Introducing a COVID-19 Isolation Ward in an Acute Mental Health Service

The Bradgate Mental Health Unit has 7 wards for adults of working age with a total of 139 beds in one interconnected building. There are also 2 PICU wards (male-10 and female-6) on site but in different buildings.

There are 5 same sex wards and 2 mixed sex wards. 4 of the same sex wards have dormitory accommodation and shared bathrooms and the other 3 wards have single rooms with ensuite bathrooms.

Given the methods of transmission for Covid-19 and the high risks for mental health inpatients around the enclosed nature of wards, dormitory accommodation, proximity of other patients, physical health comorbidities in the patient group and the cooperation of suspected patients with Covid-19 in isolating in bedrooms it was decided that the safest and possibly the most least restrictive option would be to create an isolation ward. Patients who have suspected or confirmed Covid-19 could be nursed in isolation safely and also have their acute mental health needs met.

Identification of an appropriate ward

One of the mixed sex wards was chosen to cater for both male and female patients, and has 22 single bedrooms with ensuite shower and toilet facilities. Two of the rooms are able to cater for disabled patients with disabled washing facilities within the room. The bedrooms are split into two corridors, male and female which ensure some level of privacy and dignity for both sexes.

See appendix A for pictures of the chosen ward.

The identified ward also has several rooms which patients could potentially use on their own to do activities, watch TV and have time outside of their bedrooms whilst still minimising contact with other patients on the ward.

Creating Bed Capacity

At the time this decision was made, the Bradgate Mental Health Unit was working at 110% bed capacity, routinely using leave beds and 1patient was receiving care and treatment in an out of area hospital, creating 22 empty beds was a challenge.

The consultants ward sisters/charge nurses and other key members of the MDT on the ward along with colleagues from the crisis team discussed options to create bed capacity. There was a consensus among professionals that for some patients the risks of being in hospital would be more detrimental to their well being then the risk of them being discharged into the community with support for their mental health needs. Consultants and Ward Sisters/ Charge Nurses reviewed all of their patients on the ward to ensure that only those who absolutely needed to be in hospital remained, those with barriers to discharge were also identified. Collaborative conversations took place with informal patients to discuss the best possible environment for them to receive care and treatment. The Crisis team identified some additional staffing resources so that they could carry out assessments on the ward for patients and the team agreed to visit patients up to three times daily if required.

Within 24 hours, there had been enough patient movement and increased bed capacity to empty the identified isolation ward. Two nurses coordinated the moving of patients from the designated isolation ward to other wards, to ensure it was done carefully and with adequate clinical handovers, families and carers were involved as much as possible.

Staffing the Isolation Ward

Staffing the ward was managed as compassionately and sensitively as possible, with all staff discussing any anxieties, underline health conditions or risk factors that may preclude them from working on the ward.

Staff from other wards were asked to volunteer to move to the isolation ward so that colleagues with underlying health conditions could move to other areas, this also enabled the ward to be staffed with substantive staff negating the need to use bank and agency, which would limit the amount of staff exposed to suspected or confirmed patients with Covid 19.

All staff on the ward had specific training of the use of PPE and a designated area was set up to ensure staff could change into their uniform prior to work and at the end take it off and bag it for home laundering. The staff will soon be moving to single use scrubs.

. The flexibility of staff has meant that the ward will still operate a full MDT via teleconference/ phone and occupational therapy which will be available to allow for meaningful activity to continue.

Infection & Prevention Control

Once the ward empty, it was fully cleaned (a deep clean was not required as there were not any symptomatic patients on there currently) and special considerations given to infection and prevention control standards.

A room at the entrance of the ward was turned into a staff changing area so that staff could change into uniform at the beginning of their shift and then change back into their clothes at the end of the shift to leave the unit, the scrubs would be washed on site to avoid transmission of any infected clothing to staff members homes.

All staff on the ward have had specific training of the use of PPE and the ward have been supplied with all the relevant PPE in order to safely offer care to patients who have suspected or confirmed Covid 19.

It was agreed that there would be no visitors on the ward and that contact with family would be facilitated in other ways.

Housekeeping and domestic provision was increased on the ward to allow for more regular cleaning of the ward environment and deep cleaning if needed.

Some physical healthcare guidelines for the ward were co -produced by the unit GP, RGN, physical health nurse and local Emergency Medicines Consultant. This included,.

Further Considerations:

* Swabbing; national guidelines on swabbing still does not cover mental health acute inpatient wards.
* Smoking; a large number of our inpatients smoke and currently this is prohibited on the hospital grounds and on the wards. Although we are providing vapes for patients we are looking for alternatives including smoking in a designated.