

Checklist and monitoring tool for the management of COVID-19 in Mental Health settings. Version 1.0 February 2021



Hospital site and ward/department:		Date of observations:		
Assessor's name:		Assessor's role:		
<p>Purpose: To assess the management of suspected/known COVID-19 cases from triage to assessment to admission and/or discharge to help prevent the spread of infection and to provide assurance to the organisation that the COVID-19 Guidance for the remobilisation of services within health and care settings: IPC recommendations has been implemented. Please also refer to Standard infection control precautions</p>				
<p>Instructions: Check Yes or No for each item and report Items marked NO Provide percentage compliance: Total number of questions divided by total number of Yes times by 100</p>				
		Yes	No	Assessor Comments
General				
1	Signs on respiratory hygiene and cough etiquette are displayed at all main entrances, waiting areas and by all lifts catch-bin-kill.pdf (england.nhs.uk)			
2	Signage on face coverings for visitors is displayed			
3	Signage on hand washing is displayed			
4	Signage on social distancing is displayed			
5	Hand hygiene stations are available at all main entrances			
6	Face masks are available at all main and ward entrances			
Administration measures for all pathways				
7	There is clear signage			
8	There is restricted access to communal areas			
9	Dedicated teams of staff are assigned to care for patients in isolation/cohort rooms/areas			
10	Hand hygiene facilities are available			
11	Hand washing instructional posters are displayed			
12	Signs on respiratory hygiene are displayed (catch-bin-kill)			
13	All staff are maintaining 2 metre physical distance unless wearing personal protective equipment (PPE) to provide direct care or			
14	There is frequent decontamination of environment and high touch surfaces (at least twice daily)			
15	There is frequent decontamination of equipment			
16	There is clearly displayed advice around wearing of face coverings for visitors and outpatients			
17	On a ward if people using services want to wear a face mask this must be risk assessed first due to potential ligature and self-harm hazard.			
18	Where possible and clinically appropriate remote consultations take place rather than face to face			
19	There is a local standard operating procedure that details the measures to segregate equipment and staff, including planning for emergency scenarios as the prevalence/incidence of COVID-19 may increase and decrease until cessation of the pandemic			
20	There is ongoing surveillance of Infection rates and hospital onset transmission			
21	Hospital onset cases that meet the definition should be subject to review			

22	Two or more positive cases linked in time and place trigger an outbreak investigation			
Medium and High Risk COVID-19 clinical pathway IPC guidance				
23	Cohort areas are established for multiple cases of confirmed COVID-19, ideally in a designated self-contained area			
24	Appropriate PPE is worn for the pathway			
Decontamination of patient care equipment				
25	Patient care equipment is single use where practicable			
26	Reusable (communal) non-invasive equipment should be allocated to an individual patient or cohort of patients/individuals			
27	All reusable (communal) non-invasive equipment must be decontaminated: <ul style="list-style-type: none"> • between each and after patient/individual • after body fluid contamination • at regular intervals as part of enhanced equipment cleaning 			
28	Decontamination of equipment must be performed using either: <ul style="list-style-type: none"> • a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)) or • a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl 			
Environmental cleaning and disinfection				
29	Cleaning of care equipment is carried out as per manufacturers' guidance/instruction and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products			
30	There is an increased frequency of cleaning/decontamination of reusable non-invasive care equipment			
31	The use of fans in high and medium risk pathways should be risk assessed. Refer to Estates guidance			
32	Cleaning frequencies of the care environment in COVID-19 care areas must have been enhanced and single rooms, cohort areas and clinical rooms (including rooms where PPE is removed) cleaned at least twice daily			
33	Routine cleaning must be performed using either: <ul style="list-style-type: none"> • a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)) or • a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl 			
34	If there are clusters or outbreaks of COVID-19 (2 or more cases linked by time and place) with significant respiratory symptoms in communal settings, this frequency should have been increased to a minimum of twice daily			
35	The increased frequency of decontamination/cleaning should have been incorporated into the environmental decontamination schedules for all COVID-19 areas, including where there may be higher environmental contamination rates, including for example: <ul style="list-style-type: none"> • toilets/commodes particularly if patients/individuals have diarrhoea • 'frequently touched' surfaces such as medical equipment, door/toilet handles, locker tops, patient call bells, over bed tables, bed rails, phones, lift buttons/communal touch points 			

	and communication devices (for example, mobile phones, tablets, desktops, keyboards)			
36	Dedicated or disposable equipment (such as mop heads, cloths) are used for environmental decontamination			
37	Single (isolation) rooms must be terminally cleaned as above following resolution of symptoms, discharge or transfer (this includes removal and laundering of all curtains and bed screens)			
Estates Guidance				
38	Ensure ventilation is taking place (windows open, (only if risk assessed) ventilation systems are in working order)			
39	Avoid blocking corridors with supplies/trolleys etc.			
Waste disposal guidance				
40	Ensure waste is segregated and disposed of as per Management and disposal of healthcare waste HTM07-01. Further information is available in COVID-19 waste management standard operating procedure.			

NHS resources/posters are available at [Coronavirus Resources - Coronavirus Resource centre \(phe.gov.uk\)](https://coronavirusresources.phe.gov.uk) and specifically <https://coronavirusresources.phe.gov.uk/stay-alert-to-stay-safe-/resources/posters/>

Health Protection Scotland [National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](https://www.scot.nhs.uk)