The Christie NHS
NHS Foundation Trust

STANDARD OPERATING PROCEDURE (SOP)

FOR INPATIENT PHYSIOTHERAPY REFERRALS DURING THE COVID 19 PANDEMIC

Procedure reference:	The document reference will be issued by the web team once ratified	Version:	03
Document owner:	Kristina Coe Senior Physiotherapist Clinical & Medical Oncology Rachel Eldred Senior Critical Care and Surgical Physiotherapist	Accountable committee:	Senior Physiotherapy team
Date approved:		Date ratified:	
Review date:			
Parent policy			
Other associated policies (if applicable)	COVID-19 Information for staff updates: Supporting for staff in At Risk Groups Manual Handling and Falls Risk Assessment		
Target audience:	Clinical Staff		

STATEMENT OF INTENT	To provide clear guidance to staff on ensuring appropriate referrals to physiotherapy for patients with suspected/confirmed COVID-19. This includes respiratory, mobility, rehabilitation and neurological assessments.
PURPOSE OF SOP	To ensure patients who present at the Christie with suspected or confirmed COVID 19 receive appropriate and timely physiotherapy interventions/rehabilitation in accordance with nationally recognised and local guidelines, whilst minimising unnecessary exposure and risk to clinical staff.
SCOPE	All clinical staff
AUTHORISED PERSONNEL / TRAINING REQUIRED	This document is to guide all clinical staff involved in identifying patients' needs and referring into the physiotherapy service.
REFERENCES *(if applicable)*	**Physiotherapy Management for COVID-19 in the Acute Hospital Setting.** Thomas P, Baldwin C, Bissett B, Boden I, Gosselink R, Granger CL, Hodgson CL, Jones AYM, Kho ME, Moses R, Ntoumenopoulos G, Parry SM, Patman S,van der Lee L (2020): Physiotherapy management for COVID-19 in the acute hospital setting. Recommendations to guide clinical practice. Version 1.0, published 23 March 2020. Journal of Physiotherapy. https://www.journals.elsevier.com/journal-of-physiotherapy **Rehabilitation After Critical Illness in Adults** (NICE, 2009) https://www.nice.org.uk/guidance/CG83/chapter/1-Guidance#key-principle-of-care **Respiratory management of COVID 19** (Physio-pedia.com, 2020) https://www.physio-pedia.com/Respiratory_managment_of_COVID_19#ppm30277

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	Physiotherapy may be beneficial in the respiratory treatment and physical rehabilitation of patients with COVID-19. Given the intensive medical management for some cancer patients with/without COVID-19 including (but not limited to) prolonged immobility, prolonged protective lung ventilation, sedation and use of neuromuscular blocking agents, inpatients may be at high risk of developing acquired weakness [13]. This may worsen their morbidity and mortality [14]. It is therefore essential to anticipate early rehabilitation after the acute phase of their illness in order to limit the severity of acquired weakness and promote rapid functional recovery. Physiotherapy will have a role in providing exercise, mobilisation and rehabilitation interventions to survivors of critical illness and those with other co-morbidities resulting in significant functional decline (including those with COVID-19) in order to facilitate functional recovery and discharge from the hospital setting.
1.	**<u>Workforce Planning and Preparations.</u>**
1.1	Staff who are judged to be of high risk should work flexibly, remotely or be redeployed and should NOT enter suspected/confirmed COVID-19 areas. Staff in at risk groups include: • Pregnant women • Those with chronic disease • >70 years of age • Have severe chronic health conditions such as heart disease, lung disease, diabetes • Anyone who has received a transplant and remains on immunosuppressive therapy
1.2	Staff who live with someone from one of the above high risk groups should be shielded wherever possible to protect those at risk.
1.3	Physiotherapy interventions should only be provided when there is clear clinical reasoning, so that staff exposure to patients with suspected/confirmed COVID-19 are minimised. Unnecessary review of this patient group will have a negative impact on PPE supplies.
1.4	Physiotherapy staff should only be entering isolated or cohorted areas with suspected/confirmed COVID-19 for screening, assessment and interventions where telephone screening is insufficient in providing an accurate reflection of their abilities.
1.5	COVID-19 patients should be shared amongst the team and not left to the same individual physiotherapist/s to treat. This will minimise the risk of building viral load to individual physiotherapists and reduce the risk of staff contracting severe COVID-19 symptoms
2.	**<u>Patients Appropriate for Assessment</u>**
2.1	All Patients with a diagnosis of COVID-19 should have an initial assessment/screening. This should be a full assessment and cover full respiratory assessment, mobility/transfers, neurological assessment where appropriate and gather a full social history. If possible a discussion re: discharge plans should also be undertaken at this time.
2.2	Only where there are significant physical or functional limitations should the requirement for **direct** physiotherapy interventions be considered. These include patients who are: • Frail or have multiple comorbidities impacting on their ability to self-care • Weak and have inability/partial ability to sit, get out of bed, stand from a chair/toilet, transfer or self-care. • Unable to mobilise short distances independently or are at risk of falls. • Requiring equipment to facilitate functional independence.

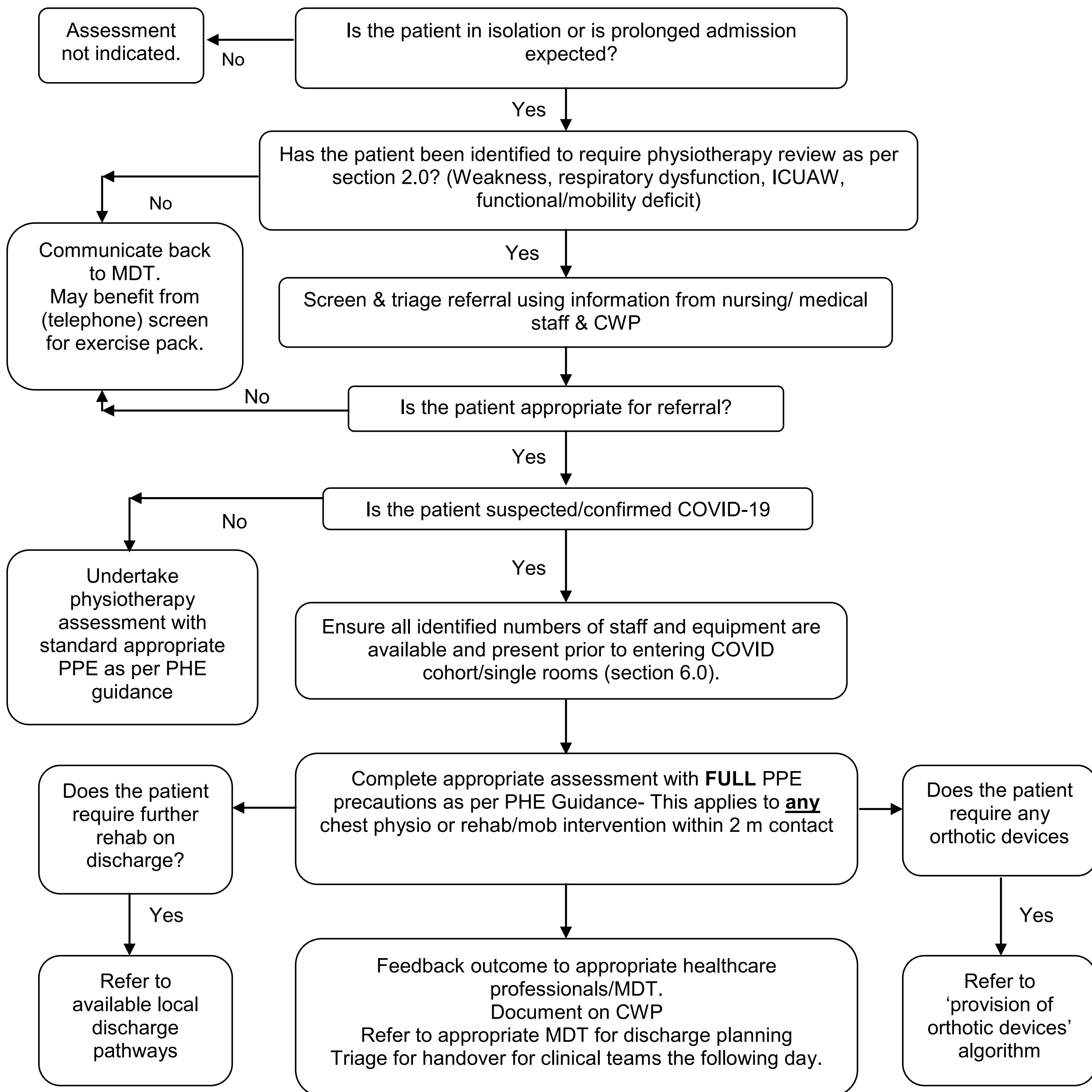
	• Have deteriorated from their baseline and require interventions to facilitate safe discharge.
2.3	Any Post-ICU patients with significant functional decline and/or ICU-acquired weakness
2.4	Any patients with obvious/radiologically confirmed physical or neurological injury i.e. Patients with: • Unstable fractures (Pathological or trauma) requiring immobilisation or orthoses • Confirmed/suspected MSCC • Primary or secondary tumours of the brain/CNS, CVA/Haemorrhageor CNS infiltration leading to significant functional/mobility loss or respiratory compromise.
2.5	Patients requiring general exercise advice can be screened via the telephone and provided with exercise information and signposted to online/paper resources. **It is recommended that therapists/staff wear airborne PPE when undertaking close contact mobilisation/rehabilitation with the patient, due to the effects of movement/exercise on stimulating coughing/mucus production during therapy. Patients can also be asked to wear a FRSM mask if able to tolerate in order to minimise the risk of droplet transmission***
3	**Patients NOT APPROPRIATE for referral.** Patients who: • Are unsteady or have/had high risk of falls due to unmanaged hypotension • Have fallen as a result of medical prescribing, inappropriate footwear, wet floors or tripping over IV lines. equipment etc. • Are referred for stair assessments that do not have stairs/steps in their property. • Are at their pre-admission baseline or have had no decline in their physical/functional abilities whilst on the ward • Are confused +/or agitated and cannot follow instructions or advice. • Deteriorating/approaching end of life and are currently and/or planned to be nursed in bed at the Christie or on discharge. • Have not consented to a referral • Do not identify any needs for discharge
4	**Screening for Patient Needs/Initial Assessments**
4.1	Before a physiotherapy referral will be accepted and screening undertaken, the referrer needs to supply clear, basic information regarding the patients physical abilities and underlying medical condition/status to allow triage. Referrals will NOT be accepted unless this is clearly communicated.
4.2	Once the referral is accepted and where feasible and appropriate, patients will undergo telephone screening for subjective review and basic assessment. This will involve calling the patients isolation room telephone or personal mobile and conducting a subjective assessment for mobility information and/or providing advice.
4.3	Specific templates designed by the therapy teams will be utilised to screen/triage appropriate patients and can be undertaken by therapy grades band 3 and above.
4.4	If indirect screening cannot be undertaken or is not appropriate, then direct contact will be undertaken by the most appropriate grade of therapist (as directed by individual clinical need) using the appropriate PPE precautions.

5	**Indirect Physiotherapy Management:**
5.1	Patients should be encouraged to maintain function as able within their rooms. Assistance should be provided where required by nursing/HCA staff who are routinely entering the room to undertake daily care. Patients should be encouraged to: • Sit out of bed • Perform simple exercises and activities of daily living • Use incentive spirometers as guided/advised
5.2	General exercise booklets/sheets or access to on-line resources with clear instructions should be provided by therapy staff to encourage patients to actively participate in exercise within their abilities. These can be taken into the rooms by staff routinely entering these areas and direction/demonstration given over the phone if required.
5.3	Mobilisation and exercise prescription should involve careful consideration of the patients' state (e.g. stable clinical presentation with stable respiratory and haemodynamic function)
5.4	Where appropriate and in agreement with ward staff, physiotherapists may screen to determine an appropriate aid (walking stick, frame, stand-aid, hoist etc) to trial. Nursing or HCA staff should continue to encourage the patient to utilise any mobility aids provided as advised by the therapy team and should support patients in undertaking this.
6	**Mobility and exercise equipment:**
6.1	The use of equipment should be carefully considered and discussed with the infection control team before use in cohorted/isolation areas with suspected/confirmed COVID-19 to ensure it can be properly decontaminated.
6.2	Single patient use equipment such as Theraband should be provided rather than reusable equipment i.e. hand weights
6.3	Larger pieces of equipment (e.g. SARA steady, ATLAS turner etc) must be easily Decontaminated and stored appropriately.
6.4	Specialist therapy equipment e.g. the Tilt table and Grandstand should not be used, due to the inability to store this in the patients location (movement in/out of contaminated areas) and inability to sufficiently decontaminate (straps/slings are not single patient use)
6.5	Standard and Specialist Wheelchairs cannot be provided by the therapy team for patient use in COVID-19 suspected/confirmed/cohorted areas due to the inability to sufficiently decontaminate. If patients have their own equipment these need to be left with the patient on admission where possible.
6.6	Before entering the patient area: • Identify/ use the minimum number of staff required to safely perform the activity [26] • Ensure all equipment is available and working before entering rooms • Ensure all equipment is cleaned appropriately / decontaminated. • If equipment needs to be shared among patients, clean and disinfect between each patient use [23] • Specific staff training for cleaning of equipment within isolation rooms may be required. • Whenever possible, prevent the movement of equipment between infectious and non-infectious areas. • Whenever possible, keep dedicated equipment within the isolation area. Avoid storing extraneous equipment in patients room.

7.	**Respiratory Equipment.**
7.1	The majority of patients have presented with minimal secretions. However, empirical evidence suggests that secretion load is high, thick and is at alveolar level. Secretions are reported as being seen mainly post extubation. Therefore it is important that all patients be given appropriate respiratory advice and treatment.
7.2	The use of positive pressure should be used with extreme caution and needs to be risk assessed or discussed with senior if needed. All positive pressure devices are considered to be aerosol generating and therefore physiotherapist **MUST** wear the PHE recommended full PPE including eye protection, FULL surgical gown (covering back) and hair covers.
7.3	Following use of positive pressure devices, any staff member in the room at the time of use, needs to remain in the room for 30mins to allow the virus to settle as this reduces the risk of contamination to staff members. This is the same advice if you are treating someone with CPAP or ventilated and the circuits become disconnected.
7.4	Any equipment is NOT to be left in the patient's room and following use needs to be thoroughly decontaminated following treatment. Circuits for IBBP and cough assist can be kept in the patient's room to be reused as required.
7.5	Consider the use of incentive spirometer to those patients who do not need daily physiotherapy input. These are single patient use and are to be disposed of when finished with.
7.6	All patients are to be given information on basic respiratory exercises and positioning and using incentive spirometry.
8.	**Provision of Orthotic Devices.** Spinal braces and other orthotic devices should be provided on an individually assessed basis and following discussion with senior medical professionals/parent team, to ensure appropriate indication. Additional advice and guidance around stability and the indication for bracing should be sought from the spinal team at SRFT via the MSCC coordinating/Senior medical team where appropriate. Where daily skin care/surveillance/pad changes are required this should be undertaken by trained nursing staff where available, with physiotherapy staff monitoring/offering advice/support. In absence of trained staff the physiotherapy team should continue with daily specialist input. Where appropriate and feasible the patient should be taught how to self-fit and manage their brace, with adjustments to fitting positions agreed by the spinal/senior consulting team. If self-fitting is not feasible or appropriate, local community teams (e.g. district nursing) should be contacted to determine resource availability for collar/brace care management and request intervention. Skin care and pad changes are advised on a daily basis. In the absence of community resources, x1 family member/carer can be granted access into the trust to facilitate training in the removal/refit of collars/braces IF this is deemed essential for safe management tissue viability and to facilitate discharge. The screening team should be contacted in advance, via email on

	screening.team@christie.nhs.uk to inform of date and time of family/carer attendance to ensure access. Training session should be undertaken in the rehabilitation unit using a mannequin as a model, with staff and family/carers in appropriate PPE as per PHE guidance. The mannequin should be cleaned in accordance with infection control guidelines. Repeat sessions should be kept to the minimum number to achieve the appropriate level of competence Written and visual reference resources should also be provided to the patient/family/carer to aid management and support. Patients should be followed up via telephone or video-call (where appropriate and available) once discharged in order to monitor progress/troubleshoot. Parent consulting teams should be provided with a written summary of interventions and advice/information provided and contact requested when the patient is due to return for review. Follow-up outpatient review should be organised in accordance with this once COVID-19 restrictions are lifted.
9.	Referral Process For ADULT Inpatients on OAU, wards 4,11,12 and PW referrals can be made: • Via the MDT referral form found on HIVE and faxed to the complex discharge team SPA • Or via telephone on Bleep 12572 OR 12976 For TYA/Proton: All patients to be screened on admission as usual. For Surgery: Patients will be picked up automatically via theatreman. Any patient not routinely picked up will be seen following referral by the ward nurses. This could be verbal or paper referral, or via the bleep system on 12817 or 12866. For TCC: All private patients will be screened and seen as per usual referral methods. All COVID-19 positive patients will be seen initially by either NHS and/or TCC physiotherapy team. ***All urgent referrals for chest and MSCC on these wards should be made via the bleep service in working hours (8am-4pm Mon-Fri) or out of hours using the on-call physiotherapy service via switch (4pm-8am Mon-Fri, 24 hours over weekends and Bank holidays)***

Algorithm For Assessment of Suspected/Confirmed COVID-19 Patients



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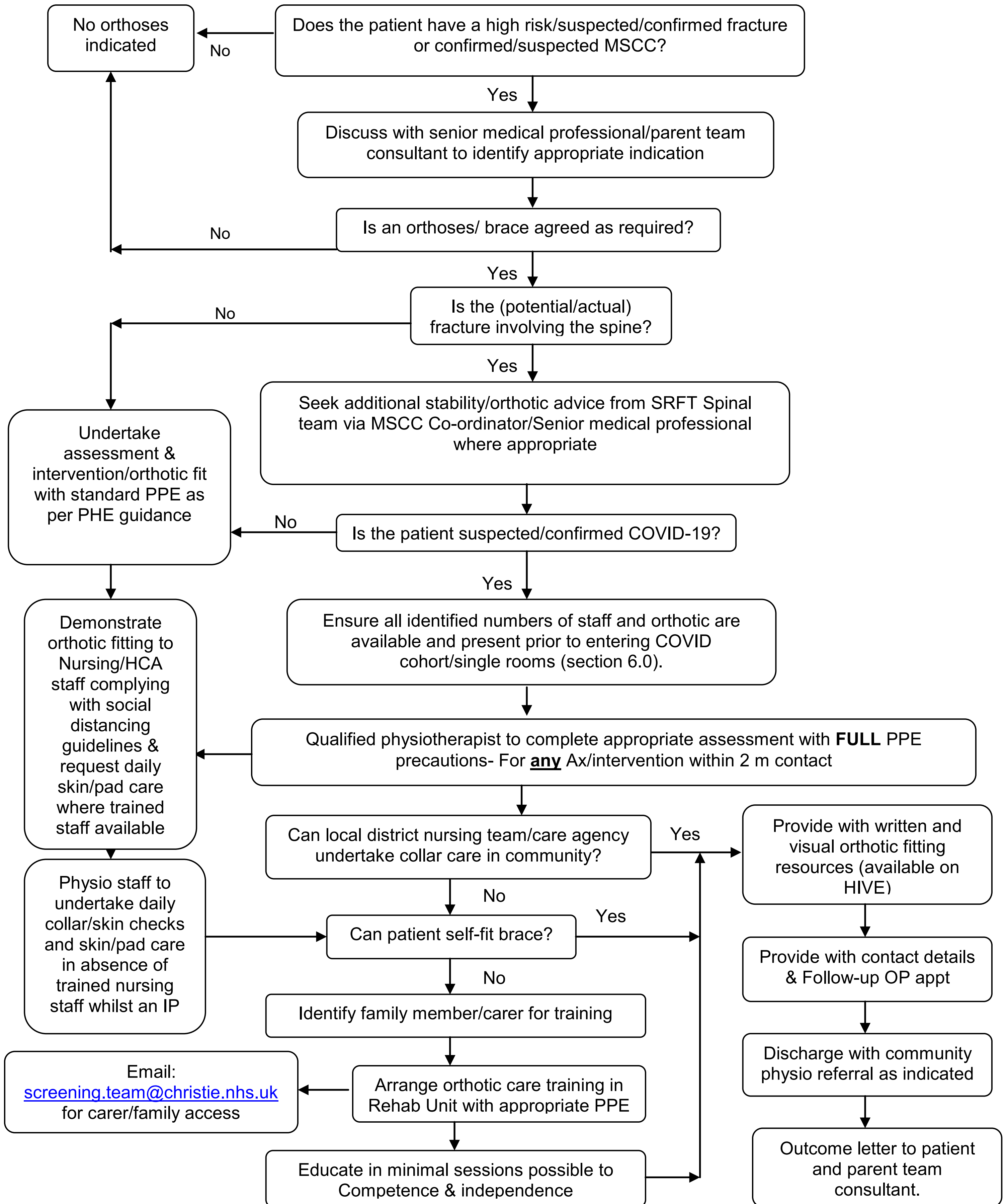
ALGORITHM FOR THE PROVISION AND MANAGEMENT OF ORTHOTICS



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VERSION CONTROL SHEET *Insert version number and any minor amendments in this section*

Version	Date	Author	Status	Comment
01	17.04.20	K Coe & R Eldred	Senior Physiotherapists	
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