Royal College of Nursing

Guidance for inpatient mental health staff

General Principles:

The Coronavirus pandemic presents healthcare services with unique dilemmas. These are unprecedented times for which there is no clear rulebook. This guidance, 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.

There is a danger in trying to co-ordinate the challenges front line staff will face from national position. Services are different up and down the country with variations in bed base, local resources, the condition of the estate, variation in patient needs and workforce configuration. Many, if not all services, will have special Clinical Committees or other organisational groups to coordinate local management. Such committees will be better placed to manage the specificity of local situation as it unfolds. This guidance should be assisting in this local planning.

How should we keep the ward community together?

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 have to find a way 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.

- Inpatient wards treat people whose mental health needs cannot be met by any other means. The present situation gives an added dimension to this decision and teams, patients and families will need to work together to protect the ward from coronavirus.

- Many of the familiar routines associated with ward care will need to be reviewed. 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.

- However, removing all ward activities could be counterproductive. People who are restricted can become bored and agitated and require restraint or other restrictive practices. Wards should consider adapting communal activities to reduce duration, unnecessary attendance and increase personal space. Activities such as mindfulness/relaxation groups, dancing/exercise, karaoke and 1:1 meetings can all be done whilst maintaining the recommended two metre distance. Any such activity will have benefits in keeping up staff and patient morale and increase ward cohesion.

- Each ward community should work on keeping communication between staff and patients as good as possible through notice boards, written communication, smaller group or individual meetings and even text and digital messaging within the ward. As stated, meetings can still be carried out provided personal contact is avoided and adequate distancing is able to be maintained.

- Government and national guidance should be available to all and the whole ward encouraged to stay informed of the situation as it develops. Staff should be clear about rules that are being imposed from national advice and that must be followed by all. Staff should always also model this advice.

- Patients are active agents on wards and should be included as much as possible in assisting in the restructuring of activities and ward routines. Many can and should advise on what they need to stay informed and be included in decision making.

- It is anticipated that there will be high levels of anxiety in the present situation. Good mental healthcare staff are highly skilled in the management of anxiety, both their own and other peoples. It is important to remain confident in your ability and ensure that principles of mutual support and team cohesion remain a cornerstone of your care.

How should we deal with visiting and visitors?

Many, if not most, patients are members of families, friend groups and communities. As with ward routines, management of and communication with these networks will require special consideration.

- Routine visiting will be inevitably be curtailed in the present situation. Some clinical areas may decide to go to a full lock down of the ward area and some will feel they can safely offer restricted access. At the least wards should:

    - Restrict the numbers and types of visitors. For example, one visitor at a time and only family members or significant others. It may be necessary to have this specified for each patient.

    - 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.

- All visiting to the ward should stop if the patient displays symptoms.

- Visitors should be allowed to bring in equipment that may assist the patient while restricted on the ward (such as a mobile phone or radio), with the understanding that we cannot ensure the safety of such equipment. Visitors should be clearly advised not to bring in tobacco or other smoking products, unless they are NRT related.

- Wards should explore other means of patients staying in contact with family and friends, such as free use of mobile phones or digital communication such as skype video calls. If and where possible, wards should assist with access to any technology needed.

- Likewise, family and friends should be encouraged to stay in touch with patients through telephone calls and other means rather than personal visits.

- Organizations should also restrict access to wards to only those staff necessary to maintain the ward to function. Unless directly related to managing the present crisis or treatment, all inspections and non-essential managerial visits should be cancelled.

- If non ward staff do need to access the ward, they should be subject to the same screening and infection control procedures as other visitors.

What about infections on the ward?

Given the nature and spread of the infections, it is highly likely that every ward will have a member of the ward community display symptoms at some point. At present the most common symptoms are fever and persistent dry cough. Most people will experience mild to moderate symptoms while a smaller number will have symptoms that have to be managed in a general healthcare setting. Managing infection on a ward should mirror the steps taken in the wider community both in trying to prevent spread and the management of any infections.

- Wards should exercise the principles of social distancing across the ward community. This means minimal contact and an advised distance of two meters. The need to limit contact between individuals should be clearly communicated to patients and staff.

- Careful and sensitive management of patients who experience symptoms of the virus while on the ward will be essential in the coming months. While it will not be possible to turn mental health wards into full isolation units, it will be necessary to isolate patients with mild symptoms on the ward. Some services may be able to have specific wards to care for patients who have mild symptoms and need to self isolate

- If symptoms do not resolve after 7 days, or the patient deteriorates, there will need to be a review of their safety on the ward. Each local area will need to develop a local agreement on the management of severe cases which will include transfer to a general healthcare environment. Teams should provide support and advice to general healthcare colleagues in these situations and continue to monitor the patient's progress with a view to returning them to the ward should they improve.

- Wards that provide single rooms with en-suite facilities for patients should encourage patients to remain in their rooms as much as possible. We are aware that this is contrary to the normal running of a ward and staff and patients are encouraged to find creative ways to adjust to this. As with mobile phones, this may require rules and restrictions to be relaxed, such as allowing patients to eat, make phone calls or watch television in their rooms.

- 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. All such plans should be clearly communicated to patients.

- Wards that have dormitory accommodation should make specific plans for the management of infection control in these areas. If a patient in these areas were to display symptoms, they will need to be moved to a private area. Local services should identify provisional plans for this eventuality.

- When a patient does display symptoms, they should be managed in a private room under local infection control guidance. If this is not possible for any reason, this should be reported immediately to senior management and this should be treated as an emergency.

- Family and carers should be informed as soon as possible if any patient display symptoms and is placed in isolation on the ward. Any person who has visited the patient 7 days prior to the onset of symptoms should also be informed and advised to self-isolate in keeping with national guidance.

What about routine mental healthcare?

There is no doubt that providing even basic treatment for patient's mental health needs is compromised in the present crisis. The provision of specialist services such as occupational therapy, psychology or pharmacology is secondary to maintaining their physical health in the present situation. However, given the nature of wards, patients will still require basic mental healthcare.

- The basic principles of care should be to provide at least the bare minimum to each patient according to their needs.

- For many patients this will mean being given the same information as the general public and assisted in following the advice given. Much of what has been discussed re communication and access to networks is to alleviate any deterioration in mental health. We cannot shield patients from the anxiety presently experienced in society, but we can make every effort to include them in planning and management of the situation.

- Patient ongoing mental healthcare will need to be reassessed. Again, wards should consider carrying out some care meetings via phone or video depending on the resources available. This should includer any ongoing 1:1 psychological therapy.

- Patient leave from the ward, either escorted or unescorted, will require additional risk assessment depending on their exposure to symptoms. Where possible, leave and time off the ward should be maintained. If it is not possible this should be clearly communicated to the patient including the process for review. Escorted leave should be individual and follow the guidelines of social distancing i.e. staff are advised to only escort 1 patient at a time and to maintain a two metre distance.

- If a patient should display symptoms, their physical healthcare takes priority. This may require a postponement of any therapies and a revaluation of any medications in line with advice from Pharmacy departments. However, it may be possible to maintain some therapy via phone, even in isolation.

- It is not possible to provide guidance for every complication in individual treatment, but ward staff should be assisted by the wider MDT in the management of issues as they arise. Each patient should have a minimum of a weekly MDT review. If they display symptoms there should be a daily review of their care.

- As mentioned above, wards should try and maintain some group activities with adjustments to maintain morale, communication and provide reassurance to patients.

- One area that staff and patients will need to be clear about is smoking. In the present situation staff and visitors will not be able to escort patients for smoking or so called "fresh air breaks". This will need sensitive communication to patients and should be backed up with written information or posters.

What if staff need to self-isolate?

National guidance says people who display symptoms or encounter others who display symptoms will need to self-isolate for 7 to 14 days initially. Healthcare staff are not and cannot be exempt from this. This will bring added challenges as wards and organisations try to maintain the basic healthcare outlined in this guidance with a fluctuating workforce.

- Staff must comply with national guidance. The guidance on self-isolation is there to protect everyone and cannot be ignored.

- Organisations should have clear mechanisms for the reporting of self-isolation with a projected return to work date. Staff must inform organisations when having to self-isolate. If

they cannot return to work on the identified date, they must inform the organisation why this is and when they can return as soon as this is known.

- Organisations should have mechanisms for identifying wards that may fall below minimum staffing needed to maintain the ward. Organisations should make full use of all means to staff the ward so identified though the use of agency, bank or redeployment of nurse managers into frontline positions and in accordance with their capabilities.

- Wards may need to fluctuate between primary nursing and team nursing to ensure all patients have access to individual nurses on a shift by shift basis.

What can I expect from services around me?

Ward staff, organizations and national bodies are facing unprecedented challenges and it is not possible to predict every obstacle that will be faced. It will be important in the coming months for organizations to work to assist those staff and patients on the front line by anticipating and planning for issues and being responsive to issues as they arise.

- All organizations should create specialist clinical committees to assist wards to manage the current challenges. Those committees should be chaired by senior clinicians and should have a direct line of communication to and from all ward managers and front line staff and patients.

- These committees should be available to problem solve issues that teams face as the pandemic progresses and should be the central point of communication for national guidance and contingency planning. The chair of these committees should be identified as the central point of communication for all national bodies providing guidance to wards

- The committees should either have a subgroup to consider any ethical dilemmas individual patient care or have this as a standing item of business. Ward should be clear on how to seek advice about patient care through this route.

- Organizations should cancel all non-essential meetings or release front line staff from attendance at such meetings.

- All organizations should provide the basic PPE equipment needed for infection control.

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Summary

This guidance has been created at a time of great uncertainty during a rapidly evolving global pandemic. As such, it is recognized that it cannot cover all eventualities or anticipate all the issues that will arise. It is anticipated that it will be refined and adjusted as the situation progresses.