

The Coronavirus pandemic presents healthcare services with unique dilemmas. These are

unprecedented times for which there is no clear and down the country with variations in bed base, local resources the condition of the estate, variation in patient needs and workforce configuration. Many, if not all services, will have special Clinical Committees or other organisational groups to coordinate local management. Such committees will be better placed to manage the specificity of local situation as i unfolds. This guidance should be assisting in this local planning.

Every ward is a community of people – staff and patients. As much as possible, this community should work together to ensure the safety of everyone. But we cannot expect "business as usual". Each ward will have to find a way to focus on physical safety and infection control as the main priority. Key to managing this will be ward cohesion, communication and adapting as a community within local services.

- Inpatient wards treat people whose mental health needs cannot be met by any other means. The present situation gives an added dimension to this decision and teams, patients and families will need to work together to protect the ward from coronavirus.
- Many of the familiar routines associated with ward care will need to be reviewed. All
 activities that bring people into close contact will need to stop altogether or be
 adjusted to meet national guidance. Ward groups, ward rounds, mealtimes and
 visiting times should all be reviewed to allow for as little contact as possible. It is
 anticipated that much of this routine will be postponed on wards for the foreseeable
 future.
- However, removing all ward activities could be counterproductive. People who are restricted can become bored and agitated and require restraint or other restrictive practices. Wards should consider adapting communal activities to reduce duration, unnecessary attendance and increase personal space. Activities such as mindfulness/relaxation groups, dancing/exercise, karaoke and 1:1 meetings can all be done whilst maintaining the recommended two metre distance. Any such activity will have benefits in keeping up staff and patient morale and increase ward cohesion.



• Each ward community should work on keeping communication between staff and patients as good as possible through notice boards, written communication, smaller group or individual meetings and even text and digital messaging within the ward. As stated, meetings can still be carried out provided personal contact is avoided and adequate distancing is able to be maintained



• If symptoms do not resolve after 7 days, or the patient deteriorates, there will need to be a review of their safety on the ward. Each local area will need to develop a local agreement on the management of severe cases which will include transfer to a gene



they cannot return to work on the identified date, they must inform the organisation why this is and when they can return as soon as this is known.

- Organisations should have mechanisms for identifying wards that may fall below minimum staffing needed to maintain the ward. Organisations should make full use of all means to staff the ward so identified though the use of agency, bank or redeployment of nurse managers into frontline positions and in accordance with their capabilities.
- Wards may need to fluctuate between primary nursing and team nursing to ensure all patients have access to individual nurses on a shift by shift basis.

Ward staff, organizations and national bodies are facing unprecede(o)-4s a G Tf-@Tw -1&451. E((o)-4s)1



This guidance has been created at a time of great uncertainty during a rapidly evolving global pandemic. As such, it is recognized that it cannot cover all eventualities or anticipate all the issues that will arise. It is anticipated that it will be refined and adjusted as the situation progresses.