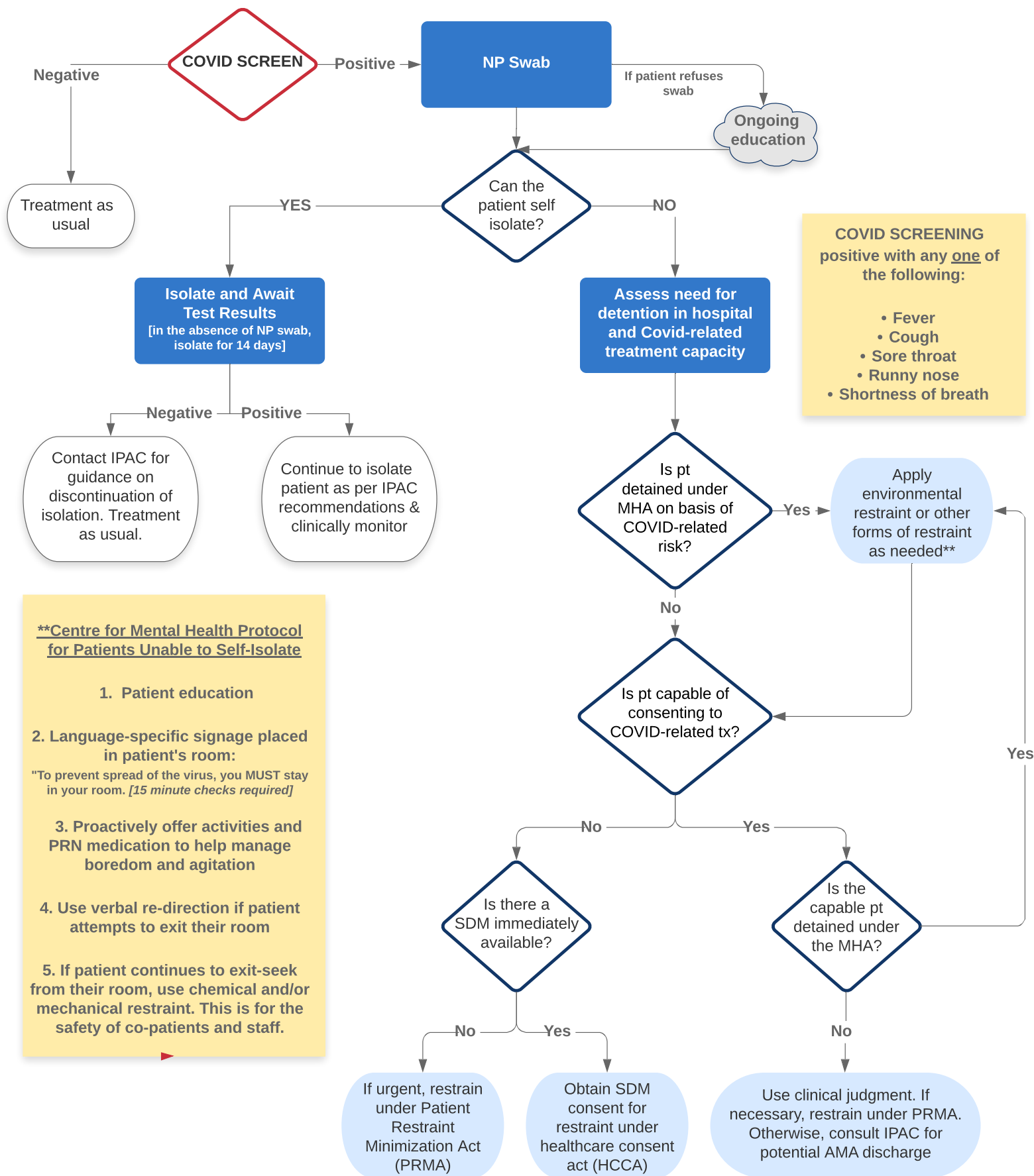


UHN Centre for Mental Health COVID-19 Screening and Isolation Algorithm



COVID SCREENING positive with any one of the following:

- Fever
- Cough
- Sore throat
- Runny nose
- Shortness of breath

****Centre for Mental Health Protocol for Patients Unable to Self-Isolate**

1. Patient education
2. Language-specific signage placed in patient's room:
"To prevent spread of the virus, you **MUST** stay in your room. [15 minute checks required]"
3. Proactively offer activities and PRN medication to help manage boredom and agitation
4. Use verbal re-direction if patient attempts to exit their room
5. If patient continues to exit-seek from their room, use chemical and/or mechanical restraint. This is for the safety of co-patients and staff.

RATIONALE:

As mental health professionals and patient-centred care providers at heart, our standard of practice is to use chemical and mechanical restraints as measures of last resort. These standards remain intact in the setting of infectious disease, however our threshold of utilization must unfortunately change, given extra risks to co-patients and staff.

Any hospitalized patient with presumed COVID-19 or confirmed COVID-19 MUST isolate, whether this is adhered to voluntarily or by restrictive measures, including restraint. This will require staff to act quickly and decisively. The attached algorithm is a guide aimed at helping staff determine what measures to take with a patient that may be unable to self-isolate. We understand that taking these steps will be difficult; please know that this guidance was developed in consultation with our ethics, IPAC and legal departments. Additional commentary from our ethics colleagues is included below.

STATEMENT FROM UHN BIOETHICS:

The ongoing COVID-19 pandemic, including the increase in UHN patients testing positive for COVID-19, has created new pressures on the use of physical space and maintaining the safety of patients and staff. A particular challenge arises when a patient who has, or is suspected to have, COVID-19, places others at risk of infection and is unwilling or unable to self-isolate. Restricting a patient's freedom of movement may be necessary to prevent the patient from directly harming self or others or to enable the delivery of life-saving treatments. Ethical principles of minimizing harm through proportionate responses permit the use of restraints to achieve such ends, in limited circumstances, where the means of restraint employed are the least restrictive alternative, after all other means to enhance the patient's understanding and encourage cooperation have been considered. Consistently, UHN's policies allow the use of various restraints with appropriate safeguards in place. Before employing restraints, the potential benefits and harms should be considered on a case-by-case basis. Please see the UHN bioethics SBAR note for a more detailed analysis.

LEGAL INFORMATION:

Ontario's *Patient Restraint Minimization Act (PRMA)* applies to patients who are not detained under the authority of the *Mental Health Act*. The PRMA states that a hospital may restrain or confine a patient if:

1. It is necessary to prevent serious bodily harm to him or her or to another person
2. If placing him or her under restraint or confining him or her, as the case may be, is authorized by a plan of treatment to which the patient (or his or her substitute decision-maker) has consented

Additional guidance for restraint is also provided for by Ontario *Common Law*, which states that:

"A right and a duty to restrain [the patient] when necessary to protect [them], other patients or others lawfully on the premises (staff or other patients) from harm and to prevent endangerment to the safe environment of the hospital or facility."

Ontario's *Mental Health Act (MHA)* applies to all patients admitted to a psychiatric facility. There is legal authority under the MHA to restrain or detain a person who is the subject to a Form 1 (application for psychiatric assessment) or Forms 3 and 4 (certificates of involuntary admission). Two important points to remember:

1. If you need to restrain a patient with presumed or confirmed COVID-19 because they are unable to self-isolate, you should only rely on the Mental Health Act if you can argue that their inability to self-isolate (and resultant likely risk of serious bodily to another) is related to an underlying mental disorder
2. Even if the patient is a voluntary patient admitted to a psychiatric facility, there is still legal authority for restraint or confinement under the patient restraint minimization act as well as in the common law. A physician order, as well as the basis for the decision should be clearly documented.

If there are individuals not complying with recommendations to prevent spread of COVID-19, the Medical Officer of Health also has authority under the *Health and Promotion Act* to, by written order, require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease. If you have questions about a patient with extenuating circumstances or a patient who needs to be reported to public health, please contact your unit IPAC representative. IPAC will contact public health if necessary. Department-specific IPAC contact information is located on the UHN Intranet: please use the listed telephone number during business hours and the listed e-mail address outside of business hours.