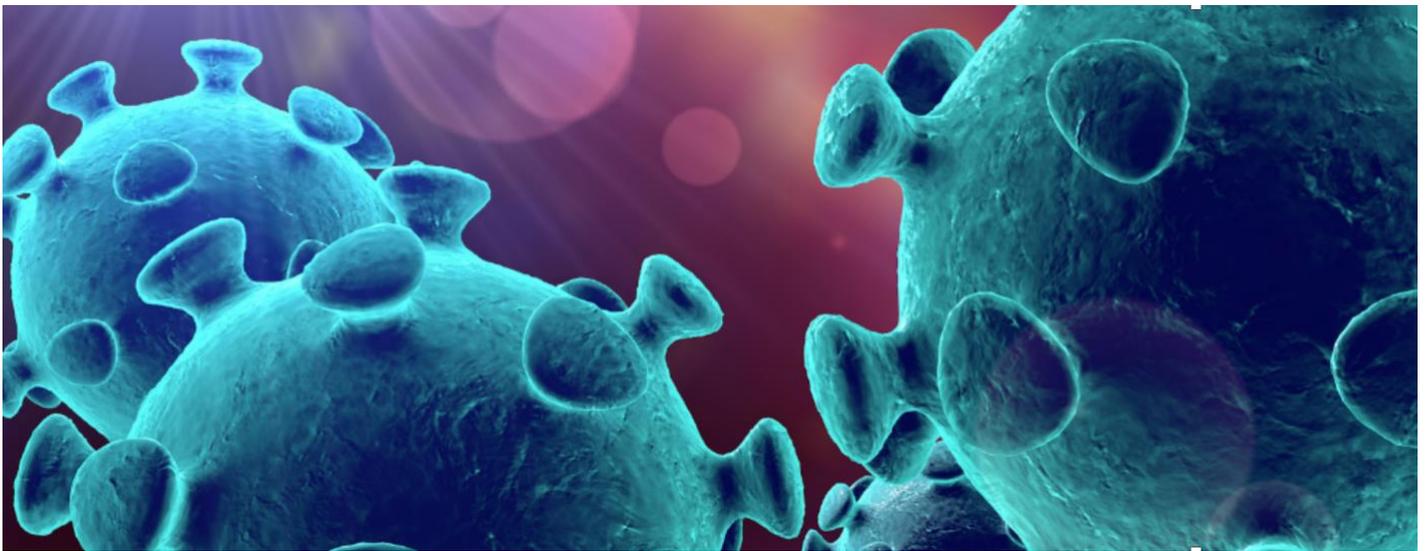


Physical Health Assessment and Monitoring for COVID-19



A Guide for Nurses in Community Mental Health Settings

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Acknowledgements

A special thank you to **Catherine Gamble** who is leading the development of the RCN's mental health nursing COVID-19 guidance and information. RCN Representative **Stephen Jones** for creating and coordinating this guidance. **Geoff Brennan** for his comprehensive contribution to the overall content.

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The RCN would like to thank everyone who provided their expertise and guidance to develop the information set out in this document.

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Introduction

The Coronavirus pandemic presents health care services with unique dilemmas. These are unprecedented times for which there is no clear rulebook. Our guidance, therefore, can only offer general principles to support you in your ongoing care delivery. They need to be as flexible as possible as the situation will change and may change rapidly.

There are challenges in trying to address front line staff's concerns, on a nation-wide basis. 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.

In this time of crisis nurses need to prioritise patient care over administrative tasks. However, it remains fundamental that care continues to be documented in a timely manner. In response to feedback from our RCN members, this guidance sets out to support community mental health nurses to prioritise person-centred care, while maintaining sufficient and structured records.

Created by the RCN with input from the [South London Mental Health and Community Partnership](#) and the expertise of [Starwards](#) and [Safewards](#), this guide should be used to support nursing practice in conjunction with national guidance and local policy. Nurses need to ensure legal and professional obligations regarding maintaining clinical records are followed. If you require further advice, please contact your organisation's Information Governance team (or equivalent).

Shielding: High-Risk and Extremely Vulnerable

The UK government has provided [guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#) (March, 2020). The guidance has been produced for people who are considered to be at '*high-risk of severe illness from coronavirus (COVID-19) because of an underlying health condition*'.

People falling into this high-risk and extremely vulnerable group include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

The NHS also includes conditions that make people more likely to get infections (i.e. diabetes and HIV), as well as people who are taking medication that weakens the immune system (i.e. Clozapine and Lithium).

Supporting Community Services

With the Royal Collage of Psychiatrists, RCN members have formulated a [clinical decision framework](#) to enable the allocation of care and treatment for community mental health patients during the COVID-19 outbreak. We have also produced an [algorithm](#) to support clinical decision-making for service users with high-risk physical health needs in the community.

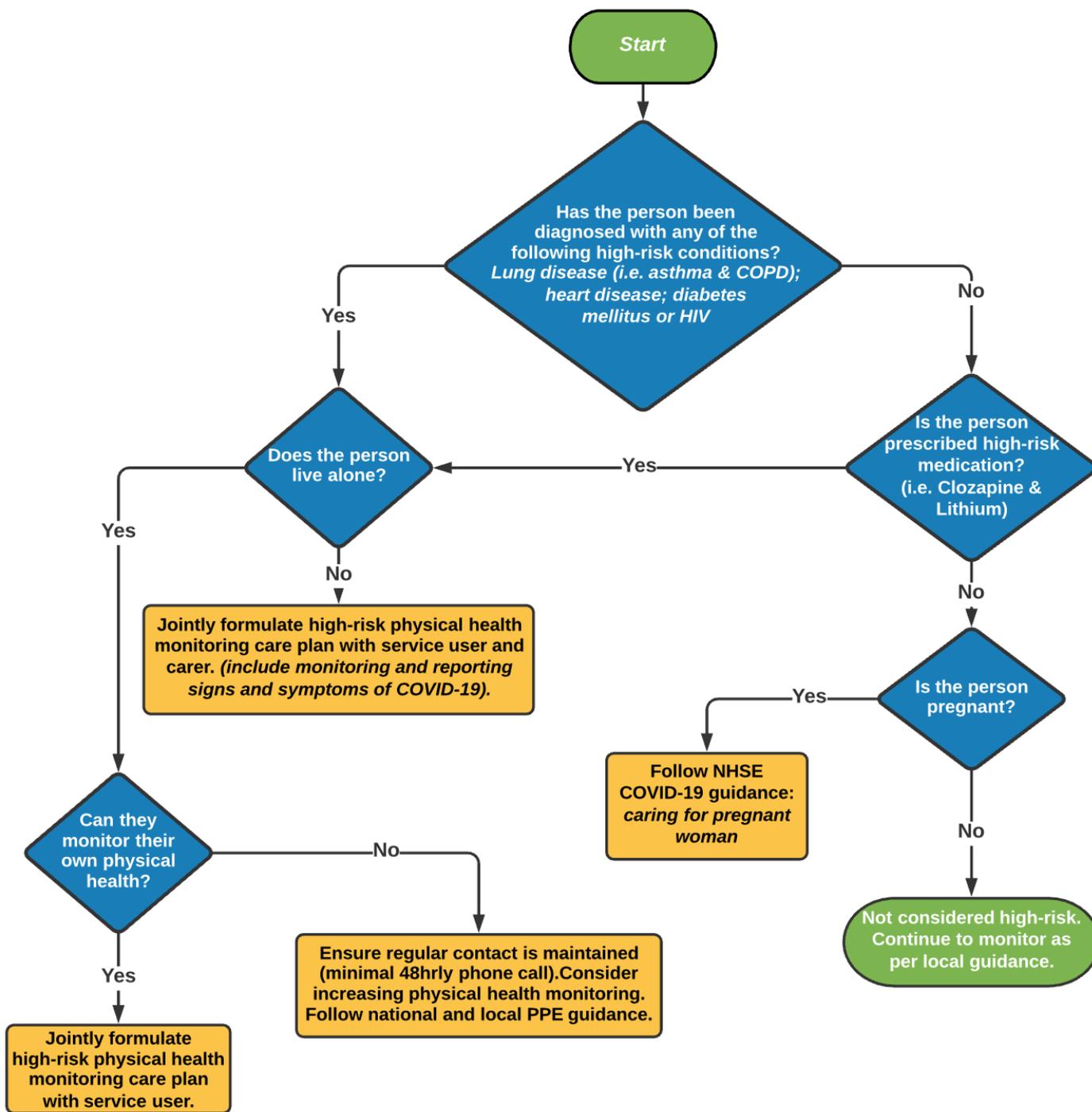
High-risk needs are present in people who are either considered *extremely vulnerable* and/or are prescribed high-risk medication (i.e. Clozapine & Lithium). Those considered to be at *very high-risk* fit into the *high-risk* categories; in addition, live alone and are unable to monitor their own physical health needs (see figure 1 on page 6).

Guidance for assessing a person's physical health risk (*high-risk/very-high risk*) is provided. This is followed by a high-risk physical health monitoring template. The template assists with maintaining accurate and structured records; helping nurses to quickly record physical health monitoring, assess changes to risk and identify challenges.

We acknowledge that organisations use a variety of systems to maintain clinical records. Records should be stored electrotonically with easy access to all involved in the person's care. It is imperative that systems are primarily used to support nurses to deliver care with ease. Unnecessary duplication must be avoided. A single point of entry should be used to record *high-risk* physical health monitoring. During this time of crisis, nurses should not be expected to complete multiple system-domains for the primary purpose of auditing and service monitoring.

Figure 1:

Algorithm: Supporting Clinical Decision-Making amid COVID-19



Source: <https://www.rcn.org.uk/clinical-topics/mental-health/covid-19-guidance>

Assessing High-Risk Physical Health Needs in the Community

High-Risk Physical Health Needs Assessment (COVID-19)

1. Assess for high-risk physical health needs:

- Does the person come under the Government guidance for “Shielding”? (See page 3)
- Does the person have any other physical health conditions?
- Is the person prescribed high-risk medication? (i.e. *clozapine, lithium*)

If *no* to all of the above, the person is considered **low-risk**. Discuss what to do in a crisis and the need to limit unnecessary contact to emergency services. [*End of Assessment*]

If *yes* to the above, this person is considered to be at **high-risk** and *extremely vulnerable*. [*Continue Assessment*]

2. Assess required level of support:

Does the person live alone? i) *if no*, ii) *if yes*

i) **If no**:

- Who do they live with (i.e. *parent, partner, care home support*)?
- Can the person they live with support the person to monitor their physical health needs (*yes/no*)?
- If *yes*, complete a collaborative high-risk care plan with person and their supporter (*include monitoring and reporting signs of COVID-19*). [*End of Assessment*]
- If *no*, this person is considered to be at **very high-risk**. [*Continue Assessment*]

ii) **If yes**, this person is considered to be at **very high-risk**.

- Can the person monitor their own physical health needs? (*yes/no*)
- If *yes*, formulate a collaborative very high-risk care plan with person.
- If *no*, regular contact **must** be maintained. Outline agreed contact type and frequency.

3. Review and monitor

The case **must** be reviewed by the MDT if the person is assessed to be at very high-risk, regardless of the person’s ability to monitor their own physical health needs. The person’s GP must be informed of any changes to care.

Monitoring of physical health needs should be recorded in a timely and structured manner. Careful consideration should be made to ensure that the persons mental health needs are met.

If physical health needs cannot be met through local provision, clinicians **must** escalate the case to their trust’s ethical considerations committee.

Monitoring High-Risk Physical Health Needs in the Community

Monitoring High-Risk Physical Health Needs (COVID-19)

1. Contact information

- Date, time and place of contact:
- Contact type: (i.e. *face-to-face, phone call video call*)
- Names of attendees: (*include carer if attended*)
- Current risk level: (i.e. *high-risk, very high-risk*)

2. Monitoring for symptoms of COVID-19 (*follow up to date NHS guidance for latest information*)

Has the person been tested for COVID-19?

If yes, what was the result?

If no:

- Has the person developed a new continuous cough?
- Has the person developed a high temperature? (*above 37.8°C*)
- Has someone living with the person developed a new continuous cough or high temperature?

If yes to any of the above:

- Support the person to complete the NHS COVID-19 self-assessment (Regional links: [England, Scotland, Wales, Northern Ireland](#)).
- Formulate care plan for supporting a person with a suspected or confirmed diagnosis of COVID-19 (see appendix 1).

3. Review and monitor

If the person does not have a confirmed or suspected diagnosis of COVID-19, continue to monitor high-risk physical health needs outlined in the care plan and as agreed by the MDT.

If the person has a confirmed or suspected diagnosis of COVID-19, review high-risk monitoring with MDT. Follow Public Health England's [interim guidance for primary care](#) and local procedures. Inform the person's GP.

Nurses must ensure national and local guidance around care and infection control is adhered to (i.e. *PPE and use of physical health monitoring equipment*).

Appendices

Appendix 1. Person-centred care planning tips

Collaboration

- Ensure that the person owns the care plan: their views should be made explicit throughout.
- Carers and family members should be given the opportunity to support the care planning process (*with the person's consent*).

Decision-making

- Ensure any advance decision-making or directives are made explicit within the care plan.
- The person's agreement or disagreement with the care plan should be made clear: does the person consent to the interventions outlined in the care plan?

Supporting mental health needs

- Roles and responsibilities for monitoring physical health needs should be clearly identified.
- What psychological support is being provided to support the person with managing their high-risk physical health needs?
- Ensure that the person and their carers know what to do and who to contact in a mental health crisis.

Managing risks

- Ensure that any risks, either physical health or mental health, are identified and discussed with the person, carer and others involved in their care.
- The person and carer must be made aware of how to manage the risks associated with isolation and social distancing (i.e. low mood, anxiety and loneliness).

Useful Resources

RCN Guidance - COVID-19: <https://www.rcn.org.uk/clinical-topics/mental-health/covid-19-guidance>

RCN Guidance for Mental Health Nurses - COVID-19: <https://www.rcn.org.uk/clinical-topics/mental-health/covid-19-guidance>

RCPsych COVID-19 guidance for mental health clinicians:

<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services-covid-19-guidance-for-clinicians>

UK Government guidance – COVID-19: <https://www.gov.uk/coronavirus>

NHS England – COVID-19: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

NHS Scotland – COVID-19: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

NHS Wales – COVID-19:

<https://www.nhsdirect.wales.nhs.uk/SelfAssessments/symptomcheckers/COVID19.aspx>

Public Health Agency (Northern Ireland) – COVID-19:

<https://www.publichealth.hscni.net/news/covid-19-coronavirus>

Public Health England's Interim guidance for primary care:

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

HSE guidance – COVID-19: <https://www.hse.gov.uk/news/coronavirus.htm>

Carers UK guidance – COVID-19: <https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19>

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Published by the Royal College of Nursing

20 Cavendish Square London
W1G 0RN

020 7409 3333

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