

COVID 19: Respiratory Physiotherapy Management Information and Guidance

This information is supplied as additional guidance to the COVID 19: Respiratory Physiotherapy On Call Information and Guidance document [here](#) as well as existing departmental policies. It has been designed to provide a framework to ensure the physiotherapy workforce is utilised efficiently and effectively to provide maximum support to our hospital and community in the event of further COVID 19 escalation. In the event of a major incident declared then the default would be to follow the therapy action card. This document can be used in isolation outside of a major incident but also for escalation or alongside a major incident plan dependent on the scenario. This document can also be used or adapted for other therapists treating patients in acute roles who may be redeployed during escalation plans.

Background

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID 19 is a new strain of coronavirus first identified in Wuhan City, China.

On 31st December 2019, Chinese authorities notified the World Health Organisation (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID 19. On 30th January 2020, WHO declared the outbreak of COVID 19 a “Public Health Emergency of International Concern” (PHEIC). On 11th March 2020 COVID 19 was categorised a Pandemic.

The incubation period of COVID 19 is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected. Based on current evidence, the main symptoms of COVID 19 are a cough, a high temperature and, in severe cases, shortness of breath.

As it is a new virus, the lack of immunity in the population (and the absence as yet of an effective vaccine) means that COVID 19 has the potential to spread extensively. The current data seem to show that we are all susceptible to catching this disease, which includes the general public, patients and healthcare staff ¹

Among those who become infected, some will exhibit no symptoms² and those that do develop symptoms will have a mild-to-moderate³, but self-limiting illness – similar to seasonal flu⁴. However it is evident a minority of people who get COVID 19 will develop complications severe enough to require hospital care⁵, most often pneumonia. In a small proportion of these, the illness may be severe enough to lead to death⁶.

So far, the data suggests that the risk of severe disease and death increases amongst elderly people and in people with underlying health risk conditions (in the same way as for seasonal flu)^{7 8}. Illness is less common and usually less severe in younger adults⁹

So far, there has been no obvious sign that pregnant women are more likely to be seriously affected^{10,11}

Planning and Protection

We are now in the delay phase of the COVID 19 government action plan. This requires all trusts to take all active measures to slow the spread of the virus and prepare for potential escalation. This includes plans to meet the needs of an increasing number of patients requiring acute care. This will involve individual teams, departments and professions to prepare their workforce. The context of the planning is in relation to both qualified physiotherapists and support workers with the exception of respiratory specific interventions and out of hours working

Fit mask testing is an essential part of pandemic planning to ensure the safety of staff treating suspected and positive COVID 19 patients when carrying out high risk procedures. It is advised all staff should have had a recent fit mask test performed and be confident in the application of both the FFP3 (or equivalent) mask and Personal Protection Equipment (PPE) when working in high risk clinical areas including critical care or if they are exposed to our carrying out any aerosol generating procedures (AGP). The full guidance can be found [here](#)

As always, please ensure good practice with hand hygiene before and after patient contact, and also before entering and exiting any clinical area. When treating a COVID 19 positive patient you must be extra vigilant as this is a primary source of transmission.

1. Preparedness

The trust is working hard to be prepared for an increase of acutely unwell patients that may require hospital admission. There are several workstreams in progress but strategies include:

- Cohorting wards on both sites to care for suspected and confirmed COVID 19 positive patients. These wards will be closed to elective admissions
- Whilst attempts will be made to ensure staff working in the cohorted wards will remain on those wards this may be impossible therefore strict IPC guidelines will be followed
- The use of agency staff on the cohort wards will be limited to those that agree to only work in these areas to ensure traceability is achieved.
- Staff may wear their uniform, however, the uniform should be changed at the end of the shift and taken home in a carrier bag, placed in a half filled washing machine and washed as hot as the fabric allows, then tumble dried or ironed afterwards.
- All staff should ensure that footwear is wipe clean, and considering a pair of shoes that could stay in work would be sensible
- Equipment in isolation rooms or cohorted wards will remain insitu and not moved around. If this is unavoidable thorough decontamination is required of the equipment

- Non-essential meetings and non essential training will be postponed for the foreseeable to allow additional COVID 19 operational meetings and specific skills training to occur
- Ongoing review of outpatient activity. Potential step down of all 'non-essential' clinics to reduce footfall of patients and visitors into hospital environment and potential transmission of virus. It will also release clinical staff to support inpatient activity
- Upskilling of acute staff to work in respiratory areas as indicated and able
- Remote consultations wherever possible which includes video consultations and telephone clinics (assure compliant with information governance advice)
- When clinics are running patients should be triaged via telephone initially to ensure no signs of COVID 19 and again when they report to reception. If there are any signs the patient should return home immediately and self-isolate
- Routine elective surgery will continue to be stood down as indicated
- Once the clinical situation determines increased staff presence, there is a potential staff will be asked to reconsider annual leave.
- 7 day infection prevention support on site
- Enhanced on call arrangements at tactical and strategic level to ensure responsiveness of service and support to staff
- Contingency plans for staffing areas that have high sickness rates or self-isolating or childcare needs

2. Planning

- It is imperative that physiotherapy is represented at all COVID19 operational meetings. This is to ensure accurate and relevant information is disseminated to staff in a timely factual matter
- Ensure cross divisional plans are shared with appropriate leads and cascaded. The physiotherapy workforce are based in all areas and the on call physiotherapist simultaneously cover adults and paediatrics.
- Ensure open lines of communication between the senior management team and the therapy managers
- Collaborate with fellow therapy leads and combine resource and experience – support and cohesion will be needed over the next few months. Start as you mean to go on
- Establish who the 'go to person' is for information gathering and reporting. This may not be your usual line manager
- Prepare to brief yourself and teams using the 5pm chief executive daily message to keep up to date with new guidance
- Understand the trust preparedness plan, objectives, key priorities and aims
- Understand what unique contribution physiotherapy can provide to assist in the strategic and operational pandemic plans

- Bring senior leaders and teams together, provide the opportunity for questions and clarification alongside time to talk about challenges or concerns Often teams become isolated into specialities and may have a lack of understanding of roles and specialities. This will create a feeling of team work and understanding and will harvest respect for each other

3. **Practicalities**

- Visible leadership is crucial in challenging times. Ensure you:
 - Have regular consistent contact with all members of your team
 - Attend wards to support clinicians
 - Provide open and honest communication
 - Use daily updates to brief your staff everyday
 - Ensure health and well being is a priority as well as self-help information
- Ensure your clinical leads are supporting their own teams in terms of communication, support, health and wellbeing and strategic updates. Being 'kept in the dark' with poor communication often leads to frustration, burnout and inefficiencies
- Schedule in end of the day 'huddle' meetings with your senior team leads to begin with. These can be short 15 minute sessions or so to feed back any key points of the day and to 'touch base'. Always ask the questions:
 - How are you doing
 - Do I need to know anything
 - Is there anything you need or need to know
 - What can I do to help
- Consider 'buddy systems' for your most challenged clinical leads eg: individuals that work together to understand and support their teams and can provide cover when on leave/sickness. They can also be their immediate support network and peer support. This may include on call and weekend staff.
- Ensure all at risk staff groups have an up to date risk assessment performed – this includes those pregnant or immunocompromised. Whilst there is no known increased risk during pregnancy it is advisable that those pregnant or immunocompromised do not treat COVID 19 positive patients in isolation or on cohort wards if possible
- Any staff who are 'high risk' for COVID19 e.g. aged >60 or have a long-term health condition may want to discuss an individual risk assessment in this occasion with their immediate line manager and this should be encouraged and supported
- If local schools are shut this would present a staffing risk to hospitals and teams. Ask staff if they can start to think of contingency plans and alternative

childcare. It may be an idea for staff to buddy up for childcare if this is an option

- Ensure staff are signposted to support services especially psychology, occupational health and wellbeing initiatives in the department to prevent stress, anxiety and burnout
- Make sure staff take regular breaks and leave work as timely as they can. For those staff working on cohort wards or in isolation areas ensure they can take breaks and have enough food and water available. It is advisable that the same staff always work in the cohort areas but we advise a small group of staff identified for the cohort and isolation areas to reduce emotional and mental fatigue.
- Wearing uniforms to and from work is strictly forbidden. Ensure staff have changes of clothes at work and preferably footwear (if they cannot be wipe cleaned)
- The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Uniforms should be transported home after each shift in a disposable plastic bag. This bag should be disposed of into the household waste stream. Uniforms should be laundered separately from other household linen in a load not more than half the machine capacity at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried
- If physiotherapy students are on placement they should not be treating suspected or COVID 19 positive patients in isolation or on cohort wards. They are not employees of the trust and there is no expectation for them to have unnecessary exposure. If students are wanting to work in a voluntary capacity during potential escalation that will be discussed at operational level and decisions made accordingly
- If a member of staff has exposure to COVID 19 positive patient and was not wearing either a surgical mask or PPE then it must be reported to the departmental physiotherapy lead and IPC and public Health guidance be followed immediately.

4. Physiotherapy Workforce

The physiotherapy workforce is extremely flexible and supportive in preparedness plans. We are willing and able to support the trusts operational plans as they develop. The following measures have been and will be undertaken to help support a surge in acute inpatient activity:

- Provide detailed information, advice and plans with regards to COVID 19 trust, department and government guidance in a timely fashion
- Ensure all frontline staff (eg those working in emergency department/admissions unit/isolation and cohort areas/critical care/on

call/paediatrics or expected to perform aerosol generating procedures (AGPs) are fit tested without exception

- Ensure staff are fully aware of IPC standards and guidelines for PPE (including donning and doffing techniques)
- Ensure moving and handling and other relevant essential mandatory training is up to date especially if staff are being redeployed from out patient areas – wards.
- Be mindful there may be additional training needed for redeployed staff for example online documentation as well as orientation to new clinical areas. Do this in advance when possible
- Additional ventilation training for all competent respiratory and on call staff to help support a potential increase in ventilated patients
- Additional ward based skills training for non-respiratory staff. This may include devices and equipment training to be factored in
- Ensure all relevant respiratory competencies and medical device training is up to date and signed
- Stock take of relevant equipment and an identified storage facility with clear decontamination advice. Ensure relevant paperwork to allow traceability of equipment between patients and areas (include NHS number, dates used, ward or clinical area, decontamination status). This is to include all necessary equipment (eg cough assist machines or standing aids) that is reused and taken onto cohort or isolation wards that cannot be left in those areas
- If there is a lack of essential equipment there may be a need to purchase extra supplies to meet the needs of patients. Clinical leads are expected to take a lead on this and feedback to the therapy leadership team
- If there is an increase in ventilated patients this will lead to an increased need for physiotherapists to assist in ventilator weaning and rehabilitation. This need will continue at ward level and through to discharge. If we concentrate respiratory physiotherapists into the critical care and cohort areas, we will need an increase in ward based physiotherapists.
- Each physiotherapy clinical lead to identify skill sets within teams for acute ward-based activity. This could be done in terms of skill sets needed eg: neuro rehabilitation/orthopaedic management/discharge planning or in terms of banding to ensure that existing services remain supported.
- It is imperative to understand what essential physiotherapy services should remain as active as possible to support flow through the hospital. This will be particularly important for areas with high demand for beds. It was also help capacity planning and ensuring cover for sickness/staff isolation
- If respiratory night on calls become busier then we may need to respond accordingly.

Potential scenarios include:

- The on call physiotherapist staying on site during the night on call but only working when needed

- The on call physiotherapist carrying out an awake night shift to support acute respiratory care. This will mean having the day off before and after the night on call
- Adopting a fixed night on call pattern for staff eg: staff carrying out 3 night shifts in a row followed by days off as would be a nursing pattern. This would only be implemented after discussion and agreement with on call staff who were willing to work in this manner
- We do not expect non-competent physiotherapy staff to become trained in advanced respiratory techniques. Instead we ask staff to think about their own skills sets and how they can contribute to the acute therapy needs of patients. We are asking staff to also identify additional training needs
- Respiratory weekend working will continue as usual and additional staff will be offered shifts as clinical activity increases. This will be monitored carefully however to ensure staff have appropriate rest and to prevent burnout

Appropriate planning and communication is essential to ensure staff are informed, supported and safe. It is imperative that appropriate governance frameworks are adhered to and principles applied to any changes in working patterns. There needs to be open conversations and a culture of being free to speak if they feel unhappy or unsafe in what is being asked. We encourage this dialogue initially within teams and with clinical leads and physiotherapy lead. We also have staff support services and CSP stewards to support and concerns.

More information for employers can be found [here](#) and from the [Chartered Society of Physiotherapy](#)

Please remain mindful that this is an evolving situation, and any updates will be provided through communications briefings as PHE guidance develops. You should stay in close communication with line managers, on call leads, respiratory and critical care teams and read trust specific and government updates.

This document will be updated and amended with emerging advice; evidence and opinion so please bear this in mind. It can be used in its original form or adapted for local use by other trusts. This is not designed to be guidance for all but it has been developed for the respiratory physiotherapy team at Lancashire Teaching Hospitals in discussion with senior managers. It may not be appropriate for your trust and local discussions and decisions should be made in your own trust.