Please find three

Checklists for COVID-19 readiness in

(a) Low and Medium Support Community Residence/Hostels

(b) High Support Community Residence/Hostel and POLL clinically led services

(c) Acute Adult Approved Centres and

And also

(d) Guidance on the use of National Early Warning Score (NEWS) in Acute Mental Health Services in order to communicate with acute services during the COVID-19 outbreak

Coronavirus disease 2019 (COVID -19) is a respiratory tract infection caused by a new coronavirus, that was first recognized in Wuhan, China, in December 2019. COVID -19 can affect the lungs and airways of service users. While most people with COVID -19 develop mild or uncomplicated illness, about 80% of the reported cases in China had mild to moderate disease (including non-pneumonia and pneumonia cases), 13.8% had severe disease and 6.1% were critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure) (ECDC, 2020). Coronavirus is spread in sneeze or cough droplets. In order to get infected, the virus has to get from an infected person's nose or mouth into the eyes, nose or mouth of another person. It can take up to 14 days for symptoms of coronavirus to appear (ECDC, 2020). The main symptoms to look out for are:

- A cough - this can be any kind of cough, not just dry
- Shortness of breath
- Myalgia or muscle pain
- Fatigue /tiredness
- Fever equal to or above 38^{O} /Chills

For those presenting with mild illness, hospitalisation may not be possible because of the burden on the health care system, or required unless there is concern about rapid deterioration. If there are Service Users with only mild illness the mental health services will be asked to provide care in the Acute Adult Approved Centres (AAAC) with the support of mental health services staff and acute care. POLL services and AAACs may require access to oxygen and resources to carry out vital signs. This guidance is aimed to support the Mental Health Services on how look after COIVID-19 positive service users and escalate to the appropriate care.

Risk factors for a more severe disease:

Ischemic heart disease	Chronic heart failure	Hypertension
Diabetes	Chronic lung disease	1^{o} or 2^{o} immunosuppression including some Service Users on CLozapine
Cancer	Age > 60	Frailty

This is a Guidance Document. The final decisions for each service should be based on Clinical Judgment by the lead clinician and senior managers in that service

Please refer to https://www2.hse.ie/conditions/coronavirus/coronavirus.html for updates.

Please refer to https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ for videos on prevention and control guidance'

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(a) Checklist: Outpatients, Low and Medium Support Community Residences

- [ ] The Service User understands the symptoms of COVID-19, how to self isolate and understands that they need to self isolate if they have symptoms of COVID-19.
- [ ] The Service User has a means to contact their GP and/or Family member if they have symptoms of COVID -19 and the contact details for the Service Users GP and Family members/carers are easily obtained.
- [ ] Families and carers are aware of the measures that are needed if someone in their house has COVID-19 or is a suspected case .i.e. they know how about social isolation.
- [ ] Staff are trained in the signs and symptoms of COVID -19, and advise them to stay home if they or any close family members develop symptoms and to follow HSE guidance.
- [ ] Visitor notices are visible advising about COVID -19, against visitors attending if symptomatic and of handwashing measures before, during and after visiting. Appropriate visitor restrictions are in place.
- [ ] Handwashing resources and hand sanitiser if possible are at all entrances and at strategic points.
- [ ] Coughing / sneezing into tissue / elbow crook are advised. Ensure tissues, waste bins, are available at strategic points throughout the facility.
- [ ] Advise and encourage appropriate social distancing measures between other household members, other residents in the residence and staff where clinically appropriate.
- [ ] Ensure residences have the necessary resources if a resident is positive for COVID-19 i.e. appropriate procedures for handling of laundry, utensils and bathroom faculties. Extra bags for double bagging may be required.
- [ ] Cleaning staff are aware of what precautions to take if there is a suspected COVID-19 case within the Community Residence. Increase your cleaning regime or ask your building manager / cleaning supervisor to do so. Follow the cleaning regime recommendations in this guidance https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/Guidance%20for%20settings%20for%20vulnerable%20groups%20V2.pdf and on https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html
- [ ] Prepare a facility preparedness plan that reflects Infection Prevention and Control (IPC) measures, contingency planning for outbreak management including isolation measures, cleaning procedures and staff training on precautionary measures https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/.
- [ ] Have a plan for dealing with persons who become ill with symptoms of COVID -19 https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/.
- [ ] Appoint designated staff to care for COVID -19 patients who has the details of the designated infection control personnel, public health and a medical officer within the Mental Health Services.
- [ ] All visitors to the Community Residence are recorded in a log book.

(b)Checklist for High Support Community Residence and POLL Services

- [ ] Staff are trained on the signs and symptoms of COVID -19 and on isolation practices.
- [ ] Visitor notices are visible on advising about COVID -19, against visitors attending if symptomatic and of handwashing measures before, during and after visiting. Appropriate visitor restrictions are in place.
- [ ] Staff know they need to stay at home if they or any close family members develop symptoms of COVID-19 and to follow HSE guidance on self isolation. They are informed to remain in contact with their Lin e Manager regarding testing/results /return to work process.
- [ ] Handwashing resources and sanitizers if available are all entrances and at strategic points in the facility.
- [ ] Coughing / sneezing into tissue / elbow crook are advised. Ensure tissues, waste bins, are available at strategic points throughout the facility.
- [ ] Staff have the name and number of the Service users GP/ Consultant / Family member/Carer to inform them if Service User has symptoms of COVID -19.
- [ ] There is a facility preparedness plan that reflects Infection Prevention and Control (IPC) measures, contingency planning for outbreak management including isolation measures where possible and cleaning procedures and staff training on precautionary measures https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/.
- [ ] Each Resident/Service user has a set of recent baseline vital signs i.e. pulse, temperature , respiration rate ,blood pressure and oxygen saturations levels if equipment available.
- [ ] A clinical lead is appointed to all units who has experience and capacity in relation to physical health and who can give guidance and training to other staff on monitoring and caring for the physical health needs of a service user with COVID-19.
- [ ] A clinical lead has assessed the stock of necessary resources to care for someone with COVID-19 symptoms e.g. oxygen, nasal prongs, oxygen masks and tubing available for those who have breathing difficulties due to COVID-19 virus. Nebulisers may also be required, resources to carry out vital signs for Service Users and to record vital signs etc...
- [ ] Advise and encourage appropriate social distancing measures between other residents in community residences, and between service users in units.
- [ ] The service has the necessary resources if a resident is positive for COVID-19 i.e. appropriate handling of laundry, utensils and bathroom faculties. Extra bags for double bagging etc...
- [ ] Cleaning staff are aware of what precautions to take if there is a suspected COVID-19 case within the Community Residence. Increase your cleaning regime or ask your building manager / cleaning supervisor to do so.
- [ ] Designated staff are appointed to care for COVID -19 patients has the details of the designated infection control personnel, public health and a medical officer within the Mental Health Services.
- [ ] All visitors to the Community Residence/POLL service are recorded in a log book.

(c) Checklist for Adult Approved Acute Centres (AAAC)

- ☐ Staff are trained on the signs and symptoms of COVID -19 and isolation practices.
- ☐ Visitor notices are visible advising about COVID -19, against visitors attending if symptomatic and of handwashing measures before, during and after visiting. Appropriate visitor restrictions are in place. Ensure information and signage is strategically located for patients and visitors in the Approved centre
- ☐ Staff know they need to stay at home if they or any close family members develop COVID-19 symptoms and to follow HSE guidance on self isolation.
- ☐ Hand washing resources and sanitisers if available are placed at all entrances and at strategic points.
- ☐ Coughing / sneezing into tissue / elbow crook advised. Ensure tissues, waste bins, are available at strategic points throughout the facility.
- ☐ Staff have the name and number of the Service users' GP/ Consultant / Family Member/Carer to inform them if Service User has symptoms of COVID -19.
- ☐ There is a facility preparedness plan that reflects Infection Prevention and Control (IPC) measures, contingency planning for outbreak management including isolation measures and cleaning procedures and staff training on precautionary measures https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/. Try to ensure adequate supplies of Personal Protective Equipment (PPE) taking account of the number of staff and size of the AAAC.
- ☐ A clinical lead is appointed to the service who has experience and capacity in relation to physical health and who can give guidance and training to other staff on monitoring and caring for the physical health needs of a service user with COVID-19.
- ☐ A clinical lead has assessed the stock of necessary resources to care for someone with COVID-19 symptoms e.g. oxygen, nasal prongs, oxygen masks and tubing available for those who have breathing difficulties due to COVID-19 virus. Nebulisers may also be required, resources to carry out vital signs for Service Users and a NEWS (2013) scoring key card and NEWS (2013) observations chart (NEWS charts can be obtained from acute services).
- ☐ Each Resident/Service user has a set of recent baseline vital signs on NEWS observation sheet. NEWs score is calculated. Record the normal baseline health of the service user .Be alert to any changes of the normal baseline in the service user. Commence 24 hourly vitals at a minimum on all service users in acute mental health adult inpatient approved units if not on same already for the duration of the COVID-19 outbreak. Please see links below to a presentation and information on NEWS.

  How to complete the NEWS observation chart

  Presentation to provide information about how to use NEWS for staff in acute settings

  Patient observation chart

- [ ] If single occupancy rooms are available they should be used for Service Users with COVID-19. If this is not feasible, multiple patients with confirmed COVID -19 can be cohorted into the same room or unit of accommodation. Contact your local Community Health Social Inclusion or Public Health Link for advice. Communication links to be given to services locally where possible.

- [ ] Advise and encourage appropriate social distancing measures between all service users

- [ ] The service has the necessary resources if a resident is positive for COVID-19 i.e. appropriate handling of laundry, utensils and bathroom faculties. Extra bags for double bagging may be required.

- [ ] Cleaning staff are aware of what precautions to take if there is a suspected COVID-19 case within the Community Residence. Increase your cleaning regime or ask your building manager / cleaning supervisor to do so.

- [ ] Designated staff are appointed to care for COVID -19 patients who has the details of the designated infection control personnel, public health and a medical officer within the Mental Health Services.

- [ ] All visitors to the Acute Adult Approved Centre are recorded in a log book.

(d) Guidance on the use of National Early Warning Score (NEWS) in Acute Mental Health Services

Clinical Investigations supporting COVID-19

Throat and nose swab virology are the commonest form of diagnosis. Where there is a high clinical index of suspicion for COVID- 19 (e.g. during facility outbreak), non-detectable viral load through nose / throat swab does not exclude possibility of COVID -19 infection

- On confirmation of a positive diagnosis of COVID - 19 further investigations may be considered appropriate to assist with management. E.g. FBC, UEC, LFTs, CXR
- Investigations to out rule underlying non-COVID-19 related conditions may be appropriate
- Clinical discretion and judgement should be used regarding further investigation and in particular in identifying whether same will alter overall patient management and risks posed by transfer to and from acute hospital facilities for same.

Clinical Monitoring Using National Early Warning Score (NEWS) with Service Users with suspected or confirmed COVID - 19 status

1. Complete a full set of NEWS observations for the service user.
   - A full set of NEWS observations is as follows: Respiratory rate, peripheral oxygen saturation, FiO2 (room air or supplemental oxygen), blood pressure, heart rate, neurological responsiveness using AVPU and temperature.
2. Calculate baseline NEWS score as per the NEWS observation chart. Please clink on links to see presentation and factsheet which explains how to use NEWS.
   How to complete the NEWS observation chart
   Presentation to provide information about how to use NEWS for staff in acute settings
   Patient observation chart
   Links can be found on the HSE webpage **Physical Health Supports for Mental Health Services.**
3. Record the normal baseline health and NEWS score of the service user.
4. Be alert to any changes of the normal baseline in the service user.
5. Commence 24 hourly observations monitoring on all service users in acute mental health adult inpatient approved units for the duration of the COVID 19 outbreak.
6. If service user requires more frequent observations continue with same.

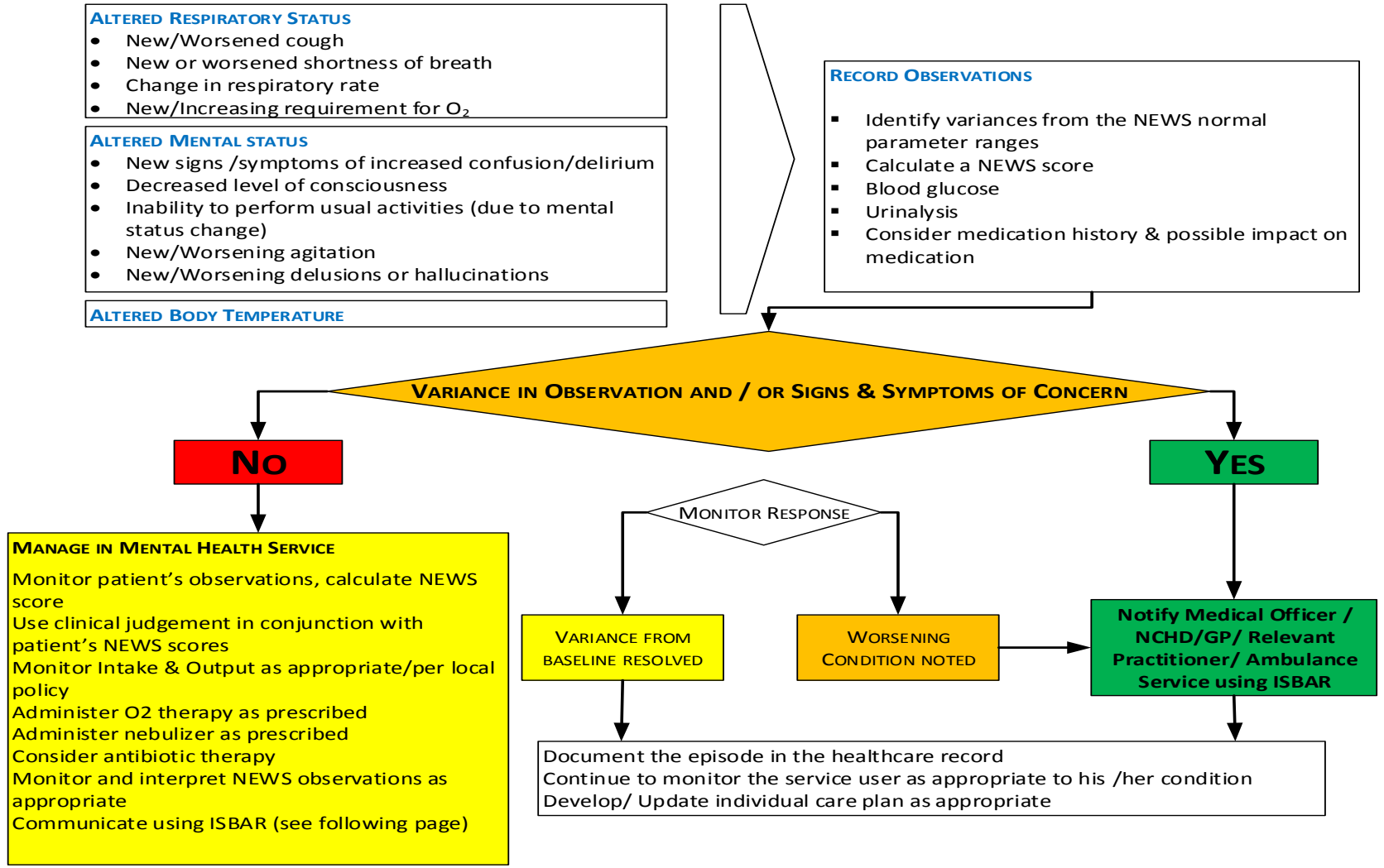
Decision algorithm in regards to escalation reflecting anticipatory guidance

The following anticipatory decision log is to offer guidance to doctors and nurses who may not be familiar with the Service User as to what approach to take in the event of their acute deterioration. This document cannot cover all clinical eventualities but it may act as a guide in deciding the appropriateness of certain interventions. It is not prescriptive. The treating clinician should use their discretion to provide whatever treatment they see fit, depending on the clinical scenario.

Intervention	Date	Date	Date	Date	Date	Date
Attempt CPR	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
IV/SC Fluids	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Antibiotics	Yes/only if aids symptoms	Yes/only if aids symptoms	Yes/only if aids symptoms	Yes/only if aids symptoms	Yes/only if aids symptoms	Yes/only if aids symptoms
Transfer to Acute Hospital	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Other						

National Early Warning Score-

(In-patient services-Adult Acute Approved Centres including admission, continuing care and special care or secure wards)



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ISBAR Communication Tool

I **Identify**	**Identify: You, Doctor, Patient** Is this Dr. _____? This is _____ *(e.g Mary, I am team leader on 7A)* I am calling about _____ *(e.g Mr David Jones)*
S **Situation**	**Situation: Why are you calling?** I am calling because _____ *(e.g Total NEWS score of 6)* Resp Rate _____ Sats _____ O_2 Delivery _____ Temp _____ Heart Rate _____ BP _____ Urinary Output _____ AVPU _____ *(only use abnormal reading initially)*
B **Background**	**Background: What is relevant background?** They are _____ years old Admitted for _____ Recent surgery or procedures _____ Relevant past medical/surgical history _____ They currently have _____ *(e.g. IV fluids, Urinary Catheter, O_2)*
A **Assessment**	**Assessment: What do you think is the problem?** I think _____ *(e.g they are in respiratory distress)* *(you can skip this if they don't know what is wrong)*
R **Recommendation**	**Recommendation: What do you want them to do?** I would like you to _____ *(e.g come and review him please)* Is there anything you would like me to do before you get here?

Red Flags to clinically look out for with COVID-19

RR > 30breathes/min	Severe respiratory distress	New onset SpO2 < 90% on room air
New onset confusion	Hypotension	Oliguria (decreased output of urine) > 12 hours
Initial NEWS ≥ 7	Clinically deteriorating patient with NEWS ≥ 5	

Complete observation on the NEWS observation chart. Please see form here: Patient observation chart and score as per score sheet below.

National Early Warning System Scoring (NEWS) Key							
SCORE	**3**	**2**	**1**	**0**	**1**	**2**	**3**
Respiratory Rate (bpm)	≤		9	12 - 20		21 - 24	≥ 25
SpO2 (%)	≤ 91	92 - 93	9	≥ 96			
Inspired O2 (Fi O2)				Air			Any
Systolic BP (mmHg)	≤ 90	91 - 100	101 -	111 -	≥ 250		
Heart Rate (BPM)		≤ 40	4	51 - 90	91 -	111 -	≥ 131
AVPU/CNS Response				Alert (A)			Voice (V), Pain (P), Unresponsive (U)
Temp (°C)	≤ 35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥ 39.1	

Response to NEWS scores

Total Score	Minimum Observation Frequency	ALERT	RESPONSE
1	12 Hourly	Nurse in charge	Nurse in charge to review if new score1
2	6 Hourly	Nurse in charge	Nurse in charge to review
3	4 Hourly	Nurse in charge & Team/On-call	1. NCHD to review within 1 hour
4-6	1 Hourly	Nurse in charge & Team/On-call NCHD/SHO	1. NCHD to review within hour 2. Screen for Sepsis 3. If no response to treatment within 1 hour contact Senior doctor /Acute Medical Doctor 4. Consider continuous patient monitoring 5. Consider transfer to higher level of care
7	Hourly	Nurse in charge & Team/On-Call Registrar Inform Acute Medical Team/On-Call Consultant	1. Senior Doctor/ Acute Medical Doctor to review immediately 2. Continuous patient monitoring recommended 3. Plan to transfer to higher level of care 4. Activate Emergency Response System (ERS) *(as appropriate to hospital model)*
Note: Single Score triggers			
Score of 2 HR ≤ 40 (Bradycardia)	Hourly	Nurse in charge & Team/On-call NCHD/SHO	1. NCHD to review immediately
*Score of 3 in any single parameter	Hourly or as indicated by patient's condition	Nurse in charge & Team/On-call NCHD/ SHO	1. NCHD to review immediately 2. If no response to treatment or still concerned contact Registrar/acute medical doctor 3. Consider activating ERS

*In certain circumstances a score of 3 in a single parameter may not require ½ hourly observations i.e. some patients on O_2.

- When communicating patients score inform relevant personnel if patient is charted for supplemental oxygen e.g. post-op.

IMPORTANT:

1. If response is not carried out as above CNM/Nurse in charge must contact the Registrar or Consultant.
2. If you are concerned about a patient escalate care regardless of score.

References

ECDC (European Centre for Disease Prevention and Control) (2020)Novel coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – sixth update – 12 March 2020. Stockholm: ECDC; 2020.

HSE (2020) https://www2.hse.ie/conditions/coronavirus/symptoms-causes-treatment.html

Health Protection Surveillance Centre (2020) https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/