



GUIDANCE ON WARD LEAVE FOR PATIENTS ACROSS ACUTE WARDS DURING THE COVID-19 PANDEMIC

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The UK Government has issued further guidance as a result of the COVID-19 pandemic which impacts on the movement of people in public spaces. BSMHFT has had to review and revise a number of policies in order to respond to these unprecedented times and may continue to have to do so as the situation changes day to day.

The government instructions -on 24th March 2020 <https://www.gov.uk/coronavirus> states:

Stay at home

- Only go outside for food, health reasons or essential work
- Stay 2 metres (6ft) away from other people
- Wash your hands as soon as you get home

Patients detained under MHA

Section 17 leave is not a right. It is granted at the discretion of the Responsible Clinician.

Responsible Clinicians are asked to consider the current Government instructions in making any decisions on granting Section 17 leave. The RC should take all necessary measures to ensure that the instructions are adhered to.

- Whilst considering granting leave limited to up to a single hour of exercise once per day – the RC should carefully consider whether such exercise could be

undertaken within the grounds of the hospital. Whether the RC can be assured that that any such leave will be taken whilst maintaining social distancing.

- Medicines and essential supplies – the RC should carefully consider what such items might be, given the availability of food, medicines and essential items in the hospital environment.
- It is recommended that home leave is not granted, where effectively this would be classed as a visit to a relative or other member of the public.

Other factors to consider include:

- The service user's capacity to comply with the UK government instructions
- Consider the additional risks that might be associated with unescorted leave
- MDT discussion – taking account of not only the clinical risks but also infection control risks and health and safety risks to staff and other patients.
- Availability of suitable staff to support escorted leave and to conduct relevant checks upon return.

Informal patients

Informal patients will not be absent from the ward unless in exceptional circumstances (i.e. essential medical leave).

Patients insisting on leaving the ward will be reminded of their responsibilities as a citizen and asked to remain. They may be reminded of the consequences of being in a public place (i.e. a police fine under emergency powers).

If an informal patient continues to insist on leaving the ward then consider the following:

1. Do they need to be considered for legal detention under the MHA (within the scope of the MHA)
2. Are they subject to DoLS (within scope of deprivation of liberty)
3. If they do not meet the criteria for 1 or 2 then their inpatient treatment plan should be reviewed in terms of whether inpatient treatment is required. If it is, they should be aware that they may need to be isolated upon return, depending upon advice.
4. Expected procedures for returning from escorted and unescorted leave, for example search and hygiene procedures, should be explained and implemented

ADVICE AND DISCUSSIONS WITH PATIENTS ARE BASED UPON PUBLIC HEALTH PRINCIPLES AND SHOULD NOT BE DELIVERED WITH ANY IMPLIED THREAT OR PUNISHMENT

Please also refer to the below appendices Aide Memoire for Granting Section 17 Leave

Appendix 1 - Aide Memoire – Granting Section 17 Leave

Section 17 leave is part of the MHA provision but is not an automatic patient right. Granting section 17 leave is the responsibility of the Responsible Clinician (RC).

When making decisions about granting Section 17 leave, for the purposes of risk management in reducing the spread of COVID19, the RC should consider the following:

Current UK Government instructions on the following:

- Social distancing
- Limited to up to a single hour of exercise once per day – the RC should carefully consider whether such exercise could be undertaken within the grounds of the hospital.
- Medicines and essential supplies – the RC should carefully consider what such items might be, given the availability of food, medicines and essential items in the hospital environment.
- We would recommend that home leave is not granted, where effectively this would be classed as a visit to a relative or other member of the public.

Other factors to consider include:

- The service user's capacity to comply with the UK Government instructions
- Consider the additional risks that might be associated with unescorted leave
- When escorted leave is considered, please assess the risk of infection to the member of staff as well as their availability to escort patient and to conduct relevant checks upon return
- MDT discussion – taking account of not only the clinical risks but also infection control risks and health and safety risks to staff and other patients.

Checks to be completed on Return

- Security checks, including security search
- Post leave evaluation
- Infection control measures such as hand washing on return; staff to get changed out of uniform prior to escorted leave and change back into their uniform on return.