Q&A from RCPsych COVID-19 Webinar - Friday 3 April
Responses as of 9 April 2020. Please note that guidance is constantly under review and may have now been updated. For the latest updates, please visit: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians

Question
The occupational health is advised to guide NHS staff regarding their health and risk. However, our Occupational Health team at Trust does not respond to queries. Is there any obligation for them to respond to queries within a defined period?

Answer
We understand there are no national obligations in place for occupational health services. Trusts are advised to establish an SLA with its contracted service, along the lines of those suggested by NHS Health at Work. The kouNHS People Wellbeing Support programme has launched on 8 April with a free helpline available from 7am-11pm every day and online services.

ECT clinics are cancelled across the country. What is our ethical stance in no providing a treatment that we have always defended as potentially lifesaving?

Answer
We are in the process of updating our guidance on ECT, providing clinicians with the necessary knowledge on safety precautions and alternatives to ECT.

I have a question about caring for people in inpatient settings who refuse to cooperate with infection control procedures both people with capacity and those who lack capacity. The College guidance deals with the MHT Act and the MCA legislation but there is no mention of the Health Protection legislation, which can be used where it is thought there is a reasonable risk of infecting others and which applies to the whole population (there don't appear to be any exemptions).

Answer
We have developed guidance on ethical considerations (https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/covid-19-ethical-considerations) which provides overarching advice on articular dilemmas for psychiatrists, and links to guidance developed by the Royal College of Physicians and the British Medical Association. We strongly recommend that all psychiatrists check that their local clinical ethics committees are in place as they can provide advice and guidance in real-time.

We all know it's very difficult time but during MHA assessments in A&E patients, police, AMHPs and psychiatrists have been exposed to risk of COVID-19 due to 1-1 small rooms social distancing not possible 2-NPE 3-Less risks of assault/exploiting/coughing or sneezing with intent to harm professional & other A&E patients 4-Not opportunity to get test for COVID19 for staff Please advise how to manage risks Thank you.

Answer
We understand this is an issue and will be raising this with NHSE/I and PHE. We will include any updates to the national guidance on our website.

There is conflicting guidance from Resus council and PHE regarding PPE while administering Cardiac Compressions during CPRs.

Answer
We are aware this is an issue and have raised this with PHE, NHSE/I and the Resuscitation Council UK. We are hoping to have an update about this soon and will update the PPE section of our website as soon as we do.

What ethical frameworks apply to working during a pandemic. I am aware of WHO guidance. Is there one by RCPSych or a nationally agreed one? Resource allocation, moral injury, equity and end of life issues are all relevant currently.

Answer
We are aware this is an issue and are raising this with PHE and NHSE/I. We will include any updates to the national guidance on our website.

Is it excessive to produce advance care and treatment escalation plans about COVID19 for inpatients at before they develop COVID19 or severe symptoms? What about those at higher risk such as people prescribed clozapine? Or those in the shielding groups?

Answer
We are aware this is an issue and are currently working with an advisory group and NHSE/I to understand what guidance would be most helpful to clinicians.

Should we be initiating conversations about advance planning and DNACPR with our patients in the community and their families?

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We are being told we may need to treat patients in inpatient Secure Care who may normally be expected to be admitted to hospital and in worst case scenarios no ambulance will arrive if called. Will we really be protected as clinicians providing treatments we would not normally do (e.g. IV compressions) or community (towel alone)?

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We understand PHE are currently undertaking a review of the PPE required by patients. At present, the national guidance states that only those patients who are shielded/ extremely vulnerable are advised to wear a surgical mask.

We are aware this is an issue and has been raised with NHS England & Improvement, in particular in relation to eating disorders.
Will the College produce guidance on restraint during this pandemic? We are acutely aware that many situations requiring restraint are unpredictable and would potentially involve staff having to be in very close contact with a patient who might be hyperventilating, shouting, spitting etc. Thank you.

We do not currently have specific guidance on restraint but do provide some information about managing behavioural crises in our advice for secure hospital and criminal justice settings (https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-our-clinicians/community-and-inpatient-services/secure-hospital-and-criminal-justice-settings), highlighting the need for staff to plan for the practice of safe control and restraint, and how this will be affected when wearing protective clothing. This should be agreed at the hospital, trust or the unit's clinical reference group (or similar) as part of contingency planning. You can also find advice on use of personal protective equipment here: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe.

I have heard of patients being placed in seclusion primarily because they are symptomatic and will not self-isolate. Is this ethical/legal??

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Is there any guidance for patients in care homes who would still like to go out for walks (with appropriate social distancing)?

Public Health England's guidance on social distancing - https://www.gov.uk/government/publications/covid-19-social-distancing-guidance-for-social-care-providers. The College is doing its bit to stay calm and rational as well as responsive to the headlines. The College is doing it's bit to stay calm and rational as well as responsive to the headlines. During times such as this, it is inevitable that there will be heightened emotions and scary headlines. The College is doing its bit to stay calm and rational as well as responsive to the media and to the crisis. Though we are not able to control the media's output, we are working to ensure our own does not encourage unwarranted panic or worry.

Do you think the people working in the media are doing their work in a way that may help people to be in a stable mental state or just they compete to raise the stress and anxiety level?

We are currently working with an advisory group and NHSE/I to understand what further guidance would be most helpful to clinicians.

Has the College produced advice for the general public, as well as people living with SME to help them with the significant heightened psychological stress of living under the lockdown and having current Covid coverage everywhere on infections, death rates, international crises etc.

While our initial focus was on producing guidance for our members, we have started to develop a range of resources to support patients and carers, that we will be continuing to add to. These are available here: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/covid-19-in-the-nhs/covid-19-guidance.

Can consultants psychiatrists be deployed to work in medical wards or A&E?

As far as we know, consultant psychiatrists are not being redeployed to work in medical wards or A&E. However, we understand many FY1 doctors have been asked to do support frontline clinical services. Clinicians should consult with their workforce lead within the trust to find out more. Clinicians should ensure they follow the GMC Good Medical Practice guidance and recognise and work within their competencies.

Some trusts are allowing community psychiatrists to work from home entirely, while some are insisting on them being at work even though they are not seeing patients face to face, & only doing telephone reviews. How is it justified to expose some psychiatrists to increased risk, while protecting others?

We are encouraging as many practices as possible to be done remotely and have provided this guidance on remote consultations. It will be necessary that some NHS staff have to go into work and trusts should manage this as best they can.

What should be our approach to Advance Decision making, End of Life Care planning in people who may lack or have variable capacity as a result of long-term and life-long conditions. My family members are raising huge concerns.

We are considering this complex issue. We are clear that the availability of care (because of increased pressure from COVID-19) should not be a factor in this decision making but there is not an agreed position on the approach beyond this.

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There are so many people who are miserable at the moment, and yet they have not become unwell by the virus. In my opinion it is their reaction to the fear that is making them unwell encouraged by sources such as the media, as Adi mentions above. However if, or like-minded individuals, say this, we are often met with the response that mental health is secondary - this is a real, life-threatening problem. I have been very frustrated by this, envisaging a world (or at least country) of people released from this “prison” with lots of mental health problems, and I wonder if you have any advice?

During times such as this, it is inevitable that there will be heightened emotions and scary headlines. The College is doing its bit to stay calm and rational as well as responsive to the media and to the crisis. Though we are not able to control the output, we are working to ensure our own does not encourage unwarranted panic or worry.

The College has produced guidance on patient engagement detailing ways in which to stay well during this period and linking to many other useful resources. https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/patient-engagement-covid-19-guidance-for-clinicians.

Question should be answered by Neil Greenberg

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What is the ethics of stopping most f2f and vastly increasing admission threshold for MHA detention due to fear of risk of Covid on in-pat wards. Ids that balanced.

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