Government of Western Australia
Department of Health

COVID-19 Advice for the mental health inpatient setting

Background

A number of factors present challenges for the care of patients in the acute mental health inpatient setting when managing the risks of COVID-19. These include the built environment, nature of care models, group interactions and the ability of patients to adhere to infection prevention and control measures.

While managing the risk of infection with COVID-19, inpatient mental health services still also need to:

- ensure the rights of patients and their carers are upheld
- comply with the requirements of Mental Health Care Principles in the *Mental Health Act 2014*
- maintain the most therapeutic environment possible

At times, it may not be possible to create dedicated wards for the care of COVID-19 patients and consideration will need to be given to the most appropriate management of COVID-19 positive, symptomatic or close contact patients, together with their mental and physical health risks within the ward environment. This advice is designed to complement other available guidance including infection prevention and control measures available for the Mental Health inpatient setting such as COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities and other clinical guidelines provided by the Department of Health.

Prioritisation of controls

1. **Capacity creation and optimisation**
   - Utilisation of a statewide approach to bed allocation for adult patients as practical
   - Partner with private hospitals to optimise access to inpatient beds
   - Review use of secure/open beds to optimise flexible use where safe and appropriate
   - Capacity building should be considered as a system response and supported across sites.

2. **Minimising spread**
   - Patients to have their Rapid Antigen Test (RAT) or PCR result available before admission to an inpatient unit. Especially for those unable or unwilling to isolate
   - Maintaining physical distancing, wearing appropriate masks and other adequate personal protective equipment noting current guidance on the level of PPE staff are required to wear is provided in the WA Health System Alert and Response Framework (SAR)
   - Cleaning and disinfecting protocols for equipment and the premises

- Implementing rooms, sections, areas or units dedicated to COVID-19 positive patients as 'red zones'
- Dedicating areas for screening procedures such as assessing symptoms and testing
- Optimising room and ward ventilation i.e. use of portable air purifiers, access to fresh air
- Restricting in-person visits where appropriate, noting current guidance in the WA Health System Alert and Response Framework (SAR) and the COVID-19 Public Hospital Visitor Guidelines
- Limiting leave for inpatients where possible
- Scaling down activity by reducing or even ceasing outpatient and day hospital activities
- Implementing hospital avoidance and hospital in the home strategies
- Using digital tools to ensure continuity of care, including telepsychiatry
- Using observation areas for newly admitted people
- Applying staffing measures, such as separating staff by groups, spaces, and rosters to prevent cross infection; encouraging physical distancing; and using apps for online meetings
- Providing education for people with a lived experience of mental health issues including quarantine/isolation, physical distancing, hand hygiene, mask wearing and vaccination
- Making changes to group therapy, including limiting the number of individuals participating in a group; ensuring physical distancing and mask use among individuals occurs; and optimising ventilation.

3. Ward management

- Prioritise single room accommodation with ensuite facilities for COVID-19 positive patients, where possible
- Ensure access to seclusion rooms for COVID-19 positive patients with high acuity and risk of aggression
- Creation of rooms, pods or sections within wards that can be dedicated toCOVID-19 positive patients (red zones)
- Schedule separate mealtimes for zones to allow adequate cleaning and distribution time
- Cohort or group patients using rooms, pods, sections or wards dependent on ability to isolate
- Establish direct inpatient COVID-19 admission pathways to reduce the need for Emergency Department (ED) admissions and to ensure RAT and PCR tests are administered prior to admission to ward
- Prioritise workforce to support secure ward and COVID-19 demand.

4. Patient considerations

- Vaccination status i.e. completion of COVID-19 vaccination status, influenza vaccination
- Symptomatic or asymptomatic patients
- Identification of patients who are at risk of severe disease from COVID-19
- Ability to adhere to restrictions such as room isolation, remaining in specified section of ward
- Ability to adhere to mask use
- Risk of patient exhibiting aerosol generating behaviours

- Aerosol generating procedures i.e. CPAP
- Capacity to engage therapeutic activities whilst isolated

5. **Cohorting patients and use of green, amber and red zones**
   - Decisions to cohort patients according to their risk level should be undertaken in consultation with the patient, the patient's treating team, local infection prevention and control experts and in accordance with relevant infection prevention and control guidelines.
   - Implementation of zoning requires a coordinated multidisciplinary approach. Zoning should be reviewed regularly, and adjustments made as required. A clear command structure, monitoring procedures and communication pathways should be established when zoning is implemented, changed, or stood down.
   - Zoning may be achieved within specified rooms (private room with ensuite), in rooms, pods or sections within a ward, or a complete ward, based on the same principles described for acute clinical areas. For example, where physically possible, one end of a ward may be an amber zone and the rest of the ward green; or a shared room may be declared a red zone, dependant on the patient's ability to isolate and the room having ensuite facilities.
   - It is acknowledged that at times there may be pressures on bed availability that presents safety risks to patients who require admission. All patient safety risks should be considered in appropriate bed allocation decisions and should include: the patient's mental and physical wellbeing; the risk of the spread of COVID-19; and the balance of this against the detriment to mental and physical health of other consumers through non-availability of a bed. Ability of patients to remain in a zone or room and wear a mask may also be a consideration.
   - COVID-19 testing (including RAT) should be used to ensure monitoring of COVID-19 status in areas such as amber zones or for patients of unknown status who may be accommodated in amber zones.
   - PCR testing using rapid PCR technology (e.g. GeneXpert®, cobas® Liat® systems) is not routinely recommended without clinical indication but may be used: i) to confirm an indeterminate RAT result; ii) where there is concern that a patient has tested positive on a RAT and they are unlikely to have been exposed, or iii) where a patient is symptomatic but RAT negative and there is need for a rapid result. The decision to use rapid PCR testing should be made by the ID Physician or Clinical Microbiologist.
   - Where possible, green zones should be used to accommodate patients who test negative for COVID-19. Patients whose COVID-19 status is unknown and are asymptomatic could be accommodated in a green zone with patient screening and testing as per the SAR i.e. daily patient clinical screening and RAT or PCR tests on day 1 and every 72 hours.
   - Amber zones could be used for those waiting for assessment for COVID-19, patients refusing to be tested and close contacts still within their exclusion period.
   - Red zones should be used for patients who are COVID-19 positive or symptomatic with low risk of severe disease from COVID-19 and awaiting results.

- Use of red/amber/green zones should be agile and scaled up or down in order to meet increased or reduced demand for zones and should be discussed with local Infection Prevention and Control experts.
- PPE donning and doffing stations should be set up to establish a clear one-way direction of movement along corridors
- Use signage or floor markings if there is a lack of structural barriers such as doors to identify the beginning and end of a zone.
    - if a zone is an individual room, use signage to identify the zone type and to support selection and use of the required PPE.
- Wherever possible establish clear one-way and one-person-only direction of movement along corridors. If this is not possible, consider the use of signage or floor markings to designate the desired direction of movement e.g. left-hand side in and right-hand side out.
- When the demand for any zone exceeds available capacity, the decision matrix at Table 1 should be considered by the clinical team for patient (voluntary and involuntary) allocation.
- It is recognised there is a need to balance the clinical risk of all consumers requiring access to inpatient care and at times some co-mingling of COVID-19 and non-COVID-19 patients may be required.

Table 1: Decision matrix for allocation of patients (voluntary and involuntary) to COVID-19 zones when demand exceeds zone capacity

Patient Diagnosis	Green zone	Amber zone	Red zone
COVID-19 negative or unknown and patient at **high risk** of SEVERE disease from COVID-19	Yes - if negative RAT or PCR	Yes - if refusing a RAT or PCR or is a close contact. **Otherwise:** Consider with risk assessment - acceptable if patient can isolate in single room* and wear mask	Avoid – consider remaining in ED or placing in general ward
COVID-19 negative or unknown and patient at **low risk** of SEVERE disease from COVID-19	Yes - if negative RAT or PCR	Yes - if refusing a RAT or PCR or is a close contact.	Consider with risk assessment - acceptable if patient can isolate in single room* and wear mask
COVID-19 positive	No	Consider with risk assessment - acceptable if patient can isolate in single room* and wear mask	Yes

**Single room accommodation with ensuite facilities should be prioritised for COVID-19 positive patients, where possible. The use of portable air purifiers should be as per hospital procedures and may or may not be needed.*

References

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Version control

Version	Date	Revised by	Changes
4.0	18 July 2022	SHICC Health Operations, Office of the Chief Health Officer, Public Health Operations	Zoning updates. Terminology changes and review
3.8	09 May 2022	Chief Psychiatrist	Additional detail to background statement
3.7	03 May 2022	Chief Health Officer	Changed terminology for probable cases
3.6	08 April 2022	SHICC Health Operations; CAHS, EMHS, NMHS, SMHS, WACHS Mental Health Inpatient Units, Mental Health Commission, DoH Mental Health Projects; COVID-19 Mental Health Working Group	Review and formatting
3.3	1 April 2022	Drafted by Office of the Chief Health Officer	Initial draft

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