

Patient Care Flowchart for COVID 19: In– Patient Facility

Regardless of Covid-19 status, all staff members to follow PPE guidance for **all** patient contact. *

Person is clinically unwell with Covid-19 symptoms but does not require admission to an acute hospital. Contact IPC team between 8am and 6pm to co-ordinate delivery of swab. Healthcare professional within the ward to complete swab as per guidance.

Person is clinically unwell and requires admission to an acute hospital. Liaise with local acute hospital and arrange for admission or 999. Inform of suspected COVID 19. Monitor and record NEWS2 until transfer.

Could the person be discharged / placed on leave to self-isolate in their own home?

If prescribed Clozapine a full blood count must be performed; Clozapine reviewed and appropriate arrangements for management of Clozapine put in place.

No: Isolate person in own room whilst pending swab result. *
Monitor person's wellbeing (NEWS2); in the event of deterioration reassess if the person requires admission to acute hospital.

Yes: Arrange for leave / discharge home to self isolate (with support if needed).
Provide guidance for self isolation in accordance with national guidance.
Arrange for person to be informed of swab results when available.
If positive swab refer the person to the Community Management Service.

Swab results received: Is the swab result positive for COVID 19?

No: Clinical management of the person according to normal process; continue 7 day isolation from onset of symptoms.

Yes: Immediate and on-going care Follow PPE guidance for **all** patient contact. *
In cohort wards, communal waiting areas and during transportation, it is recommended that suspected or confirmed cases wear a surgical mask if this can be tolerated. The aim is to minimise the dispersal of respiratory secretions and reduce direct transmission and environmental contamination. (Assess regarding ligature risk where appropriate—[please see action card](#))
Review isolation arrangements of the person; where appropriate transfer to cohorted areas (Coral, Mulberry, Greenways and Eastways). Arrange for deep clean of environment after person has been transferred. Out of hours liaise with Tier 2 on call. Alert IPC of confirmed case for further advice.
Monitor person's wellbeing; in the event of deterioration reassess if the person requires admission to acute hospital.
Reassess if the person could be discharged / placed on leave to self—isolate in their own

*** PPE Requirement for all patient contact:**

Good hand hygiene

Disposable plastic apron—single use

Disposable gloves—single use

Fluid resistant surgical facemask—single or sessional use

Eye/face protection (risk assess) — sessional use

In the event of aerosol generating procedure: single use FFP3 mask, single use eye/face protection and single use gown with long sleeves.

A single session refers to a period of time where a healthcare worker is undertaking duties in a specific care setting / exposure environment eg on a ward round; providing ongoing care for inpatients. A session ends when a healthcare worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled or uncomfortable. This does not include eye/face protection, which can be decontaminated using appropriate wipes.

Risk assessment use refers to utilising PPE when there is anticipated/likely risk of contamination with splashes, droplets of blood or body fluids.