

## Restrictive Interventions: Covid-19

The below recommendations describe actions to be taken to minimise the spread of covid-19 on inpatient mental health wards and to keep staff and patients safe. The required interventions will depend on the patient's presentation, however all efforts should be made to ensure the use of the least restrictive interventions possible. Once risk has reduced, level of restriction should also reduce. Refer to the full guidance for additional information on each of these columns.

### Primary Interventions

Patient is not symptomatic

**What to do:**

- Ensure patients have access to the Patient Information leaflet
- Provide verbal reassurance and information in Mutual Help Meetings
- Develop Positive Support Plans with the patient describing what they would do if they become unwell
- Ensure activities are available on the ward to provide distraction and encourage collaboration

### Secondary Interventions

Patient is showing symptoms and is willing to follow advice

**What to do:**

- Monitor symptoms regularly (eg. temp, cough)
- Develop a care plan with the patient incorporating activities to do in isolation
- Use Positive Support Plan if already in place
- Prioritise maintaining cooperation
- Care for in isolation
- Debrief following period of isolation

### Tertiary Interventions

Patient has confirmed diagnosis or is at significant risk of infection but is refusing to follow advice to self-isolate

**What to do:**

- Make every effort to encourage cooperation
- Develop care plan including plans to reduce level of restriction
- If causing risk to others, restraint, seclusion or segregation may be necessary
- Seclusion or segregation is preferred to a lengthy restraint to reduce risk to staff

### Legal / Ethical Considerations

Detained patient is displaying "severe behavioural disturbance which is likely to cause harm to others" requiring seclusion/segregation

**What to do:**

- Seclusion reviews should be done with the door closed if possible
  - Max 7 days isolation is required for protection of others
  - Review regularly and reduce to less restrictive isolation when possible
  - Debrief following period of seclusion
- Informal patients:** see full guidance for MCA and police powers

### PPE during Restraint

PPE should be used to protect staff as much as possible during a physical restraint of a patient with confirmed COVID-19 diagnosis

**What to do:**

- Wear gloves and mask
- Use a visor in cases where there is risk of bodily fluids (e.g. spitting or wounds)
- Remove PPE immediately after restraint
- Avoid touching face
- Wash hands and arms
- Change clothing at work if possible
- Plastic aprons are not advised
- Use full body suits when there is a high risk from bodily fluids