

# COVID 19

# PHYSIOTHERAPY MANAGEMENT

*INFORMATION AND GUIDANCE*



**MALAYSIAN PHYSIOTHERAPY ASSOCIATION**



**PHYSIOTHERAPY PROFESSION TECHNICAL COMMITTEE  
ALLIED HEALTH DIVISION, MINISTRY OF HEALTH**

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## COVID 19 PHYSIOTHERAPY MANAGEMENT INFORMATION AND GUIDANCE



The World Health Organisation has declared the coronavirus (COVID-19) a pandemic requiring a global coordinated effort. Confirmed Case of COVID-19:

- A person with laboratory confirmation of infection with the COVID-19.
- Affected Countries as for 26 February 2020: China (including Hong Kong, Macau and Taiwan), South Korea, Japan, Italy and Iran.
- Close contact defined as:
  - Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient).
  - Working together in close proximity or sharing the same classroom environment with a with COVID19 patient.
  - Traveling together with COVID-19 patient in any kind of conveyance.
  - Living in the same household as a COVID-19 patient.

(Malaysian Ministry of Health, 2020)

Patient Under Investigation (PUI) of COVID-19 Fever **OR** acute respiratory infection (sudden onset of respiratory infection with at least one of: shortness of breath, cough or sore throat)

**AND**

Travel to or reside in affected countries<sup>1</sup> in the 14 days before the onset of illness

**OR** Close contact in 14 days before illness onset with a confirmed case of COVID19

(Malaysian Ministry of Health, 2020)

As front-line health care service providers, physiotherapists play a crucial role in:

1. Infectious disease symptom recognition.
2. Patient education and direction to support appropriate and timely treatment decisions.
3. Treating and advising patients who have experienced adverse outcomes, in both the acute phase and in longer term recovery; and
4. Treating respiratory conditions due to the infection, and in maintaining function, flexibility, strength, and mobility while mitigating secondary complications from isolation conditions, such as muscle wasting, blood clots, weakness due to de-conditioning, and negative effects on psychological well-being.

(Canadian Physiotherapy Association, 2020)

Malaysian Physiotherapy Association (MPA) and Physiotherapy Profession Technical Committee, Allied Health Division, Ministry of Health are aware of concerns regarding the Novel Coronavirus (COVID-19). We are committed to supporting physiotherapists, patients, and public health efforts, as well as providing reliable information to support sound decision-making. We will continue to monitor the situation and provide our members with relevant up-to-date information as it becomes available. Additional information and advice can be accessed online at the World Confederation for Physical Therapy webpage <https://www.wcpt.org/news/Novel-Coronavirus-2019-nCoV> and Malaysian Ministry of Health webpage <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines> .

Helping us by providing valid and updated information about COVID-19 by emailing us at [mpaexco.president@gmail.com](mailto:mpaexco.president@gmail.com). Let us all stay safe and healthy and work together for our patients, clients and our profession.

## The following are important information's for physiotherapists/managers:

- Discuss a plan of action with your staff/colleagues.
- Ensure that there is enough supply and access to appropriate Personal Protective Equipment (PPE) for front line staff.
- Ensure that staff have an opportunity to take adequate breaks during and between shifts.
- Ensure access to appropriate support services for psychological health of staff.
- Ensure that all clinical and non-clinical staff have a good understanding of infection control principles.
- Know the signs of the coronavirus and place information posters in your clinic or workplace. Share a message with your patients to remind them not to come into the clinic if they experience symptoms - What are the symptoms of infection? COVID-19 (KKM, 2020).
- Advise patients to delay/cancel treatment if they have flu like symptoms or have travelled to internationally known hot spots in recent weeks.
- Wash your hands often, before and after providing treatment. Encourage patients to wash their hands often while in the clinic. Place additional signage in and around the clinic to encourage regular handwashing - 6 Steps of Handwash Technique (KKM, 2020).
- Wear gloves and use alcohol-based hand sanitiser before and after wearing gloves
- If unwell, avoiding contact with others (including touching, kissing, hugging, and other intimate contact); and coughing or sneezing into your elbow.
- Guidance on the use of medical masks: Advice on the Use of Masks in the Community, During Home Care, and in Health Care Settings (WHO, 2020).
- If you are working in hospital, ongoing review of outpatient activity during Movement Restricted Order 2020 (18 – 31 March 2020). Potential reduce number of 'non-essential' outpatient in order 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.
- If you are working in private physiotherapy centres, NGOs and house call, kindly coordinate with and check on your patient/client if continuance of service is needed

and possible. As a healthcare professional, it is your duty to advise your patient/client the best option/s given all the necessary considerations (telerehabilitation, home exercise program).

- Management of Healthcare Worker (HCW) During Covid-19 Outbreak. Retrieved from: <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>
- COVID-19: Management Guidelines for Workplaces. Retrieved from: <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>
- **Personal Protective Equipment (PPE) is compulsory where contact occurs with confirmed case of COVID-19 patient.**

### **Screening:**

- Wear a face mask all the time.
- Ask your patient/client if he/she has any flu-like symptoms, has been exposed to someone who has been diagnosed or suspected of COVID-19, or if he/she has any recent travel on COVID-19 affected areas

### **During Physiotherapy Session:**

- Wear a face mask all the time.
- Always practice hand hygiene. Wash your hands with soap and water often. Use alcohol-based hand sanitizer (with at least 70% solution) if washing hands with soap and water frequently is impossible.
- Avoid touching your eyes, nose, and mouth.

### **After Physiotherapy Session:**

- Disinfect area and equipment used.
- Wash your hands with soap and water before every session. Observe proper hand-washing techniques. Immediately bathe and soil clothes upon arriving home, especially if the patient/client has comorbidities that may be communicable.
- Make sure you provide a home exercise program in case you are unable to come back for future sessions for whatever reason.

(Philippine Physical Therapy Association, 2020)

## COVID 19: RESPIRATORY PHYSIOTHERAPY MANAGEMENT INFORMATION AND GUIDANCE

### RESPIRATORY PHYSIOTHERAPY REFERRAL GUIDELINE

Many patients presenting with **COVID 19 will have no specific airway clearance needs**. It is important that **staff contact is kept to a minimum** with positive patients to help reduce the risk of transmission (follow usual on call policies and criteria) COVID 19 patients (to date) who require hospitalisation are presenting with pneumonia features and bilateral patchy shadows or ground glass opacity in the lungs.

There have **not been reports that COVID 19 positive patients have high secretion loads** requiring intensive respiratory physiotherapy/airway clearance. This may change as things evolve and for that reason all presenting patients should be discussed with Consultant Respiratory Clinicians/Critical Care Consultants before any mechanical devices are used with patients and hospital/centre guidance on this followed. It is important to note some therapeutic interventions will be contraindicated for COVID 19 positive patients.

There may be patients with existing respiratory conditions who require personalised physiotherapy treatments which may include mechanical airway clearance or oscillating devices. In this scenario it is important that the risk and benefit of continuing with the regime is discussed with Consultant Respiratory Clinicians/Critical Care Consultants.

It may be decided that airway clearance regimes are continued in this scenario ensuring COVID 19 suspected/positive patients are managed in isolation and full PPE and decontamination advice.

#### **Criteria for in-patient respiratory physiotherapy**

Patients with:

- an increase in oxygen therapy to FiO<sub>2</sub> >60%
- evidence of retained pulmonary secretions with difficulty expectorating
- Ineffective cough/airway clearance

## PLANNING AND PROTECTION

We are now in the late containment stage of the COVID 19 government action plan. This requires all hospital/centre 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 except for 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.

As always, please ensure good practice with hand hygiene before and after patient contact, and 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.

### 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 is 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 Malaysian Physiotherapy Association and Physiotherapy Profession Technical Committee, Allied Health Division, Ministry of Health, and combine resource and experience – support and cohesion will be needed over the next few months.
- Understand what unique contribution physiotherapy can provide to assist in the strategic and operational pandemic plans
- Bring senior leaders, expert 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 teamwork and understanding and will harvest respect for each other

### **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 every day.
  - 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 e.g.: 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 >50 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 hospital/centres 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.

## PHYSIOTHERAPY WORKFORCE

The physiotherapy workforce is extremely flexible and supportive in preparedness plans. We are willing and able to support the hospital 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 hospital/centre, department and government guidance in a timely fashion
- Ensure all frontline staff (e.g. those working in emergency department/admissions unit/isolation and cohort areas/critical care/on call/paediatrics aware of guidelines for PPE.
- Ensure moving and handling and other relevant essential mandatory training is up to date especially if staff are being redeployed from outpatient 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 registration number, dates used, ward or clinical area, decontamination status). This is to include all necessary equipment (e.g. 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 clinical physiotherapy lead to identify skill sets within teams for acute ward-based activity. This could be done in terms of skill sets needed e.g.: 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.
- 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

This document will be updated and amended with emerging advice; evidence and opinion so please bear this in mind. This is not designed to be guidance for all, and it may not be appropriate for your hospital/centres. Local discussions and decisions should be made in your own hospital/centres.

#### **COVID19: PHYSIOTHERAPY MANAGEMENT INFORMATION AND GUIDANCE COMMITTEE**

1. Assoc. Prof. Dr Mohd Haidzir Abd Manaf – President of Malaysian Physiotherapy Association
2. Pn. Nur Hidayah Ong Abdullah – Head of Physiotherapy Profession, Allied Health Division, Ministry of Health, Malaysia
3. Dr. Katijjahbe Md Ali - Senior Principal Physiotherapist, Hospital Canselor Tuanku Muhriz
4. Cardiorespiratory Special Interest Group, Malaysian Physiotherapy Association.
5. Physiotherapy Profession Technical Committee, Allied Health Division, Ministry of Health.
6. Exco Committee of Malaysian Physiotherapy Association

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## REFERENCES

Australian Physiotherapy Association (2020) Coronavirus (COVID-19) - What you need to know. Retrieved from: <https://australian.physio/coronavirus>

Canada Physiotherapy Association. (2020) CPA Update: Advocacy Statement - The Role of Physiotherapy in Keeping Canadians Safe During the COVID-19 Pandemic. Retrieved from: <https://physiotherapy.ca/cpa-update-advocacy-statement-role-physiotherapy-keeping-canadians-safe-during-covid-19-pandemic>

Philippine Physical Therapy Association. (2020) PPTA releases statement on COVID-19. Retrieved from: <https://www.philpta.org/post/ppta-statement-on-covid-19>

Guidance on the use of medical masks: Advice on the Use of Masks in the Community, During Home Care, and in Health Care Settings Retrieved from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>.

Malaysian Ministry of Health (2020). What are the symptoms of infection? COVID-19 (KKM, 2020). Retrieved form: <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-infografik>

Malaysian Ministry of Health (2020). 6 Steps of Handwash Technique (KKM, 2020). Retrieved form: <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-infografik>

Management of Healthcare Worker (HCW) During COVID-19 Outbreak. Retrieved form: <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>

COVID-19: Management Guidelines for Workplaces. Retrieved form: <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>

World Confederation Physical Therapy. (2020) Information and resources about COVID-19 Retrieved from: <https://www.wcpt.org/news/Novel-Coronavirus-2019-nCoV>