



British Society of Rehabilitation Medicine

Promoting quality through
education and standards

25 March 2020

Dear colleagues

Covid-19 and Rehabilitation Medicine

We are living in exceptional times, with the greatest challenge to our healthcare system and way of life that we have seen in our lifetimes. You will have seen healthcare advice at many different levels, e.g. local trusts, royal colleges, PHE and gov.uk, so we don't want to overburden you with repeating that, but we hope this message will offer support from a specialist rehabilitation perspective and provide a few easy links to advice.

Our patients

Our patients all have disabilities that affect the way they live, their vulnerability and, often, their dependence on others. There is condition specific information on Covid-19 at the following sites:

RCP – specialty specific guidance on aspects of clinical care and treatment – [here](#)

NHS England specialty guides – [here](#)

The Association of British Neurologists – [here](#)

The general rule is that those who have respiratory compromise (including neurogenic respiratory impairment), or are immunosuppressed or have a comorbidity that could affect immune response (e.g. diabetes) are all more vulnerable to severe infection with Covid -19. That accounts for many of our patients, which many of them will also realise and be concerned about.

In addition, the wellbeing of anyone who is more dependent on others for whatever combination of physical, emotional and cognitive reasons will be at risk.

The Government gives advice regarding social distancing and for vulnerable people [here](#)

In addition to the government and NHS websites most of the patient support group websites have information on their front page about Covid-19, e.g.:

Arthritis Action – advice [here](#)

Information for carers from Carers UK [here](#)

Headway – advice [here](#)

Muscular Dystrophy UK – advice [here](#)

Spinal Injuries Association – advice [here](#)

Care homes and care services may be some of the areas worst hit, this will affect our patients already in them and our discharges. There is Government guidance (COVID-19: guidance for residential care, supported living and home care) [here](#)

Ward visiting is being restricted or stopped for relatives. You are not alone if you find this is causing some difficult interactions with relatives.

Our roles

There are likely to be a variety of different approaches by trusts regarding working within our own specialty and being redeployed, and this will probably change over time. Everyone will have received the GMC advice regarding that. We will be using telephone consultations more, this link to the CSP advice is useful – [here](#)

This is an opportunity to show the importance of our role: our expertise in complex condition management can also be used to free up others to use their acute expertise; our knowledge of the needs of vulnerable patients. We have experience of communication and negotiation with patients, their relatives and professionals in complex situations and we can be a source of continuity for our patients whether in or out of hospital. So far, we do not know if some patients will develop long term disabling complications that will require specialist rehabilitation, e.g. critical care neuropathy or myopathy, GBS, encephalitis. Many of our AHP and specialist nursing colleagues are likely to be redeployed - in some cases this may be the best action to take, but in others it may be that you will have to point out the importance of their current role in keeping people out of hospital, or enabling them to be discharged.

Looking after ourselves

In the midst of all this, it is vital that we look after ourselves and our families: we aren't of much use to patients and our families if we don't! Keep on talking to others, deliberately build in time at least once a week for the rehabilitation team to just talk to each other - this isn't a luxury, it is part of the strategy to keep going. Remember a few random acts of kindness for others in the team.

There is a national issue with access to PPE, it is being raised at many levels, but adding your voice to this if you or your teams are affected is important. We would also advise accessing scrubs for work, if you are not already doing so. The RCP form to report shortages of PPE can be accessed [here](#)

Advice to assist in maintaining our wellbeing and a list of suitable websites is available on the NHS Practitioner Health web pages [here](#)

There is also advice from the WHO, for anyone who needs to self-isolate – [here](#)

Overall, we are all finding our way through this situation. We will send out updates over the coming weeks and months. If anyone wishes to share anything that is particularly helpful or that should be avoided, please let us know.

Regards

BSRM Executive Committee