The Management of a suspected or confirmed case of Coronavirus (COVID-19) in the context of person detained under section 136 at the Health Based Place of Safety

Notification received from the Police that a person under section 136v requires assessment at a Health Based Place of Safety (HBoPS)

Telephone Triage: HBoPS staff assess the risk of COVID-19

Does the person have:
A new persistent cough
and / or
A temperature above 37.8
If so, this individual is classed as a potential case of COVID-19

Yes
People suspected of being at risk of having COVID-19
Don Appropriate PPE
- Mental Health / Physical Assessment
- All staff who are able to safety withdraw from the room to do so
- Any individuals who are required to remain within the room should attempt to remain 2 metres away from the person if possible. If closer contact will need to don PPE

Isolate

No
Manage in accordance with routine clinical practice

Following assessment: if symptomatic
Suspected / Confirmed Context of Person Detained Under Section 136 at the Health Based Place of Safety

1. Context

This SOP includes consideration of the following processes:

- Referrals to the service
- Arrival at HBPoS (136 Suite) and maintaining a safe environment
- Personal Protective Equipment (PPE)
- Waste
- Assessment
- Closing the visit
- Documentation

2. Referrals to the service

Notification received from the Police that a person under section 136 requires assessment at the Health Based Place of Safety.

Telephone Triage HBPoS staff must assess the risk of COVID-19. Define whether the person is self-isolating or a confirmed case of COVID-19. If not, determine whether the person has: Either

- A continuous cough and /or
- A temperature of 37.8 or higher

If they have either of these symptoms, this person is classed as a potential case of COVID-19.

3. Arrival at HBPoS (136 Suite) and Maintaining a Safe Environment

If on arrival at HBPoS it becomes apparent that the person’s condition has deteriorated and/or requires immediate treatment or clinical assessment (outside the scope of the HBPoS team), dial NHS 111 or 999 for conveyance to the acute hospital informing them that the person is either suspected or confirmed as having COVID-19.

If the person is known / suspected of having COVID-19, they must be isolated in the 136 suite.

4. Respiratory Etiquette

- People should be encouraged to cover their nose and mouth with disposable tissue when sneezing, coughing, wiping and blowing their nose (where a tissue is not available sneeze into the crook of the elbow)
- All used tissues must be disposed of promptly into an orange infectious waste bag.
- Give the person the opportunity to clean their hands after coughing, sneezing, or using tissues, or after contact with respiratory secretions or objects contaminated by these secretions (soap and water, alcohol gel, Hygea hand wipes)
5. Hand Hygiene

- Decontaminating hands is essential before and after all contact, removal of PPE and decontamination of the environment
- Use soap and water to decontaminate hands or an alcohol hand rub if hands are visibly clean
- Refrain from touching mouth, eyes or nose with potentially contaminated gloves

6. PPE

Ensure strict bare below elbow policy is followed and hair is tied back (remove pens, fob watches, lanyards and badges) Staff must wear the following PPE, put on in the following order:

- Decontaminate hands
- Apron
- Fluid resistant surgical mask
- Eye protection as per risk assessment
- Standard examination gloves

PPE must be removed as follows and disposed of in orange waste bag:

- Peel of gloves
- Decontaminate hands
- Remove apron by using a peeling motion, folding apron
- Remove eye protection if worn
- Remove face mask immediately after existing the 136 suite and place in orange bag
- Decontaminate hands

7. Specimen Collection

- Viral screening is non urgent and current guidance is only inpatient screening. If admitted to a ward from the 136 suite screening to be undertaken and should only be undertaken on advice from the IPC team
- As all 3 localities have different procedures for the collection and processing of swabs refer to local guidance

8. Equipment

- Single use equipment should be used and disposed of in orange clinical waste bags.
- If re-usable equipment is used it must be decontaminated after use
- Crockery and cutlery must be washed in a dishwasher

9. Cleaning

- Chlor-Clean to be used for environmental cleaning
- The isolation room should be cleaned at least once a day by the domestic team and nursing staff to perform high touch cleaning in the immediate area
• Domestic staff will need to wear the PPE recommended in section 3
• On discharge the suite will need to be left for 20 minutes before Domestic staff enter to commence cleaning.

10. Waste Management

• Standard precautions must be adhered to when handling any infectious waste, which must all be bagged in leak proof orange infectious waste bags and disposed of safely
• Used laundry should be classified as contaminated and placed in red alginate bag and then placed in bin for contaminated linen. No laundering on the ward / unit
• If discretions are made, each visitor should be risk assessed and advised not to go to any other department or locations within the hospital or health care facility after visiting.

11. Documentation

• Ensure that all instructions and care episodes are documented on SystmOne.

12. Closing the Visit

• Inform any other services that will be providing future care of the person within the next 7 days if the person is suspected or confirmed as having COVID-19. They should then decide if they need to provide any essential visits and ensure that they follow guidance for doing so
• If the person is admitted to a Healthcare facility, ensure that the facility is aware of the need for isolation and infection prevention and control precautions.

Refer to IPC Manual for guidance:

Contact the Infection Prevention and Control Team for further advice on 01302 796237or via email on rdash.ipcteam@nhs.net