Specialty guides for patient management during the COVID-19 pandemic

Clinical guide for the management of transfer for specialist rehabilitation during the COVID-19 pandemic

December 2021

As healthcare professionals, we all have general responsibilities in relation to COVID-19 and for these we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that patients with complex rehabilitation needs continue to receive optimal care with the minimum burden on the NHS. We must engage with management and clinical teams across the rehabilitation networks. We may also need to work outside our specific areas of training and expertise and the [General Medical Council (GMC) has already indicated its support](https://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus) for this in the exceptional circumstances we may face. [Similar guidance has been issued by the Health and Care Professions Council](https://www.hcpc-uk.org/covid-19/adapting-how-we-regulate/) and the [Royal College of Nursing](https://www.rcn.org.uk/covid-19/rcn-position).

Rehabilitation services may not seem to be in the frontline with COVID-19 but we do have a key role to play and this must be planned. In response to pressures on the NHS, rehabilitation services across the country may be under increasing pressure, due to limited bed capacity and staffing issues. However, these services will need to continue to deliver care. We should seek the best regional and national solutions to continue the proper management of our patients while protecting resources for the response to COVID-19. In addition, we need to consider the possibility that the facility for patients may be compromised due to a combination of factors including staff sickness and supply chain shortages.

This guidance is to help all healthcare professionals.

## Overview

During the COVID-19 pandemic it is essential that rehabilitation services are maintained and protected, and patients are transferred from an acute setting in a reasonable period of time.

In the majority of cases, these patients are at high risk of complications and the serious effects of COVID-19.

The aim is to move patients requiring complex rehabilitation, including spinal cord injury, to a rehabilitation centre rapidly, but with minimal risk to patients within the rehabilitation centres.

## Referral

* All patients with major trauma and or a spinal cord injury will be referred as per existing pathways and national guidance.
* The referral must include details about any recent or current symptoms of COVID-19, as well as contact with other potential carriers.

## Outreach

* Outreach assessments must take place.
* Multidisciplinary team meetings should be face-to-face if possible when discussing a patient’s acceptance or not of the transfer, and should include the regional centres. To meet social distancing requirements, meetings can be a combination of face-to-face and virtual, with family members being given priority to attend in person.

## Transfer and admission

* All patients deemed suitable for transfer to a complex rehabilitation/spinal cord injury centre (SCIC) should be screened for any symptoms, and their temperature regularly monitored and documented.
* If facilities are available, the patient will be placed in a single room, or a group of patients accepted for transfer should be isolated from other patients.
* On arrival at the rehabilitation centre/SCIC the patient will be placed in a single room and monitored for any clinical signs, temperature monitored and documented.
* If the patient remains apyrexial and has not displayed any symptoms they can be placed on the main ward after seven days. If the patient displays any symptoms during the isolation period, they should be tested in line with [public health guidance on COVID-19: investigation and initial clinical management of possible cases](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/priority-for-sars-cov-2-covid-19-testing).

## Diagram 1: Patient flow from acute hospital to rehabilitation or spinal cord injuries centre

**Acute admission to acute hospital with major trauma or spinal cord injury**

**Managed conservatively or operatively**

**Referral to rehabilitation unit or spinal cord injuries centre**

**Multidisciplinary teleconference**

**Accepted** **Rejected**

**Local rehabilitation**

**Acute admission to specialist centre with major trauma or spinal cord injury**

**Clinical monitoring for signs of COVID-19**

**Single room if available**

**Transfer if bed available**

**Apyrexial and no clinical symptoms or no clinical or radiological signs of pneumonia**

**Clinical symptoms or pyrexia more than 37.8 or clinical or radiological signs of pneumonia**

**Isolate, test for COVID-19 and follow national guidance**

**Place on main ward**

**Place in single room for 7 days**

**Apyrexial and no clinical signs**

**Pyrexia more than 37.8 or clinical symptoms or clinical or radiological signs of pneumonia**

**Transfer only after patient asymptomatic and negative test**

**Isolate, test for COVID-19 and follow national guidance**

# Update information

**December 2021:** this document was reviewed, and the outreach section was updated.

**November 2020:** hyperlinks were updated when the suite of guidance was moved from NHS England to NICE.

**3 April 2020:** version 1 published.