

COVID-19 Use of Restrictive Interventions to Contain Risk

Barrier Nursing

Barrier nursing or isolation nursing is when a patient is kept in a separate room away from others due to the risk posed by an infectious disease. Additional precautions can be implemented to further manage the risk of infection to others.

In relation to COVID-19 in the hospital, it may be necessary to commence this if a patient is suspected of having or has confirmed COVID-19. The patient should not be in communal area with others and should use separate facilities. They should be nursed in a bedroom with its own shower.

Patients should consent to this process and where they lack capacity to make this decision the principles of the (AWI) Adults with Incapacity Act (2000) and if detained under Mental Health (Care & Treatment) Scotland Act 2015 should be applied. If the patient is informal and does not consent to being barrier nursed, the patient should be assessed and discharge from the ward considered.



Mechanical Restraint

Only used as an emergency response (if available) to acutely disturbed and high risk behaviour to reduce hands on contact during prolonged periods of restraint following agreed SOP guidance and specialist support.



Seclusion

Only used as an emergency response to acutely disturbed and high risk behaviour and subject to regular review following the organisations SOP. Must be a last resort after all other avenues have been exhausted.



Mechanical Restraint & Seclusion (COVID- 19)

Patient is detained under the Mental Health (Care & Treatment) Scotland Act 2015 and the patient is severely uncooperative with social distancing or barrier nursing measures presenting a significant risk of infection to others through either deliberate or unintentional means. The patient is displaying acute levels of aggression and all other attempts at de-escalation have been exhausted.



Practicalities of use of soft restraint systems and seclusion and COVID- 19

Once a decision has been made to use soft restraint systems and or to seclude a patient, the soft restraint systems and seclusion SOPs must be followed. Staff must gain support from specialist staff training in application of soft restraint systems. The patient's bedroom can be used as a seclusion room if it is appropriate ensuring the environment is safe for the patient. Seclusion should be for the shortest time possible and a plan for reducing restriction should be created at the point of seclusion with interventions identified.