**Checklist and monitoring tool for the management of COVID-19 in Mental Health settings. Version 1.0 February 2021**

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| **Hospital site and ward/department:** | | **Date of observations:** | | | |
| **Assessor’s name:** | | **Assessor’s role:** | | | |
| **Purpose:** To assess the management of suspected/known COVID-19 cases from triage to assessment to admission and/or discharge to help prevent the spread of infection and to provide assurance to the organisation that the **COVID-19 Guidance for the remobilisation of services within health and care settings: IPC recommendations** has been implemented.  Please also refer to Standard infection control precautions | | | | | |
| **Instructions:** Check **Yes** or **No** for each item and report Items marked **NO**  **Provide percentage compliance:** Total number of questions divided by total number of Yes times by 100 | | | | | |
|  | | **Yes** | | **No** | **Assessor Comments** |
| **General** | | | | | |
| 1 | Signs on respiratory hygiene and cough etiquette are displayed at all main entrances, waiting areas and by all lifts  **catch-bin-kill.pdf (england.nhs.uk)** |  |  | |  |
| 2 | Signage on face coverings for visitors is displayed |  |  | |  |
| 3 | Signage on hand washing is displayed |  |  | |  |
| 4 | Signage on social distancing is displayed |  |  | |  |
| 5 | Hand hygiene stations are available at all main entrances |  |  | |  |
| 6 | Face masks are available at all main and ward entrances |  |  | |  |
| **Administration measures for all pathways** | | | | | |
| 7 | There is clear signage |  | |  |  |
| 8 | There is restricted access to communal areas |  | |  |  |
| 9 | Dedicated teams of staff are assigned to care for patients in isolation/cohort rooms/areas |  | |  |  |
| 10 | Hand hygiene facilities are available |  | |  |  |
| 11 | Hand washing instructional posters are displayed |  | |  |  |
| 12 | Signs on respiratory hygiene are displayed (catch-bin-kill) |  | |  |  |
| 13 | All staff are maintaining 2 metre physical distance unless wearing personal protective equipment (PPE) to provide direct care or |  | |  |  |
| 14 | There is frequent decontamination of environment and high touch surfaces (at least twice daily) |  | |  |  |
| 15 | There is frequent decontamination of equipment |  | |  |  |
| 16 | There is clearly displayed advice around wearing of face coverings for visitors and outpatients |  | |  |  |
| 17 | On a ward if people using services want to wear a face mask this must be risk assessed first due to potential ligature and self-harm hazard. |  | |  |  |
| 18 | Where possible and clinically appropriate remote consultations take place rather than face to face |  | |  |  |
| 19 | There is a local standard operating procedure  that details the measures to segregate equipment and staff, including planning for emergency scenarios as the  prevalence/incidence of COVID-19 may increase and decrease until cessation of the pandemic |  | |  |  |
| 20 | There is ongoing surveillance of Infection rates and hospital onset transmission |  | |  |  |
| 21 | Hospital onset cases that meet the definition should be subject to review |  | |  |  |
| 22 | Two or more positive cases linked in time and place trigger an outbreak investigation |  | |  |  |
| **Medium and High Risk COVID-19 clinical pathway IPC guidance** | | | | | |
| 23 | Cohort areas are established for multiple cases of confirmed COVID-19, ideally in a designated self-contained area |  | |  |  |
| 24 | Appropriate PPE is worn for the pathway |  | |  |  |
| **Decontamination of patient care equipment** | | | | | |
| 25 | Patient care equipment is single use where practicable |  | |  |  |
| 26 | Reusable (communal) non-invasive equipment should be allocated to an individual patient or cohort of patients/individuals |  | |  |  |
| 27 | All reusable (communal) non-invasive equipment  must be decontaminated:  • between each and after patient/individual  • after body fluid contamination  • at regular intervals as part of enhanced equipment cleaning |  | |  |  |
| 28 | Decontamination of equipment must be  performed using either:  • a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)) or  • a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl |  | |  |  |
| **Environmental cleaning and disinfection** | | | | | |
| 29 | Cleaning of care equipment is carried out as per manufacturers’ guidance/instruction and recommended product ‘contact time’ must be followed for all cleaning/disinfectant solutions/products |  | |  |  |
| 30 | There is an increased frequency of cleaning/decontamination of reusable non-invasive care equipment |  | |  |  |
| 31 | The use of fans in high and medium risk pathways should be risk assessed. Refer to Estates guidance |  | |  |  |
| 32 | Cleaning frequencies of the care environment in COVID-19 care areas must have been enhanced and single rooms, cohort areas and clinical rooms (including rooms where PPE is removed) cleaned at least twice daily |  | |  |  |
| 33 | Routine cleaning must be performed using either:  • a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)) or  • a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl |  | |  |  |
| 34 | If there are clusters or outbreaks of COVID-19 (2 or more cases linked by time and place) with significant respiratory symptoms in communal settings, this frequency should have been increased to a minimum of twice daily |  | |  |  |
| 35 | The increased frequency of decontamination/cleaning should have been incorporated into the environmental  decontamination schedules for all COVID-19 areas, including where there may be higher environmental contamination rates, including for  example:  • toilets/commodes particularly if patients/individuals have diarrhoea  • ‘frequently touched’ surfaces such as medical equipment, door/toilet handles, locker tops, patient call bells, over bed tables, bed rails, phones, lift buttons/communal touch points and communication devices (for example, mobile phones, tablets, desktops, keyboards) |  | |  |  |
| 36 | Dedicated or disposable equipment (such as mop heads, cloths) are used for environmental decontamination |  | |  |  |
| 37 | Single (isolation) rooms must be terminally cleaned as above following resolution of symptoms, discharge or transfer (this includes removal and laundering of all curtains and bed screens) |  | |  |  |
| **Estates Guidance** | | | | | |
| 38 | Ensure ventilation is taking place (windows open, (only if risk assessed) ventilation systems are in working order) |  | |  |  |
| 39 | Avoid blocking corridors with supplies/trollies etc. |  | |  |  |
| **Waste disposal guidance** | | | | | |
| 40 | Ensure waste is segregated and disposed of as per Management and disposal of healthcare waste HTM07-01. Further information is available in COVID-19 waste management standard operating procedure. |  | |  |  |

NHS resources/posters are available at **Coronavirus Resources - Coronavirus Resource centre (phe.gov.uk)** and specifically **https://coronavirusresources.phe.gov.uk/stay-alert-to-stay-safe-/resources/posters/**

Health Protection Scotland **National Infection Prevention and Control Manual: Home (scot.nhs.uk)**