

CHECKLIST FOR NURSES

for taking care of the mental health of persons in quarantine



SUMMARIZED VERSION

1. Ensure the person has a good understanding of COVID-19 and of the reasons for quarantine.
2. Check history of mental disorder, if yes:
 - a) Get name and contact of psychiatrist (if consented)
 - b) Ensure follow up on medication prescription (if any)
3. Give the person the patient leaflet on coping with stress and go over it with them and remind them of its content regularly.
 - a) Give them the Sudoku, cross words, and word search games available
 - b) Help them if they need any explanation
4. Explain to all persons that there is a mental health support system in place. If they feel any emotional distress, a mental health professional can contact them via phone or video call on their own personal phones or through the hospital private line.
5. Liaise with the mental health support system coordinator at the MOPH-NMHP (National Mental Health Programme) to refer the person, if they ask for support.
6. Ask them about their mood daily and be attentive to the red flags (excessive fear, refusing to communicate, severe insomnia or change in appetite, expressing ideas of harming themselves or suicidal ideation). If the on-call psychiatrist is not available, connect them with the national hotline for emotional support and suicide prevention 1564.
7. Apply emotional crisis management techniques and identify the person's primary concern, if the person is expressing irritability, anger, aggressivity, agitation.

Refer to → **Annex I** for guidance on communication and emotional crisis management.
8. Provide regularly reliable information on their health status and on the overall COVID-19 situation in the country from reliable sources of information such as @mophleb @wholeb.

REFER TO:

The full version of the checklist and check the following annexes for more guidance:

- Annex I** Communication and emotional crisis management in quarantine settings
- Annex II** Caring for older persons, including those living with cognitive decline/dementia in quarantine
- Annex III** Caring for children and adolescents in quarantine
- Annex IV** Caring for pregnant women in quarantine

CHECKLIST FOR NURSES

for taking care of the mental health of persons in quarantine



P-1/2

1. **Ensure the person has a good understanding of COVID-19 and of the reasons for quarantine;** and that information about their health situation provided to them by different members of the team is coherent and not contradictory. Take time to listen to their concerns and answer their questions.

Refer to **Annex I** for guidance on communication and emotional crisis management.

2. **Check if the person has an identified mental disorder as part of the history intake.**
If yes:

- a) Ask for name and contact number of the treating psychiatrist/psychotherapist.
- b) Get consent to contact the treating psychiatrist by the on-call psychiatrist (provide name) to ensure continuity of care.
- c) Contact the on-call psychiatrist and provide them with the collected information above.
- d) Follow-up when needed with the treating physician on the floor and the head nurse about the mental health related prescriptions by the on-call psychiatrist.
- e) If person does not have a treating psychiatrist, inform them that an on-call psychiatrist is available if they would like to consult.

3. **Give the person the patient leaflet on coping with stress and go over it with them and remind them of its content regularly, in particular:**

- a) Encourage all persons to stay connected to loved ones on a daily basis and if possible, to schedule time for meals/tea time with them through video calls.
- b) Encourage all persons to engage in activities that they enjoy (ex: reading, praying, watching entertaining shows, learning a course online...) and to download and use cognitive games on their phones (ex: Sudoku or crosswords).

Highlight that: "Keeping your mind busy and active with cognitive exercises such as Sudoku, or cross words can be useful as it can give you a sense of achievement and distract you from excessively worrying about one topic."

- c) Offer all persons the guidance on breathing exercises and explain the importance of conducting them 2-3 times a day in as much as their medical condition allows.

Highlight that: "Deep breathing can be very effective in calming anxiety and can contribute to helping you cope with the stress."

- d) Encourage all persons to be as mobile as their medical condition allows (ex: not spending all day in bed, standing up every 30min, walking in the room...).
- e) If they have difficulty sleeping, encourage them to: 1) do breathing and relaxation exercises before bed, 2) not spend the day in bed and 3) wake up in the morning at the same time every day even if they did not sleep well last night.

CHECKLIST FOR NURSES

for taking care of the mental health of persons in quarantine



P-2/2

- 4. Explain to all persons that there is a mental health support system in place set up by the MOPH.** Tell them that if they feel any emotional distress, they can inform the nurse on duty and she can arrange for them to speak with a mental health professional via phone or video call on their own personal phones or through the hospital private line.

Highlight that: It is normal to be feeling sad, worried, powerless, confused or angry because of the situation. In addition, being isolated or being afraid of being separated from loved ones can add to the stress. Many people find it helpful to talk, especially with a professional.

- 5. Liaise with the mental health support system coordinator at the MOPH-NMHP** (National Mental Health Programme) to refer the person, if they ask for support.

- 6. Ask them about their mood daily. Be attentive to the following red flags** that can be most frequent in quarantine situations and report them immediately to the on-call mental health professional through the MOPH-NMHP:

- a) Low mood, distress, excessive fear.
- b) Refusing to communicate.
- c) Expressing verbally ideas of harming themselves or suicidal ideation (if on-call psychiatrist is not available, connect them with the national hotline for emotional support and suicide prevention 1564).
- d) Severe insomnia or change in appetite.

- 7. Apply emotional crisis management techniques and identify the person's primary concern**, if the person is expressing irritability, anger, aggressivity, agitation.

Refer to **Annex I** for guidance on communication and emotional crisis management.

- 8. Provide regularly reliable information on their health status and on the overall COVID-19 situation** in the country from reliable sources of information such as @mophleb @wholeb.

Check our annexes for more guidance:

- Annex I** Communication and emotional crisis management in quarantine settings
- Annex II** Caring for older persons, including those living with cognitive decline/dementia in quarantine
- Annex III** Caring for children and adolescents in quarantine
- Annex IV** Caring for pregnant women in quarantine

Annex I*

Guidance for communication and emotional crisis management in quarantine settings



During quarantine, persons are more stressed and might become more irritable because of fear and/or worry. Below are some ways to prevent and intervene in a way to avoid any escalation.

1. USE YOUR COMMUNICATION SKILLS

✓ DO

- ✓ Always treat the person with dignity and respect. Be sensitive to a person's beliefs and culture.
- ✓ Listen actively and make an effort to put yourself in their shoes.
- ✓ Express empathy for their feelings (i.e. "I can imagine how difficult this must be for you").
- ✓ Normalize the person's experiences (i.e. "It's very normal to feel worried in this situation").
- ✓ Communicate clearly using simple language and short sentences.
- ✓ Be honest. Do not instill false-hope or make promises that are hard to keep (such as "I'll speak to the doctor and see if we can get you out even if the COVID-19 test is positive" or "It will only take 2-3 days and it will be okay").

✗ DO NOT

- ✗ Do not use stigmatizing language. (i.e. "COVID-19 case or victim" or "Transmitting COVID-19 and "spreading the virus").
- ✗ Do not adopt a passive or aggressive attitude such as:
 - Minimizing "You are exaggerating"
 - Criticizing "What kind of reaction is this?"
 - Arguing "What you are saying is not true"
 - Ordering "You must..."
- ✗ Do not interrupt or rush someone's story.
- ✗ Do not give your opinion of the person's situation, just listen.
- ✗ Do not pressure someone to tell their story.
- ✗ Do not tell them that they should not be anxious and that anxiety will negatively affect their immune system and will slow their recovery.

2. USE DE-ESCALATION TECHNIQUES

- This must be a difficult time for you as a nurse. It is important to identify your personal triggers and be mindful of them (feeling helpless, feeling disrespected, loud tone of voice, etc.) as they can contribute to an increase in escalation.
- If a person is showing signs of escalation (check below), it is better to ask for another team member to join you for assistance.
- Make a non-provocative and warm verbal contact (i.e. introduce yourself, address the person with respect and use their name, reassure the person that you are there to support, etc.). Don't make threats or insults.
- Identify with the person, their priority concern. Don't assume what the person's concern is.
- Help the person to regain control over themselves. Invite them to sit down if standing and offer some water.
- Inform persons with severe emotional distress that you can facilitate contact for them with the on-call psychiatrist, and if not available with the Embrace Lifeline (1564) for support.
- If you feel that the situation is escalating and getting out of control, leave the room and inform the head nurse.

WARNING SIGNS TO LOOK OUT FOR

Eye contact	Fixed stare, prolonged eye contact or terrified look
Tone and volume of voice	Speaking loudly or yelling, swearing, threatening
Anxiety	Sweating, muscle tension, clenched fists, heavy breathing, tightness in the chest, clenched teeth
Mumbling or talking to themselves	Expressions of discontent, or frustration
Pacing or agitation	Restlessness, aggressive or threatening posture

* for the "Checklist for nurses for taking care of the mental health of persons in quarantine".

Annex II*

Guidance for caring for older persons, including those living with cognitive decline/dementia in quarantine



Older adults in isolation, and especially those with cognitive decline/dementia, may suffer more from anxiety, anger, stress, agitation, withdrawal, and suspiciousness while in quarantine. Here are some things that can be done in quarantine settings to support them:

1. PROVIDE INFORMATION

- Tailor the explanation of medical procedures in a way they can understand and retain the information.
- Provide only basic information. Do not overload them with information and details.
- Use simple short sentences to make verbal communication clear.
- Repeat the information when necessary.
- Do not resort to false re-assurance.

2. CARE FOR PHYSICAL HEALTH NEEDS

- Check with them if they usually use devices for sensory deficits like hearing aids or magnifying glasses and liaise with the family so they can have it.
- Consider environmental adaptations to reduce the risk of falling and injury (such as appropriate seating, toilets, etc.).

3. CARE FOR MENTAL HEALTH NEEDS

- Listen carefully to the person's concerns.
- Encourage a daily routine.
- Provide regular information to encourage the person to remain oriented (mentioning the day, date, time, names of carers or staff, etc.).
- Use materials such as TV programs to promote communication, to orient them to current events, and to stimulate memories.
- Support them in using their phones to make video calls or to use regular landlines to stay in contact with their family and loved ones. Ask their family members to stay in contact with them through the day as much as possible.
- Identify potentially stressful events (like medical testing, x-rays, watching too much news, family not calling...) and take the time to address them.

Annex III*

Guidance for caring for children and adolescents in quarantine



Children under the age of 18 should not be separated from their parents/caregivers at any time during isolation, quarantine or hospitalization, unless health care professionals decide otherwise for critical health considerations (i.e. illness of a family member). If separation must occur, ensure appropriate alternative care (regular follow up by the nurse) and ensure regular family contact (e.g. via phone) and re-assurance.

1. PROVIDE INFORMATION

- Let the child know what's your job at the hospital and what you will be specifically doing .
- Explain why nurses wear protection materials when entering the room.
- Invite children to talk about their feelings using open-ended questions. Find out how much they already know and follow their lead in the discussion to assess how much they would like to know.
- Provide facts about what has happened, what is happening now, and give them clear information in a way that does not increase distress and anxiety. MOPH/UNICEF/WHO videos can be used.
- Explain that it is safer for them for now to stay in the hospital and that they will go back home in due time.
- Use age-appropriate language.
- While talking, ensure that you and the child are on the same physical level (eye-to-eye).
- Encourage them to ask questions or contact you for support.
- Provide parents with information on how to help their children cope with stress (as below section 3).

2. CARE FOR PHYSICAL HEALTH NEEDS

- Make sure children are not hungry and are provided with food and drinkable water.
- Provide snacks and nutritious food (like fruits and vegetables).
- Encourage regular toileting and provide assistance when caregivers are not available for younger children.
- Ensure that children are getting enough sleep. At night, consider leaving a dim light on.
- Reassure the child that nurses stay awake all the night and if they need anything, they are available outside.

3. CARE FOR MENTAL HEALTH NEEDS

- Children may respond to stress in different ways such as being clingier, more anxious, withdrawing, angry or irritable.
- Acknowledge their feelings and reassure them that it's normal to feel scared about these things.
- Respond to the child's reactions in a supportive way and show that you are listening to their concerns.
- Provide possibilities for the child to play (like storybooks, coloring books, etc).
- Avoid displaying distressing emotions around the child.
- Minimize exposure to distressing news. Children may not distinguish between images on screen and their own reality and they may believe they're in imminent danger.
- As much as possible, maintain regular routines and schedules.
- Ensure they are in regular contact (via phone) with their caregiver (many times a day).
- Encourage caregivers to bring their child's washable toys.

4. REPORT CHILD PROTECTION CASES (through hotline) when the following warning signs are detected:

Physical features: bruises, bites, lacerations (cuts), fractures, abrasions and scars • thermal and cold injuries • intracranial injuries • eye trauma • spinal injuries • visceral injuries • oral injuries • ano-genital signs and symptoms

Neglect: caregiver failure to provide basic needs • child malnutrition • caregivers failure to supervise the child

Clinical presentations: pregnancy • apparent life-threatening event • poisoning • non-fatal submersion injury

Emotional, behavioural, interpersonal and social functioning: parent-child interactions (negativity, rejection, refusal of providing the child with care)

* for the "Checklist for nurses for taking care of the mental health of persons in quarantine".

Annex IV*

Guidance for caring for pregnant women in quarantine



1. CARE FOR PHYSICAL HEALTH NEEDS

- To date, WHO recommends that mothers who have COVID-19 continue breastfeeding, this might change with time, refer to the latest WHO and UNICEF guidelines.
- The mother should wear a mask when approaching the baby (including lactation), wash hands before and after contacting the baby (including lactation), clean/disinfect contaminated surfaces and adopt all protective measures that the patient should follow when interacting with others.
- If the mother is very sick and does not take medications that harm the child, she should be encouraged to pump milk, where possible, and give it to the child via a clean cup/spoon with the same methods of infection prevention.
- If the mother is very sick and takes medications that may harm the child, she should be encouraged to keep pumping milk but not giving it to the child (this will help in keeping the supply). She should be encouraged to continue breastfeeding after the drug is finished and according to the doctor's instructions.
- Encourage the mother to stay in contact with her OBGYN or midwife and to follow-up on her antenatal and postnatal care. For more information, contact the Order of Midwives on 70037739.

2. CARE FOR MENTAL HEALTH NEEDS

- Highlight that stress is normal in any epidemic. In addition to the stress that can be related to the epidemic, pregnant women might have additional stressors:
 - Ⓐ Having a baby is usually stressful, even in normal situations.
 - Ⓑ Lack of access to relevant information
 - Ⓒ Fear of infecting the newborn.
 - Ⓓ Lack of access to support.
- Build hope and highlight the below tips that can help her cope with stress:
 - Ⓐ Follow preventative measures: Preventative measures are very effective in protecting you and your baby.
 - Ⓑ Maintain a healthy diet, proper sleep and regular physical activity (as advised by your doctor).
 - Ⓒ Make connections with other expectant parents so you can support each other through social media groups.
 - Ⓓ Seek information only from reliable sources (Check @mophleb @wholeb @UNICEFLebanon). Too much exposure, especially from unreliable sources can make you overestimate threat and under-estimate your coping abilities which will make you more anxious.
 - Ⓔ Ask for advice and support for any distressing thoughts or feelings you might have.
- Know that women during pregnancy and delivery might go through a depression. Encourage them to ask for help if they are feeling sad, worried, guilty about not being a good mom, unable to take care of themselves or their babies or having ideas of harming themselves.