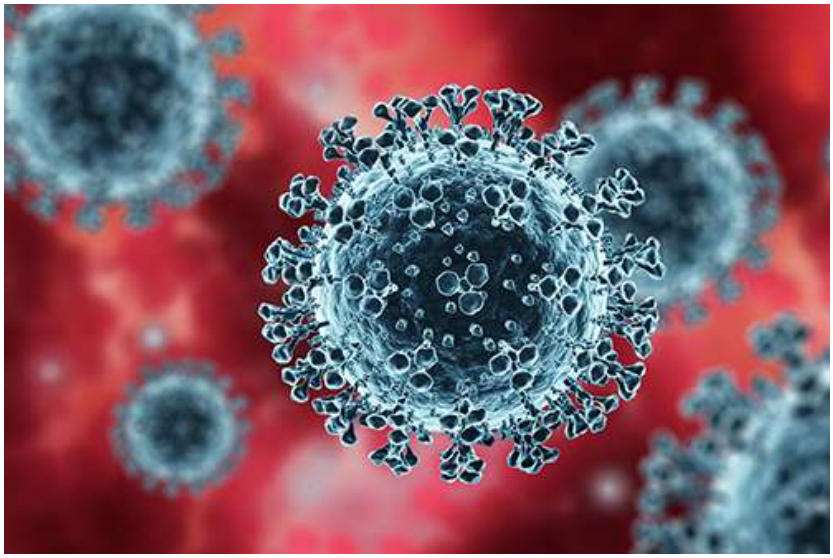
Covid-19 Current and Future Response



Covid-19 has changed the way that all hospital and outpatient services are delivered including hand therapy. The current emphasis across NHS Trusts is on non-operative management strategies and greater focus on self-management with the support and guidance of hand therapy +/- splinting.

The following links contain useful information which may help with strategy and planning

General information

Gov.co.uk

NHS web pages

NHS Safety Poster

Stay Safe Play Safe

BSSH, BAPRAS and BOAST have published the below statement in how we provide services. Section 5 is particularly relevant to hand therapists:

Management of Urgent Trauma and Orthopaedic Conditions

BSSH have the following links to patient information:

Dressings after small surgeries advice

Finger tip injuries

Management of elective hand conditions during Covid-19

Guidelines for steroid use

Management of patients with musculoskeletal and rheumatic conditions on cortocosteroids

The BSSH hand trauma app below is an excellent triage resource and can be shared with ED colleagues to assist clinical decision making and appropriate referral to orthopaedic/plastics specialities

BSSH Hand Trauma App

Resources to support Health and Wellbeing

FACE Covid-19. is written by Russ Harris the author of the Happiness Trap and is a really useful resource to share with colleagues and friends.

Apps such as Headspace and Calm may help with relaxation and mindfulness practice.

Headspace: Covid-19

Calm: free trial

How to deal with the current restrictions to practice

Most hand therapy in the UK is delivered on a face to face outpatient basis and as such has been drastically affected by the current pandemic and Public Health England guidelines with all *non-essential* patient contact being cancelled or placed on-hold.

Instead we are being asked to focus our efforts on:

- Self-management strategies through detailed patient information leaflets which can be issued at first contact or by email.
- Use of remote online rehab resources such as the Hand Therapy App (Chelsea & Westminster) and Re-Hand the tablet based rehab app.

- Remote consultation via video or telephone. Seek advice from your local Trust regarding available and secure video platforms. Your Trust will have an IG guideline regarding carrying out remote consultation.
- Consider redeployment of 'at risk' staff to virtual consultations
- Consider redeployment of junior grade and rotational staff to other high pressure clinical areas.
- Extended Scope and Advanced Clinical Practice therapists can support a one-stop triage, assessment, treatment and discharge/follow-up service at the 'front door' of acute NHS Trusts. Many hand therapists also have wound care and dressing skills which further reduces the contact with additional clinicians for complete patient care.

- Consider use of discharge packs with replacement dressings, instructions on how to change, analgesia, antibiotics if required, clinical condition leaflets and how to access online therapy resources.

- Patients referred from urgent care or fracture clinics, where they are in attendance in the hospital and require bespoke splinting can be seen face to face initially for first line management and advice. Where possible all other contacts should be carried out by video/telephone. Repeat hospital visits should be avoided.

- New referrals that do not require bespoke splinting should be screened by telephone/video and a decision regarding future treatment format based on clinical need.

Don't forget that BAHT members have access to the forum located in the secure members section. This forum allows members to seek advice from other therapists across the BAHT membership and see how others are responding to the current situation.

Considerations for Attending Patients: now and in the coming months

- If possible use alternative entrances/exits to hand units that avoid busy main entrance areas.
- Patients should attend alone unless paediatric or have mental health issues, learning disability or dementia whereby attending alone would cause undue distress
- Screening telephone call at the time of booking and again on the day of the appointment to confirm that the attending patient and anyone in their household does not have Coronavirus symptoms.
- Patients with suspected Cornonavirus infection should be given self-management advice over the telephone/video and plans made to see them following their isolation period. Coronavirus suspected positive patients should NOT attend outpatient departments unless deemed absolutely necessary by the department manager.
- Suspected/confirmed positive patients should be treated in allocated cohort areas. Staff need to wear protective PPE in line with NHS England Guidelines.
- Appointment times should be staggered to minimise the number of patients present at any one time. Avoid use of seated waiting areas where possible.
- Reception staff to book in patients from 2m+ distance
- Patients should remain in their cars/outside the hospital until their appointment time to avoid use of waiting areas. Alternatively patients may be able to telephone the therapy department on arrival to the hospital to 'check in' and then be directed straight through to the appropriate treatment area.
- Entry doors to departments should remain open to prevent patients/staff from touching door handles. Fire doors must not be wedged open.
- Only the patient (accompanying adult if appropriate) and the treating therapist(s) should be present in the cubicle.
- Treatment tables should be a minimum of 2m apart.
- Treatment tables should be at least 2m away from equipment such as hot water baths and splinting materials. Where possible equipment should be kept in cupboards and draws.

- Therapy staff should wear appropriate personal protective equipment PPE in line with local agreed policy. Hands on treatment require a surgical mask, gloves, apron and eye protection. Guidelines for correct donning/doffing of PPE should be followed.
- Conversations and history taking with the patient should take place from a distance of >1m.
- Any equipment used should be contained in the treatment area and decontaminated in accordance with local infection prevention and control guidelines.
- It is of significant benefit for a hand therapy assistant to be available in the treatment area to assist therapists with passing of equipment and preparation of splints/strapping.
- Remember to ask patients if they are coping at home with access to food, medication, mental health support and provide information about local resources if required.

Hand Therapy Support to Other Clinical Areas

Hand Therapy managers should consider support to critical care and medically unwell Covid-19 patients. The focus for these patients will be on respiratory care and potentially prone/semi-prone positioning. This can lead to upper limb positioning and joint mobilisation being carried out less frequently. If appropriate offer support and advice to critical care staff for regular joint mobilisation and positioning +/- splinting to prevent painful stiffness and irreversible joint contractures at a later date.

Data

In the midst of all these changes it is important to remember that at a point in the future we will be asked to quantify the impact Cononavirus had on hand therapy services. Hand therapy managers should consider collecting data now to help evidence this. Examples may be the number of patients cancelled at the onset, the length of time patients are placed on hold or delayed to treatment, the number and type of patients seen by ESP staff in emergency department.

Planning for the future….Re-opening Hand Therapy Departments

Public Health England has not issued a specific date to re-open outpatient departments but all hospitals are being advised to consider recovery plans. This should include risk assessments for staff, patient groups and the working environment to ensure the safety of all involved.

The NHS Plan aims to reduce future face to face contact with patients by 30%. Coronavirus has forced us to expedite this and we can use the skills and strategies that are now in place to help us to achieve this.

Auditing the outcomes for groups of patients using telephone and telemed treatment pathways will provide supporting evidence of who this will work for and which patients need to continue with face to face treatment. Use non patient facing at risk staff to develop self-management leaflets and online resources for future practice.

Guidelines above for the treatment of face to face patients should be considered alongside local department guidelines to ensure therapists are working in the safest environment possible.

Priority for face to face appointments should be given to:

1. Limb deforming injuries
2. Post-operative management to prevent complications developing
3. Patients struggling with self-management despite virtual/telephone support
4. Patients with injuries/complications affecting every-day tasks
5. Long term conditions such as arthritis

NB. This will vary in each geographical and clinical area but is intended to act as a guide for therapists and managers.

Patients themselves should also be individually risk assessed with consideration given to co-morbidities such as asthma, COPD, diabetes, obesity and other immuno-suppressant/shielded conditions.