Inpatient Stroke Rehabilitation Protocol for COVID-19

Stroke rehabilitation is an evidence based intervention shown to improve outcomes and reduce risk of death and dependency. In hospital this should be delivered in a stroke unit by a specialist multidisciplinary team in adequate doses to be effective. In the light of the COVID-19 pandemic and the resultant reconfiguration of many services, and redeployment of staff, usual means of delivering stroke rehabilitation are being challenged. Many new protocols have been instituted across the country, but stroke rehabilitation still needs to be delivered for stroke patients who need to be in hospital amidst this period of instability.

1. Therapy assessments and rehabilitation are performed in therapy areas or patient rooms but the patient must be supported to follow the 6 foot social distancing rule where possible.
    - Disinfection after use of therapy areas is imperative
    - PPE must be used according to local protocols
    - Where close physical contact is necessary in treating patients (e.g. bed edge sitting) who may be symptomatic of COVID-19 or test positive, additional PPE may need to be used

2. Therapy services should identify priorities for rehabilitation for each discipline e.g. swallow assessment for S< tube feeding for Dietetics.

3. Multidisciplinary Rehabilitation Teams should expedite discharges home appropriately to keep acute and post-acute care beds available and reduce strain on acute hospitals.
    - This means that patients should be rehabilitated in hospital to be safely discharged ASAP with care needs provided as required.
    - Extended rehabilitation plans cannot be delivered in hospital if the patient is safe to go home or to another care facility. Their safety is paramount and remaining in hospital is not advised if they are able to be discharged.
    - Family discussions / meetings should be carried out to facilitate a safe discharge or transfer of care to another facility however these should only be carried out by telephone or videoconferencing.
    - Community rehabilitation services can support discharge to ensure the patient is safely maintained at home
    - Patients going home may be triaged so that those who require ongoing face to face rehabilitation in their homes can receive it delivered by AHPs using appropriate PPE.
    - Patients and families can be provided with advice to maintain function as far as possible and guided toward self mangement support. E.g. for stroke use, www.selfhelp4stroke.org , www.stroke4carers.org and mystrokeguide.com.
    - Community based third sector (charity) services such as recovery support and liaison nurses, where they provide a service, are generally not carrying out any home visits or seeing any patients in clinic but are continuing to follow up everyone that is referred**.** They aim to contact people within 2 weeks of referral and will use telephone or 'Near Me / Attend Anywhere'.

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