



What can Physical Health learn from Mental Health about isolating patients for Infection Control?

A collaborative learning experience on isolating patients for Infection control



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Please take 5 minutes to write down your thoughts on what '*Isolation*' means to you and your service for discussion later.

What does 'Isolation' Mean?

The Infection Prevention Society defines it as:

'a crucial practice in infection control aimed at preventing the spread of communicable diseases. It involves implementing source isolation .. Particularly important for patients with specific infections .. Where they should be segregated to protect others ..'

In Mental Health:

'The supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving.' (NHS England)

This might be in

- Seclusion Rooms
- 136 Place of safety suite
- Extra care Area (ECA)
- Bedrooms
- Wards

Universal Challenges of Isolation for Infection Control:

- Balancing safety with a therapeutic environment
- Patient behaviour and engagement
- Ward environment/layout/lack for side rooms
- Restrictions on use of some IP&C items, e.g. ABHR, placement of PPE
- Group activity and social interaction
- Importance of balancing infection management and person-centred care

Impact of Isolation:

- Loneliness, missing meaningful contact with others
- Closed door is barrier to accessing care
- Feelings of captivity, claustrophobia and punishment
- Worsening of disorientation, agitation and fear in patients with cognitive impairment
- Increase risk of falls
- Boredom
- Delay in receiving therapies

How long do staff spend in meaningful engagement with patients isolated for infection control reasons?

Where needs are met.

Hierarchy of needs.

Mental Health Law with regards to isolation – are they applicable in all areas of isolation for Infection Control?

- Ethical and Legal considerations:
- Whether patients can be compelled to isolate – **must be legally justified, proportionate and documented**
- Balancing public health protection with patient rights and autonomy
- Interactions between IP&C policy and Mental health Legislation – Mental Health Act 1983 does not specifically authorise isolation for infection control. Hospital policy and common laws may be used to support isolation.
- Does it meet the definition of deprivation of liberty?
- In Mental Health, any intervention that includes segregation must be least restrictive.

What do Mental Health do that's different that Physical health can learn from?

- Working with IP&C to face challenges; measures need to be carefully balanced with Mental Health treatment and infection control needs.
- Careful management with an acknowledgment that there is the risk that the infection could spread if the patient cannot be effectively isolated by utilising a risk assessment.
- 'All About Me' information folders that are updated if a patient has an expectation to be isolated/bedroom based for infection control
- Activity boxes
- Utilising other available space to allow for still being part of communal activities but at a distance
- Therapeutic observations at regular intervals that produce an individual care plan.



How do we share this/move forward?

Collaborative working between Mental Health teams, Physical Health teams and Infection Prevention and Control

- Group discussion