



NAPICU Occupational Therapy Network

Practice issues and guidance on delivering and managing occupational therapy and activity-based intervention in PICUs in the context of Covid-19

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Background

This document has been developed as an outcome of occupational therapists sharing practice experience via the NAPICU Occupational Therapy Network during May 2020. This document will change with developments in service provision in response to the pandemic occur.

In relation to delivering and managing occupational therapy and activity-based intervention, key recommendations and practice issues are stated in sections A, B and C below, organised in relation to section 2 of Managing acute disturbance in the context of COVID-19 (NAPICU, 2020). This is followed by a summary of key occupational therapy role and intervention recommendations and continuing professional development.

All recommendations should be considered in relation to each service context, local policies, professional standards, codes of ethics and conduct.

Section A.

Unit based activity programmes

2.18. Unit based activity programmes are useful for minimising disturbance and improving cooperation, which will contribute to infection control management.

Occupational therapists have made the following recommendations:

- Provide easy read, clearly visible information on activities available during the week through use of posters.
- Provide service users with a list of activities that they can do, and subsequently select.
- Provide personalised timetables.
- Provide individualised exercise plans in accordance with individual physical health needs, risk assessment and local policies. Seek guidance from trained exercise instructor staff and/or physiotherapist, particularly in relation to rehabilitation needs of service users post Covid-19 (RCOT, 2020).
- Provide the ward team with support to identify/develop resources/activities that can be easily disinfected and/or made available to service users on an individual basis.

- A significant contribution by occupational therapists has been to provide service users with information and educate about Covid-19, social distancing and hygiene. Given the potential for many service users to relate to Covid-19 information in a psychotic or disordered way that causes them distress or disturbance, it is challenging to gauge the amount of information to provide and how best to deliver it. It is recommended that easy read information is compiled that can be graded in terms of detail and complexity in response to individual patient needs.

Occupational therapists have raised the following practice issues:

- The changes to the role and work practices of occupational therapists i.e. Covid-19 service user education, increased Activity of Daily Living (ADL) assessments for discharge recommendations means that the delivery of an occupational therapy service takes a lot more time and work, resulting in reduced provision to meet the usual needs of the PICU patient population.
- Effective occupational therapy intervention requires occupational therapists in PICU to have a huge pile of resources at their fingertips in order to effectively respond to the needs of service users, and do so quickly. Due to the diminished range of materials, tools, objects and activities available to them, as well as reduced therapy space, this is a significant problem.
- Current restrictions on activity-based engagement means a reduction in activity engagement. There is significant concern for the severity of occupational deprivation and the quality of service for service users in services reported by occupational therapists as having long been poorly resourced in terms of therapy space, resources and level of occupational therapy staffing.

2.19. Infection control measures should be consistent with national and local guidance.

Occupational therapists have made the following recommendations:

- Shielding service users requires enhanced infection control measures i.e. items cleaned to a high standard and use new items only, and activity-based intervention should be guided by a protocol.

2.20. As access to facilities areas off the unit diminish, resources to provide unit-based activity should be given equal status to other priorities.

Although unit-based activity provision is valued, realising this provision is significantly challenging for many services due to a large number of factors, as outlined in this document.

2.21. Condense use of materials, objects and tools to those that can be wiped clean and disinfected, and those which can be disposed after one use.

Occupational therapists have made the following recommendations:

- Equipment to be stored in lidded containers to prevent contamination when not in use.
- Materials, objects and tools should be individually used by service users, not shared.
- Clean and disinfect materials, objects and tools before and after use.
- Used items waiting to be cleaned should be stored separately from clean and unused items.

- Some services have dictated that food-based activities are not permissible, although many others are providing 1:1 food-based intervention. It is common for service users experiencing acute psychosis to be motivated towards activities that quickly and easily provide sensory stimulation and gratify basic needs. Hence, food-based activities are important interventions, and are recommended when infection control measures can be satisfied.

2.22. Small group-based interventions should be provided in areas large enough to adhere to social distancing requirements, e.g. outside (whilst maintaining confidentiality) or in large enough rooms that are regularly cleaned and well ventilated.

Occupational therapists have made the following recommendations:

- Current PHE guidance for use and potential impact on therapeutic rapport and group dynamics. All forms of PPE hold the risk of presenting a psychological and emotional barrier between therapists and service users so the impact of this needs to be considered carefully in the group setting.
- Consider the impact on your communication and the service user's understanding. There will be additional energy required to concentrate and interpret non-verbal communication for both parties. Allow extra time for processing and repetition during the session and time between sessions to rest your voice and keep hydrated.
- Consider communication and voice care training before delivering group sessions – this may be provided by your organisation ([see example](#))
- Consider the length of time that the group runs for (consider the evidence base regarding infection e.g. risk increases with prolonged exposure to others).
- Time is needed for facilitators to prepare the activity space before and after the group, and to clean equipment used.
- The additional attention and concentration required to process information due to barriers caused by PPE may mean that service users require more time following the session before further activity demands are made.

Occupational therapists have raised the following practice issues impacting on quality of service delivery:

- In some services, group work is not viable or has been dictated as not permissible. This has significantly decreased the quantity of occupational therapy provision due to time required to provide individual therapy. The quality of occupational therapy provision is also negatively impacted upon as the benefits of group work are lost.
- Therapists who are able to provide group-based interventions must limit the size of groups in order for service users to maintain safe distance. The reduced number of service users limits group work, reducing the benefits of intervention.

- Therapy space has reduced in some services due to being prioritised as zones for managing service users re: Covid-19. This has reduced environments for therapeutic intervention, negatively impacting upon the quantity and quality of provision.

2.23. For service users in self-isolation, provide packs of activities that can be done in their bedrooms, ensuring activities are achievable for each individual's level of ability.

Occupational therapists have reported that these have been well received by many service users who have adequate initiative and ability to do the activities in their rooms independently, or supported by a staff member at a safe distance. Note that guidelines for providing activities might differ depending on whether service users are isolating with suspected Covid or isolating for shielding reasons.

Depending on risk assessment, packs commonly consist of a pencil case and pens/crayons/markers, paper, paper-based puzzles, quizzes and other activities such as simple origami; mental health and well-being guidance (e.g. guidance for maintaining a routine, physical exercise, occupational balance); well-being activities such as relaxation guides; information on Covid-19.

Challenges experienced include:

- Restrictions on supply of some materials and tools due to the unacceptable degree of risk involved without the close supervision that would usually be provided.
- When the risk assessment allows service users to use certain materials and tools if their bedroom door is open and service users are in view of staff, this can be problematic to manage due to other service users walking into the bedroom.
- Daily practice currently requires significantly more work than previously.

Some service users have declined activity packs in favour of doing activities on phones and tablets, and use of MP3 players. The provision and use of this technology appears to be being routinely facilitated in most or all services.

Regular video calls with family have been facilitated to enable service users to keep in touch with social networks, utilising Zoom, MS Teams and Skype. Protocols and risk assessment should be adhered to regarding video calling.

Section B.

Summary of key occupational therapy role and intervention recommendations

1. Provider and communicator of essential information:
 - Messenger for the ward, providing and explaining information on the current Covid-19 situation, changes to ward routine; educating on social distancing, hand washing etc – this is becoming less necessary as service users newly admitted are coming in with this awareness. Use easy read Covid-19 information, gradable to the level of ability and needs of individual service users. Consider use of good quality information videos.
 - Display posters to communicate key information and promote available activities; provide lists of activities for service users to choose from on an individual basis.
2. Provide personalised timetables and individualised exercise programmes.
3. Provide activity packs regularly to service users with adequate initiative and ability to utilise them; support those needing it.
4. The priority for low functioning service users who cannot initiate activity participation without support, is activity involving movement and sensory stimulation (e.g. sensory room, gym, 1:1 food activities, and constructive activities with an easily achievable final outcome/end-product e.g. colouring – sit with, do alongside, be with).
5. Discharge packs - Collaborate with the MDT to produce discharge packs for service users to ensure they have essential food and self-care items, and information on what to expect in terms of government guidance and rules, and how to keep safe in the community.

Section C.

Continuing professional development:

1. Evidence based practice

To keep up-to-date with the evidence base, use the RCOT library which is compiling and updating a repository of documents relating to occupational therapy and COVID-19. Members can access this information via the RCOT Library Catalogue using the search term COVID-19. Available at: rcot.co.uk/practice-resources/library-resources/search-library-catalogue

2. Post Covid-19 rehabilitation/functional needs

Occupational therapists need to ensure they are informed of the post Covid-19 functional and rehabilitation needs of service users:

As registered healthcare professionals, occupational therapists are advised to keep informed of the emerging evidence base regarding the functional impacts of COVID-19 and its treatment, and to utilise the existing evidence base regarding specific occupational therapy interventions

(Royal College of Occupational Therapists, 2020).

Occupational therapists are encouraged to network in order to share knowledge of the impact of Covid-19 on service users in PICU and best practice for addressing service user needs.

References

National Association of Psychiatric Intensive Care Units (2020) *Managing acute disturbance in the context of COVID-19* (NAPICU, 11 May 2020), <https://napicu.org.uk/>

Royal College of Occupational Therapists (2020) A quick guide for occupational therapists: Rehabilitation for people recovering from COVID-19. Available at: <https://www.rcot.co.uk/files/guidance-quick-guide-occupational-therapists-rehabilitation-people-recovering-covid-19-2020>

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