the Trust Seclusion and Long-term Segregation Policy (2019) which is based on the MHA Code of Practice (2015)

Patients being nursed in seclusion/segregation should be supported by regular reviews to ensure that patients are not restricted longer than necessary and to ensure their mental and physical health is being monitored.

When a patient is secluded/segregated at the first review the clinical team should risk assess how the reviews will be provided considering:

- Level of disturbance and violence
- Behaviour towards staff that may present an infection risk, for example spitting
- Any risk from bodily fluids in the environment– urine, faeces, blood

Based on the risk assessment the direct reviews may be substituted for other methods of review using the observation windows, cctv and two way intercom. Where this is agreed the assessment and agreed approach should be documented in the patients’ electronic records and reviewed prior to the next direct observation.

Where a direct seclusion observation has not taken place this must be reported to the ward sister/charge nurse, consultant and clinical duty manager for ongoing monitoring.

PPE for direct seclusion/segregation reviews

When preparing and carrying out direct seclusion/segregation reviews staff should:

- Prepare for reviews prior to the review time, to ensure that they are in the seclusion room for the shortest period possible. E.g. right staff numbers, food, fluids, medications, physical obs monitoring equipment, cleaning materials and PPE.
- Wear appropriate PPE - for a direct seclusion review, due to staff being within 1 metre of the patients, staff should wear PPE – fluid resistant surgical mask, apron, gloves and eye protection.
- Aim to terminate the seclusion at the earliest opportunity during reviews, so that the seclusion remains least restrictive.

The minimum numbers required for a nursing/ doctor review are: two registered nurses and a doctor or two other members of staff, who are MAPA trained; if there are issues in staffing reviews appropriately, the consultant and ward manager should be contacted to discuss options for care in accordance with the MHA Code of Practice.

Any deviations from the policy/code of practice must be escalated to the head of nursing or head of service, associate medical director and then the medical director for review. Any risks should be logged with the Directorate Management Team and information sent to the Covid-19 Incident Control Centre for risk logging via the emergency planning email: EmergencyPlanningLPT@leicspart.nhs.uk.