



SCI/D-20-001
April 7, 2020

FACT SHEET

Updated COVID-19 Guidance for the VA Spinal Cord Injuries and Disorders (SCI/D) Centers

BACKGROUND

Protection of Veterans and staff remains the highest priority in the VA response to COVID-19. Due to paralysis of respiratory muscles and impaired cough, Veterans with spinal cord injuries and disorders (SCI/D) are at particularly high risk for complications and death from COVID-19 infection. The VA SCI/D System of Care provides lifelong care to Veterans with SCI/D including inpatient, outpatient, home care, hospice services, and in some cases, long term care. Various strategies to mitigate exposure to, and transmission of COVID-19 to this population is critical. This fact sheet serves to provide updated guidance since the issuance of the March 10, 2020 Deputy Under Secretary of Health for Operations and Management memorandum, [COVID-19 Guidance for the VA Spinal Cord Injuries and Disorders \(SCI/D\) Centers](#).

QUESTIONS AND ANSWERS

1. What types of admissions are permitted during the COVID-19 national public health emergency?

Admissions to both acute and long term care VA SCI/D Centers must be limited to Veterans who absolutely require admission. Two examples for admissions to the acute units at a SCI/D Center are Veterans or Active Duty Service Members (ADSM) with a new (acute) spinal cord injury and Veterans with SCI/D who develop new acute illnesses that are best treated in a VA SCI/D Center acute inpatient unit. Veterans with SCI/D must also be considered for admission when there are no other options for safe care in the community and the Veteran is in imminent danger, such as when a caregiver is incapacitated and there are no other available community resources. However, during the COVID-19 pandemic, all other options must be fully investigated prior to consideration of admission to a VA SCI/D Center inpatient unit with capacity for such cases.

2. What responsibilities do staff members in the SCI/D System of Care have to contact Veterans with SCI/D on their SCI/D Registry?

SCI/D staff members at SCI/D Centers and Spokes should work together and contact all Veterans with SCI/D on their SCI/D Registry to help educate, provide guidance, reassure, and triage (if necessary) when problems arise. Telephone, telehealth, MyHealthVet secure messaging, and other virtual care modalities should be used to minimize the need for Veterans with SCI/D to leave their homes.

3. What requirements are there prior to an admission determination for a Veteran or ADSM to a VA SCI/D Center?

Veterans or ADSMs with SCI/D requiring admission to a VA SCI/D Center (from the same facility, from another VA facility or from the community) must be evaluated for exposure to or infection from COVID-19 as a determining factor for admission, following the most current national VHA and CDC guidance. Veterans and ADSMs with SCI/D must be observed for 14 days in a non-SCI/D setting prior to admission to the VA SCI/D Center. If that is not possible and admission to a VA SCI/D Center is required (for example, if the Veteran or ADSM has a new spinal cord injury), the patient may be admitted to a single room on the VA SCI/D unit, but only if there is no known exposure to a confirmed case and no symptoms of COVID-19 or a negative COVID-19 test prior to admission. No individuals should be admitted to a VA SCI/D Center inpatient unit if they have symptoms of, tested positive for, or are under investigation for COVID-19. Protection of the many Veterans in SCI/D inpatient units in the 25 VA SCI/D Centers is of paramount importance.

4. What are the staffing, procedural, and patient requirements?

Staffing, procedures and care delivery models must strictly limit staff members entering the SCI/D Center. Dedicated SCI/D staff must be maintained in all SCI/D Center inpatient wards, including acute and long term care units.

- a. To minimize possible exposure, the practice of floating staff out of the SCI/D Center is strongly discouraged. If it is absolutely necessary to float staff members from the SCI/D Center, provide a dedicated team of staff to float out of the Center.
- b. The cohorting of SCI/D with non-SCI/D inpatient populations on the SCI/D Center is strongly discouraged, to minimize potential exposure of COVID-19 and other infectious diseases to Veterans with SCI/D. SCI/D Center inpatient beds are unique with few, if any, options for specialized care in the community or other VA medical centers. As the COVID-19 pandemic continues and outbreaks occur in an increasing number of communities, it is likely that Veterans with SCI/D will face challenges that threaten their safety (e.g., caregivers become ill, Veterans develop other health problems) and may require admission to a VA SCI/D Center.
- c. Whenever feasible, SCI/D staff should perform procedures on the unit and avoid sending Veterans with SCI/D to other areas of the hospital (e.g., phlebotomy). As

possible, deliveries should be limited (e.g., pharmacy, linens, supplies).

5. What are employee responsibilities to reduce the likelihood of introduction or spread of COVID-19 to Veterans and employees on the SCI/D units?

Within VA SCI/D Centers, any situation that might result in introduction or spread of COVID-19 to Veterans with SCI/D or staff members must be avoided, including group settings such as meetings and meals. When using any common spaces, appropriate distancing must be practiced for both patients and staff. In some SCI/D Centers, therapy gyms are small; if social distancing is not possible, alternative schedules, therapy in the patient's room, and other creative methods of treatment delivery must be used. Sponsored events and meals and overnight passes are prohibited. Telehealth and other virtual technologies to establish communication and connection between patients for peer-to-peer support, for activities such as those often provided by recreation therapy, and to connect inpatients with family and friends are critically important during this time.

6. What visitor restrictions have been instituted?

Visitors for SCI/D patients to the VA SCI/D Center or elsewhere in the medical center must be restricted to reduce risk and possible exposure to COVID-19. Exceptions might include end-of-life care, a family member of a newly injured Veteran or ADSM during the first week of admission and training a caregiver for discharge. Consider using telehealth and telephone communication as alternatives whenever possible, including for visits by Veteran Service Officers to Veterans and those by commanding officers to ADSMs.

7. What are the responsibilities of staff members for treatment of Veterans with SCI/D on units outside of the SCI/D Center inpatient unit?

To direct SCI/D care, Veterans with SCI/D admitted off the SCI/D Center inpatient unit must be visited daily by the SCI/D team (VHA Directive 1176(2), September 30, 2019, amended February 7, 2020: "[Spinal Cord Injuries and Disorders System of Care](#)"). Virtual visits with the patient are highly encouraged unless physical contact is required.

8. In what circumstances should telehealth/virtual care be used?

Use of virtual health and communication are strongly recommended (e.g., telephone, telehealth) whenever possible, including all non-urgent interactions with Veterans with SCI/D in the outpatient and home care settings that do not require physical contact. Interdisciplinary team members who do not require physical contact with inpatients (e.g., psychology or social work) are also strongly encouraged to utilize virtual health and telephone communication.

- a. Home care teams should support Veterans with SCI/D to stay at home and avoid visits to the medical center unless absolutely necessary. Telephone and telehealth visits should be used whenever possible. Home care visits should only be for those Veterans with SCI/D that require physical contact. VA SCI/D-specific (VHA Directive 1176(2), September 30, 2019, amended February 7, 2020: "[Spinal Cord Injuries and](#)

[Disorders System of Care](#)”) and national VHA and CDC guidance must be followed. The SCI/D home care team should assess the suitability of the residential setting for home care and home care visits. Risks to the Veterans with SCI/D and to SCI/D home care employees must be assessed. Appropriate personal protective equipment should be made available to home care staff members for all visits, including a facemask, gloves, eyewear and gowns.

- b. Monitoring Veterans with SCI/D who have symptoms of or test positive for COVID-19 and who live at home require special monitoring. The course of COVID-19 in Veterans with SCI/D is largely unknown. However, due to paralysis of respiratory muscles and impaired cough, Veterans with SCI/D at higher neurologic levels are at extreme risk for complications and death. Close follow-up by VA SCI/D experts and pulmonologists is required. The need for early intervention and hospitalization may be necessary, although managing these Veterans at home, if safe, is the preferred option.
- c. Adequate Telehealth Clinical Technician support must be available to support, trouble-shoot, and facilitate the increased use of telehealth and other virtual care for Veterans with SCI/D during this critical time.

9. What requirements apply to prosthetic devices?

Recognizing that Veterans with SCI/D require a full array of prosthetic devices to function and for discharge from the hospital, vendors should meet with SCI/D staff and Veterans in the SCI/D Centers and in other facilities only when absolutely necessary. Creative solutions should be pursued that avoid direct contact between vendors and Veterans with SCI/D and SCI/D employees such as delivering, assembling, and working on wheelchairs in non-patient care areas. SCI/D therapists are encouraged to call or send secure messages through MyHealthVet to Veterans with SCI/D on the SCI/D Registry to do an equipment check; this proactive approach may avoid last minute equipment problems that threaten the Veteran’s independence and safety at home. For Veterans with SCI/D who require the constant use of a wheelchair and are living in the community, consider furnishing a spare wheelchair to avoid unsafe conditions if the primary wheelchair breaks down (VHA Handbook 1173.06, “Wheelchairs and Special Mobility Aids”). For wheelchair repairs, collaboration between the Veteran, SCI/D therapists, and prosthetics is vital. Whenever possible, repairs that avoid face-to-face encounters and visits to the hospital should be utilized.

10. What other resources are available?

For additional information not covered in this Fact Sheet, please contact: the SCI/D National Program Office intranet ‘Resources and Policy’ page at http://vaww.sci.va.gov/Resources_and_Policy.asp or send an inquiry to the SCI/D System of Care National Program Office COVID-19 Workgroup, at VHA10NC9COVID@va.gov