UK Clinical Neurophysiology provision during Covid-19 crisis

3rd April 2020

This statement has been produced in response to questions from our colleagues about appropriate provision of service during the crisis period for Covid-19.

Healthcare staff around the world are dying of Covid-19, not all of whom have been treating known Covid-19 cases. Hospitals present a risk of infection by Covid-19 to patients who do not have it but are attending for other, sometimes minor conditions. Clinical Neurophysiological investigations require prolonged, close contact with patients to a degree that is not considered safe. At present there is insufficient personal protective equipment (PPE) to protect all health staff.

For these reasons the BSCN recommends that

1. No routine examinations in clinical neurophysiology should be carried out for the duration of the crisis period in NHS or commercial settings. This duration is unclear at present.

2. Only cases meeting NCEPOD’s “immediate” and “urgent” categories for intervention should be seen. [https://www.ncepod.org.uk/classification.html](https://www.ncepod.org.uk/classification.html)

3. In these categories, cases should only be seen in which the clinical neurophysiological information to be obtained makes a material difference to management that is worth the risk to staff in clinical neurophysiology.

4. In any investigations that are undertaken both patient and staff should have personal protective equipment (PPE) appropriate for the prolonged, close contact. Staff should be trained in its use.

5. Departments should review their existing referrals so that when recovery becomes possible at the end of the crisis “expedited” cases are seen first based on clinical need, not date of receipt or other management considerations.

6. Staff should not travel to hospital unnecessarily, but if they attend and are not re-deployed, should ensure all administrative and maintenance tasks and CPD are up to date to allow a faster restart.
Departments may take the opportunity to review their referral guidelines so that inappropriate requests are reduced in the future, to make best use of the UK’s small clinical neurophysiology workforce. The BSCN suggests that departments consider whether local networks of departments helping each other would improve recovery and future provision.

On behalf of the BSCN Council

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