

SMH guidance re: Hospital transfers to Residential Units (RCF) – Version 8
(Informed by – HSPC guidelines and updated in the event of changes to the National Guidance);
Reviewed by SMH CNSp ICP and Medical Director

Please review Admissions, Transfers & Discharges Policy – Appendix 9 and contact CNSp Acute Hospital Liaison (AHL) for admission support e.g. easy read information etc.

Staff supporting Service Users in Hospital

Staff continue to support service users to access the hospital for OPD/ day procedures/ emergency department

- Staff must adhere to the relevant hospital and SMH PPE requirements including the wearing of face masks, hand washing and physical distancing.
- Staff can return to their units to work if in hospital with service users for 12 hours or less and there is no indication of COVID 19 contact (if there is suspected COVID 19 contact staff/ unit PIC should contact HR/ Infection Prevention and Control).

In the event of service user admission, relevant hospital visitor restrictions apply to SMH Staff so predominantly visiting will not be permitted. In very specific situations, SMH staff support provision maybe agreed for individual service users, in this event please follow Memo guidance “Staff Supporting Service Users Admitted to Hospital setting” (22/10/2020)

COVID 19 Precautions/ Hospital Testing

- Service Users may undergo pre admission COVID 19 testing prior to day procedures (e.g. endoscopy) or on admission via Emergency Department (Dependent on hospital own Policy)
- PIC's **MUST** maintain log of known COVID 19 tests/ results and contact SMH COVID 19 line to update them

<u>Service users requiring emergency transfer to hospital</u>	
National Ambulance Service (via 999/112) and the local receiving hospital should be notified of the transfer in advance in either COVID positive or suspected COVID residents.	
COVID positive status in itself does not preclude transfer to acute hospital where it is deemed clinically appropriate.	
<u>Service User being transferred/ discharged from Hospital to SMH Residential Unit</u>	
<ul style="list-style-type: none"> • Service users will not require hospital discharge isolation precautions following visits/ procedures under 12 hours (this may be individually reviewed dependent on symptoms) • <u>Admissions/episodes of care over 12hours and less than 3days</u> do not require COVID 19 test prior to discharge unless person presents with new symptoms. Service User will require isolation precautions for 14days and if possible COVID 19 test should be completed on days 5-7 post discharge. • SMH Hospital Discharge Checklist – COVID 19 Sections 1 & 2 should be completed for all discharges 	
Transfer of person post COVID 19 recovery in the previous 6 months	<ul style="list-style-type: none"> • No pre admission or pre discharge COVID 19 swab will be required • There is a need to check for symptoms and if has Covid 19 symptoms review testing requirement • There is no requirement for transmission isolation restrictions post discharge • Ongoing monitoring of Covid 19 Symptoms as per RCF guidance.
Transfer of person who have been fully vaccinated*	<ul style="list-style-type: none"> • Service User should have COVID 19 test within 3 days prior to discharge, Not Detected results confirmed and check for symptoms prior to discharge • There will be no requirement for transmission isolation restrictions post discharge if not detected result. • Ongoing monitoring of Covid 19 Symptoms as per RCF guidance. <p>* Individuals are considered fully vaccinated for COVID-19 as set out here</p>

	<ul style="list-style-type: none"> • 15 days after the second AstraZeneca dose • 7 days after the second Pfizer-BioNTech dose • 14 days after the second Moderna dose
<p>Transfer of person with no diagnosis or clinical suspicion of COVID 19 from acute hospital</p>	<ul style="list-style-type: none"> • Service User should have COVID 19 test prior to discharge and results confirmed to residential within 3 days • Service user should remain in single room, maintain restricted movement with contact and droplet precautions in place for 14 days • Service user should be monitored for onset of any new symptoms consistent with COVID 19 • Testing between days 5-7 post discharge maybe required if <ul style="list-style-type: none"> ○ it is known that service user was admitted to a COVID ward/ known Covid Contact ○ Admission is over 12 hours and less than 3 days in duration. • PIC of unit should review and complete Risk Assessment – Risk to service users post hospital discharge • Contact COVID 19 phone line to make them aware of discharge • Contact PPE email to place request for suitable PPE
<p>Transfer of Person who has a confirmed COVID 19 swab while in the hospital</p>	<ul style="list-style-type: none"> • Discharge <u>should only be confirmed</u> following consultation/ assessment by PIC with CNSp AHL and/ or Service Manager and/ or NMOC and/ or CNSp Infection Prevention and Control (IPC) (+/- Alternative Accommodation Forum) • Review must be undertaken re: <ul style="list-style-type: none"> ○ any other known cases of COVID 19 in residential unit ○ is the service user clinically fit for discharge ○ does the unit/ service have appropriate isolation requirements available ○ does transfer represent most appropriate place of care (e.g. need for behavioural/ emotional/ coping supports/ palliative care needs) • If transfer is deemed appropriate – service user must complete the 14 days isolation (from date of infection diagnosis/ symptoms) on return to the relevant unit and once the last 5 days are fever free. • Hospital should provide Clinical Discharge Summary that includes <ul style="list-style-type: none"> ○ Date and results of COVID 19 tests ○ Date of Onset of any symptoms of COVID ○ Details of any follow up or monitoring requirements • Contact COVID 19 and PPE phone lines in planning for discharge • Public Health to be notified in advance of discharge
<p>Transfer of Person post COVID 19 Recovery in hospital</p>	<p>Diagnosed positive in hospital with discharge following 14 days isolation (with last 5 days fever free)</p> <ul style="list-style-type: none"> • Discharge <u>should only be confirmed</u> following consultation by PIC with CNSp AHL and/ or Service Manager and/ or NMOC and/ or CNSp IPC • Hospital should provide Clinical Discharge Summary that includes <ul style="list-style-type: none"> ○ Date and results of COVID 19 tests ○ Date of Onset of any symptoms of COVID 19 ○ Details of any follow up or monitoring requirements • If the service users has remained afebrile for the last 5 days of 14 days isolation the service user is no longer infectious can return to unit • Contact COVID 19 phone line to make them aware of discharge • Service user is no longer considered infectious to others can return to unit under current public health guidelines (social distancing/ hand hygiene etc) • There is no requirement for transmission isolation restrictions post discharge