

COVID -19 GUIDANCE

For care providers or families supporting people with a learning disability and/or autism with complex needs & or distressed behaviour living in a community setting,requiring hospitalisationwith suspected Covid-19 symptoms.

1. Introduction

For people with complex learning disabilities, autism and/or distressed behavior it is vitally important that all agencies supporting the person work together to share information and ensure that all relevant paperwork and planning is up to date in the event of an individual being hospitalised due to contracting Covid-19.

The overall aim being that the individual has the most person centred care, delivered with the appropriate reasonable adjustments, enabling the clinical teams to safely care for the individual at home, or if required in hospital.

2. Contingency planning - Hospital passports

Please ensure that all Hospital Passports for individuals are up to date, including if they have one the Emergency Summary Plan which should contain all of the relevant update information. Ensure that any future wishes or best interest paperwork around cardiac resuscitation (this relates to the heart stopping only) and respiratory resuscitation (so would or would not want a critical care bed (ICU) if they can't breathe for themselves anymore) is made clear.

3. Additional data that may be requested or will be very helpful prior to treating the person:

1. Will the person wear an oxygen typemouth mask?
2. Will the person tolerate a nasal tube instead?
3. Will the person allow their bloods to taken with reassurance?
4. Will the person allow a cannula to be fitted with reassurance?

Please also ensure that you have up to date information on the person's weight, nutrition, hydration levels and bodily fluid outputs for the week prior to admission.

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Please note that capillary blood testing may be an option for people who find blood tests difficult, it only involves a finger prick and 2mls of blood and it isn't completed with a needle. It requires some planning with combined labs as the tests have to be done in a slightly different way. It is not suitable for all blood tests but works for quite a few of them.

For numbers 1-4 if the answer is NO will reassurance or 1:1 support be needed to ensure compliance or is a Best Interests decision required for the least restrictive method (i.e. likely to need physical or medical restraints) ?

4. Care in Hospital Policy

Please ensure that you contact the duty worker at ASC via **01752 306900**(required for social care support in hospital to be agreed).

You will need to have clear information on the level of 1:1 or 2:1 support from people they know agreed by the funder. Are there any family members who can support the person? Hours needed: (if known) and who will supply them.

5. Risk assessment & contact numbers

- For people who currently receive 1:1/2:1 support you will need to risk assess if the person may still require that level of support in hospital (due to extreme distressed behaviour).
- During working hours (8-4pm Monday to Saturday) please contact the LD/Autism Liaison Team on 01752 431566.
plh-tr.learningdisabilityhospitalteam@nhs.net
- The LD/Autism Liaison Team needs to be informed that an individual who has highly complex needs has possibly contracted Covid-19 and is being monitored at home, please inform them of the agreed protocol if the person has to be admitted.
- If admission imminent and out of LD/Autism service hours or you are unable to contact them please call the Covid Matron via the main switch board on 01752 202082 to inform them that an individual who has highly complex needs has possibly contracted Covid-19 and is being admitted, please inform them of the agreed protocol if the person has to be admitted.
- Also contact the ED COVID-19 department at Derriford Hospital on 01752 202082 to inform them that an individual who has highly complex needs has

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possibly contracted Covid-19 and is being admitted, please inform them of the agreed protocol if the person has to be admitted.

6. Best Interest Decisions

You may also want to plan for a Best Interests Decision reference the use of the Sedation Pathway for people with possible high, extreme reactions of going into hospital (even when they may be very ill).

7. People with complex needs contracting Covid -19

If you suspect a person with highly complex needs has contracted Covid-19, you will need to follow the standard guidance of calling 111 and sharing the person's current level of illness and symptoms. The decision as to whether a person should be admitted to hospital if they are suffering from the Covid-19 virus should be individualised and based on the level of presenting clinical need.

The Acute Care at Home Team can do IV fluids and antibiotics as well as regular observations, please discuss this with the person's GP as if appropriate the GP could make the referral and possibly avoid admission for the individual if possible.

If the person with suspected Covid-19 starts to deteriorate (becoming breathless etc.) you will need to contact 111 or 999 if you feel the person is significantly deteriorating or unresponsive.

Before the person is admitted please ensure that all the relevant people have been informed and correct plans are ready to go.

8. On admission

Please ensure that all documentation and Hospital Passports are up to date and if used in the past what sedation (oral, liquid, and injection) has worked well and if something hasn't work well or have had a significant reaction (became too drowsy for example). In cases where COVID-19 is suspected please bring in the new COVID-19 Hospital passport which is included with this document. Please also see specialty guide for front line staff re Covid 19.

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9. Admission Process

Whilst Derriford hospital currently has restrictions on visiting and staying with people in hospital it acknowledges that in some complex cases 1:1/2:1 support from someone who knows the person will be a necessity. This will be agreed on admission with the ward manger or specialist team for example LD or autism liaison lead nurse. It is expected in non-COVID-19 admissions or suspected that support will continue if needed (as per previous policy) and PPE will be used as appropriate.

On COVID-19 positive cases and admissions to red areas this will need to be negotiated on an individual bases depending on their presentation (how unwell they are and if they are conscious) and in line with level of anxiety/compliance with medical treatment.

1. Person admitted unwell – not symptomatic of COVID – current system applies for 1:1/2:1 support (paid or non-paid) in hospital setting with overview from LD or autism team daily.
2. Person admitted unwell – symptomatic of COVID – awaiting test results - current system applies but their own staff or family to wear PPE for amber area and seek a side room if staying 24/7 (this would be same for flu) and provide *all personal care with oversight from ward nurse. If the person becomes positive, they should remain in same side room with their own carers.
3. Person admitted unwell and has tested positive for COVID-19. They will be admitted to red area side room if available, depending on the level of need at the time (or how ill the person is) the person may only need 1 carer rather than 2 or no carers.
4. Person admitted very unwell and has tested positive for COVID-19, if they are admitted to ICU the carer will not be able to support in this area until the individual has been stepped down to the ward. However good communication will be expected between ward and carers to ascertain when this might be so care can be arranged to be put back ready for ward transfer.

**Please note all carers regardless of being family or personal staff are covered under the hospital insurance to carry out familiar personal care duties they would normally do in the community. Any other clinical tasks i.e. medications, PEG feeds must have oversight and direction from the ward nurse as it is still their responsibility.*

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Guidance issued by University Hospital Plymouth, Plymouth City Council, & Livewell SW.