

# Current awareness for Nursing Recent guidelines and reports, articles and websites June 2020

The listing of Coronavirus related resources starts on page 4.

# Guidelines

The following new guidance has recently been published:

# **Emergency Department Infection Prevention and Control (IPC) during the Coronavirus Pandemic**

Royal College of Emergency Medicine (RCEM); 2020.

https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM\_BPC\_Guideline\_COVID\_IPC\_090620.pdf

[This document describes best infection prevention and control (IPC) in Emergency Departments. This document is for health and management professionals who work in emergency departments or have responsibility for running and regulating emergency departments.]

Freely available online

#### End of Life Care in Frailty

British Geriatrics Society (BGS); 2020.

https://www.bgs.org.uk/resources/resource-series/end-of-life-care-in-frailty

[The aim of this guidance is to support clinicians and others in considering the needs of and providing high quality care for frail older people as they move towards the end of their lives.] *Freely available online* 

# FAQs on using FFP 3 respiratory protective equipment (RPE): 20 March 2020.

NHS England; 2020. https://www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/ [Guidance on supply and use of Personal Protective Equipment (PPE).] Freely available online

# **Genital Examination in Women.**

Royal College of Nursing (RCN); 2020.

https://www.rcn.org.uk/professional-development/publications/rcn-genital-examination-in-women-pub007961 [This new edition provides standards and sample assessment tools for training in genital examination in women for registered nurses working in sexual and reproductive health settings, and related health and social care settings.] *Freely available online* 

# Reports

The following report(s) may be of interest:

# MolecuLight i:X for wound imaging.

National Institute for Health and Care Excellence (NICE); 2020.

https://www.nice.org.uk/advice/mib212

[The technology described in this briefing is MolecuLight i:X. It is for imaging wounds to identify fluorescent bacteria. The innovative aspects claimed by the company are that this is the only point-of-care, handheld device able to visualise fluorescent bacteria and measure wound surface area (with the MolecuLight WoundStickers add on). The

intended place in therapy would be in addition to current standard of care in people with any type of acute or chronic wounds.] *Freely available online* 

# Premature discharge from hospital.

Patients Association; 2020.

# https://www.patients-association.org.uk/FAQs/safety

[This is a report of a qualitative survey that explored unsafe, premature discharge from hospital. It shows how serious the consequences can be of discharging someone from hospital who is not ready to go home. Particular themes emerge around pressures on beds, and how premature discharge of people from mental health settings can quickly lead them to harm.]

Freely available online

# Articles

The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into the library.

# A caring approach to people with obesity.

# Kawka K. British Journal of Healthcare Assistants 2020;14(6):278–283.

[To sum up, there are many factors which impact on health inequalities, particularly with regards to obesity. Education is an essential key in tackling an obesity problem. Nurses play a crucial role in reducing health inequalities through patient advocacy and promoting healthy lifestyles. The nurse's role is to empower the patients to self-care, but patients must work in the partnership with professionals to achieve results they are satisfied with.] *Available with an NHS OpenAthens password for eligible users* 

# Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews.

Weetman K. BMC Health Services Research 2020;20(1):537.

[Participants reported inconsistent access to discharge letters. Most wanted to receive a copy of their discharge letter although some expressed reservations. Perceived benefits included: increased understanding of their condition and treatment, reduced anxiety, and increased satisfaction.]

# Critical thinking skills in intensive care and medical-surgical nurses and their explaining factors.

Ali-Abadi T. Nurse Education in Practice 2020;45:102783.

[Critical thinking affects patient safety in critical situations. Nurses, in particular, intensive care unit (ICU) nurses, need to develop their critical thinking skills. The present article seeks to compare the level of critical thinking in medical-surgical and ICU nurses and investigate the factors explaining it. A cross-sectional study was conducted on 120 medical-surgical and ICU nurses (60 per group). Data were collected using the California Critical Thinking Skills Test.]

Available with an NHS OpenAthens password for eligible users

Effects of exercise interventions on the functional status of acutely hospitalised older adults: A systematic review and meta-analysis.

# Valenzuela PL. Ageing Research Reviews 2020;61:101076.

[In-hospital supervised exercise interventions seem overall safe and effective for improving - or attenuating the decline of - functional independence and physical performance in acutely hospitalised older adults. The clinical relevance of these findings remains to be confirmed in future research.] *Contact the library for a copy of this article* 

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# Effectiveness of Lifestyle Health Promotion Interventions for Nurses: A Systematic Review.

Stanulewicz N. International Journal of Environmental Research & Public Health 2020;17(1):17.

[Interventions targeting diet, body composition, PA, or stress are most likely to have positive outcomes for nurses' health and/or wellbeing. The methodologically strongest evidence (RCTs) is available for body composition and stress. Interventions relying solely on educational approaches are least likely to be effective. Organisational outcomes appear to be more challenging to change with lifestyle intervention, likely requiring more complex

solutions including changes to the work environment.] *Freely available online* 

# First year undergraduate nursing students' perceptions of the effectiveness of blended learning approaches for nursing numeracy.

O'Reilly R. Nurse Education in Practice 2020;45:102800.

[The ability to safely calculate and administer medications are indispensable, core nursing skills in nursing education and practice. Therefore, it is imperative that nursing students are adequately prepared with the necessary numeracy skills during their undergraduate nursing studies. The focus of this study, conducted at a single multi-campus university in the west Sydney region of Australia, was to determine the effectiveness of a suite of blended learning approaches on numeracy self-efficacy.]

Available with an NHS OpenAthens password for eligible users

<u>Re-designing a rapid response system: effect on staff experiences and perceptions of rapid response team calls.</u>

Chalwin R. BMC Health Services Research 2020;20(1):480.

[The RRS re-design yielded improvements in interactions between members in RRTs and between RRT members and users. However, some unintended consequences arose, particularly around user satisfaction with the structured hand-off. These findings suggest that refinement and improvement of the RRS is possible, but should be an ongoing iterative effort, ideally supported by staff training.]

# Pressure ulcers—prevention and SSKIN.

Lloyd Jones M. British Journal of Healthcare Assistants 2020;14(6):289–291.

[The aim of this section on pressure ulcers is to give the reader an understanding of the importance of pressure ulcer prevention and the SSKIN bundle.]

Available with an NHS OpenAthens password for eligible users

# The effect of delegation of therapy to allied health assistants on patient and organisational outcomes: a systematic review and meta-analysis.

Snowdon DA. BMC Health Services Research 2020;20(1):491.

[We found preliminary evidence to suggest that the use of AHAs to provide additional therapy may be effective for improving some patient and organisational outcomes.]

# The Higher Development Award: a programme for support staff to unlock their potential.

Marongiu M. British Journal of Healthcare Assistants 2020;14(6):306-307.

[The award aims to build on the extensive knowledge support staff already hold, giving them further tools to increase awareness and improve patient outcomes. Following contributions from support workers in the sector, some of the key considerations were: for flexibility while remaining in their role; to provide the best possible care to patients and service users; or for those seeking the next step in their career.] Available with an NHS OpenAthens password for eligible users

# Upward feedback in nursing: a matter of giving, taking and asking.

van de Walle B. Nurse Education in Practice 2020;45:102792.

[The educational program for nurses takes place in school and at the workplace. At the workplace, student nurses and their supervisors work together while providing the best care for their patients. In this context, it is important that both, students and supervisors, provide feedback to each other. However, it can be difficult for nursing students to provide feedback to professionals who are higher up in the hierarchy.] *Available with an NHS OpenAthens password for eligible users* 

Waiting times in emergency departments: a resource allocation or an efficiency issue?

Vainieri M. BMC Health Services Research 2020;20(1):549.

[The waiting times-admission rates matrix provides a tool able to support managers in detecting the problems related to the management of ED services. In particular, using this matrix, healthcare managers could be facilitated in the identification of possible solutions for their specific situation.]

Who is failing who? A survey exploration of the barriers & enablers to accurate decision making when nursing

#### students' competence is below required standards.

Nugent O. Nurse Education in Practice 2020;45:102791.

[Healthcare practice supports the achievement of programme learning outcomes for nursing students internationally. Within this context the issue of reluctance to fail nursing students, when warranted, is extensively examined within the literature with few definitive solutions emerging. Little is known about the perceived barriers that exacerbate this reluctance, or about factors that might enable and support nurses to fail students.] *Available with an NHS OpenAthens password for eligible users* 

# Coronavirus

We are regularly updating the <u>library website</u> with lists of the latest evidence and research published, links to training resources, and guidelines from the Royal Colleges and Professional Societies. These can be found on our <u>Coronavirus webpage</u>.

Please find a selection of the articles, reports and guidelines relating to coronavirus that may be of interest. Please not that these are continually being updated as fresh evidence emerges

# Coronavirus – BAME

# BAME Covid-19 deaths - what do we know? Rapid data & evidence review.

Centre for Evidence-Based Medicine; 2020.

https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/

[Evidence indicates markedly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but deaths are not consistent across BAME groups. Similarly, adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and Health and Care Workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known. There may be a number of contributing factors in the general population.]

Freely available online

BAME women and Covid-19 – Research evidence.

Fawcett Society; 2020.

https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=cae4917f-1df3-4ab8-94e7-550c23bdc9cf&utm\_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm\_medium =email&utm\_campaign=11589120\_NEWSL\_HMP%202020-06-

09&dm i=21A8%2C6WE80%2CW70097%2CRQURD%2C1

[This analysis from the Fawcett Society — together with the Women's Budget Group, Queen Mary University London and London School of Economics — reveals the pressure on BAME women during the coronavirus lockdown.] *Freely available online* 

# Covid-19 and Black, Asian and minority ethnic communities.

House of Commons Library; 2020.

http://researchbriefings.files.parliament.uk/documents/CDP-2020-0074/CDP-2020-0074.pdf

[This pack has been prepared ahead of the debate to be held in the Commons Chamber on Thursday 18 June 2020 on the effect of Covid-19 on Black, Asian and minority ethnic (BAME) communities. The debate will be opened by Dawn Butler MP.]

# COVID-19: Unique Public Health Issues Facing Black, Asian and Minority Ethnic Communities.

Current Problems in Cardiology 2020;45(8):1-11.

[In this review, we explore possible association using recent COVID-19 studies and studies of previous pandemics. We call for data on ethnicity to be routinely collected by governments, as part of an international collaboration, alongside other patient demographics and further research to robustly determine the magnitude of association. Moreover, governments must learn from previous pandemics and recommended strategies to mitigate risks on minority ethnicities due to socioeconomic disadvantages.]

# Ethnic and Socioeconomic Differences in SARS-CoV-2 Infection: Prospective Cohort Study Using UK Biobank.

Niedzwiedzet al.. BMC Medicine 2020;18(60):1-14.

[Some minority ethnic groups have a higher risk of confirmed SARS-CoV-2 infection in the UK Biobank study, which was not accounted for by differences in socioeconomic conditions, baseline self-reported health or behavioural risk factors. An urgent response to addressing these elevated risks is required.]

# Ethnic Disparities in Hospitalisation for COVID-19 in England: The Role of Socioeconomic Factors, Mental Health, and Inflammatory and Pro-Inflammatory Factors in a Community-Based Cohort Study.

Camille Lassale et al.. Brain, Behavior, and Immunity 2020;20(S0889-1591):31101-6.

[There were clear ethnic differences in risk of COVID-19 hospitalisation and these do not appear to be fully explained by measured factors. If replicated, our results have implications for health policy, including the targeting of prevention advice and vaccination coverage.]

# <u>Greater risk of severe COVID-19 in Black, Asian and Minority Ethnic populations is not explained by</u> <u>cardiometabolic, socioeconomic or behavioural factors, or by 25(OH)-vitamin D status: study of 1326 cases from</u> <u>the UK Biobank.</u>

Zahra Raisi-Estabragh. Journal of Public Health 2020;:1-10.

[We examined whether the greater severity of coronavirus disease 2019 (COVID-19) amongst men and Black, Asian and Minority Ethnic (BAME) individuals is explained by cardiometabolic, socio-economic or behavioural factors.]

# Research and analysis: COVID-19: review of disparities in risks and outcomes

Public Health England (PHE); 2020.

https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

[Review into how different factors have affected COVID-19 risk and outcomes. This is a descriptive review of surveillance data on disparities in the risk and outcomes from COVID-19. The review looked at different factors including: age and sex; where people live; deprivation; ethnicity; people's occupation; care home residence. The review's findings are based on the latest surveillance data available to PHE and from links to wider health data sets.] *Freely available online* 

# Research and analysis: COVID-19: understanding the impact on BAME communities

Public Health England (PHE); 2020.

https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities

[A summary of stakeholder insights into factors affecting the impact of coronavirus (COVID-19) on black, Asian and minority ethnic (BAME) communities. This report is a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities. The report summarises requests for action, which have been used to inform a number of recommendations. It also includes a rapid literature review.]

Freely available online

# **Coronavirus – PPE and Infection control**

# Effects of Sterilization With Hydrogen Peroxide and Chlorine Dioxide on the Filtration Efficiency of N95, KN95, and Surgical Face Masks.

Cai C. JAMA Network Open 2020;:doi:10.1001/jamanetworkopen.2020.12099.

[Discussion: This quality improvement study found that the sterilization processes had different effects on the filtration efficiencies of different masks. Sterilization with H2O2 had fewer negative effects than ClO2...To better protect health care personnel in hospitals, we recommend measuring the respirator's filtration efficiency by aerosol size instead of only measuring the overall filtration efficiency.] *Freely available online* 

Guidance: COVID-19: personal protective equipment use for aerosol generating procedures

Public Health England (PHE); 2020.

https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

[Guidance on the use of personal protective equipment (PPE) for aerosol generating procedures (AGPs). This guidance covers the donning (putting on) and doffing (taking off) of personal protective equipment (PPE) for aerosol generating procedures (AGPs).] Freely available online

# Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis

Chu DK. The Lancet 2020;:S0140-6736(20)31142-9.

[The findings of this systematic review and meta-analysis support physical distancing of 1 m or more and provide quantitative estimates for models and contact tracing to inform policy. Optimum use of face masks, respirators, and eye protection in public and health-care settings should be informed by these findings and contextual factors. Robust randomised trials are needed to better inform the evidence, but this systematic appraisal might inform interim guidance.]

Freely available online

# What is the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission?

CEBM Oxford COVID-19 Evidence Service; 2020.

https://www.cebm.net/covid-19/what-is-the-evidence-to-support-the-2-metre-social-distancing-rule-to-reducecovid-19-transmission/

[This review aims to identify the evidence behind the 2-metre social distancing rule in the context of the still used large vs. small (droplet vs airborne) droplet size dichotomy in route of transmission. It will look specifically at transmission risk in relation to physical distance and air sampling studies around COVID-19 patients, but also wider evidence about whether airborne transmission should be considered a possible mechanism of SARS-CoV-2 spread.] *Freely available online* 

# **Coronavirus – Management**

# <u>A Rapid Systematic Review of Clinical Trials Utilizing Chloroquine and Hydroxychloroquine as a Treatment for</u> <u>COVID-19 [</u>

Chowdhury MS. Academic Emergency Medicine 2020;:10.1111/acem.14005.

[There are currently not enough data available to support the routine use of HCQ and CQ as therapies for COVID-19. Pending further results from more extensive studies with more stringent study parameters, clinicians should defer from routine use of HCQ and CQ. There are several clinical trials currently under way with results expected soon.] *Contact the library for a copy of this article* 

# <u>A Systematic Review and Meta-Analysis to Evaluate the Clinical Outcomes in COVID-19 Patients on Angiotensin-</u> <u>Converting Enzyme Inhibitors or Angiotensin Receptor Blockers</u>

Grover A. *European Heart Journal Cardiovascular Pharmacotherapy* 2020;:10.1093/ehjcvp/pvaa064. [It is concluded that ACEIs and ARBs should be continued in COVID-19 patients, reinforcing the recommendations made by several medical societies. Additionally, the individual patient factors such as ACE2 polymorphisms which might confer higher risk of adverse outcomes need to be evaluated further.] *Freely available online* 

# A Systematic Review of Chest Imaging Findings in COVID-19

Sun Z. Quantitative Imaging in Medicine and Surgery 2020;10(5):1058-1079.

[Despite widespread use of CT in the diagnosis of COVID-19 patients based on the current literature, CT findings are not pathognomonic as it lacks specificity in differentiating imaging appearances caused by different types of pneumonia. Further, there is a relatively high percentage of normal CT scans. Use of CT as a first-line diagnostic or screening tool in COVID-19 is not recommended.]

Freely available online

# Association between D-Dimer levels and mortality in patients with coronavirus disease 2019 (COVID-19): a systematic review and pooled analysis.

Sakka M. *JMV-Journal de Médecine Vasculaire* 2020;:doi.org/10.1016/j.jdmv.2020.05.003. [Despite high heterogeneity across included studies, the present pooled analysis indicates that D-Dimer levels are

significantly associated with the risk of mortality in COVID-19 patients. Early integration of D-Dimer testing, which is a rapid, inexpensive, and easily accessible biological test, can be useful to better risk stratification and management of COVID-19 patients.] *Freely available online* 

<u>Clinical guide for the prevention, detection and management of thromboembolic disease in patients with COVID-</u> <u>19</u>

Royal College of Physicians (RCP); 2020.

https://icmanaesthesiacovid-19.org/clinical-guide-prevention-detection-and-management-of-vte-in-patients-withcovid-19

[Several studies have demonstrated coagulation changes in patients with COVID-19, especially in those with severe disease, and this is associated with a worse prognosis. Emerging data, alongside recent clinical experience, have suggested a high prevalence of venous thromboembolism (VTE) in patients with COVID-19. This document provides guidance on the prevention, diagnosis and management of VTE in patients with COVID-19 who are seen in hospital.] *Freely available online* 

# **COVID and Coagulation: Bleeding and Thrombotic Manifestations of SARS-CoV2 Infection.**

Hanny Al-Samkari. Blood 2020;:doi: 10.1182/blood.2020006520.

[This multicenter, retrospective study described the rate and severity of hemostatic and thrombotic complications of 400 hospital-admitted COVID-19 patients (144 critically ill) primarily receiving standard-dose prophylactic anticoagulation. Coagulation and inflammatory parameters were compared between patients with and without coagulation-associated complications.]

Freely available online

**COVID 19 rapid evidence summary: Remdesivir for treating hospitalised patients with suspected or confirmed COVID-19.** 

National Institute for Health and Care Excellence (NICE); 2020.

https://www.nice.org.uk/advice/es27/chapter/Key-messages

[The findings in the review suggest that factors to consider when using remdesivir as a treatment option for COVID-19 in patients with mild or moderate, or severe disease include the timing of initiation of treatment at the onset of symptoms, disease severity and the underlying clinical status of the patient and age. These may have important effects on the outcomes of treatment. Remdesivir should only be administered by intravenous infusion which may limit its use.]

Freely available online

Delivering evidence-based critical care for mechanically ventilated patients with COVID-19.

Salluh JIF. The Lancet Respiratory Medicine 2020;:doi.org/10.1016/S2213-2600(20)30266-6.

[Review confirms current lack of effective treatments for acute respiratory distress in COVID-19. Authors conclude intensivists should aim to reduce the evidence gap by implementing lung-protective ventilator strategies and bedside protocols based on the most recent data.]

Freely available online

# Dexamethasone in the treatment of COVID-19: Implementation and management of supply for treatment in hospitals

ICM Anaesthesia COVID-19; 2020.

https://icmanaesthesiacovid-19.org/central-alerting-system-dexamethasone-in-the-treatment-of-covid-19

[Dexamethasone has been demonstrated to have a clear place in the management of hospitalised patients with COVID-19. Dexamethasone was not used in pregnant women. Clinicians should therefore consider dexamethasone for the management of hospitalised patients with COVID-19 who require oxygen or ventilation. Out of hospital treatment is not appropriate. There is no current or anticipated constraint on supply of the medicine in the UK.] *Freely available online* 

Efficacy and Safety of Antiviral Treatment for COVID-19 From Evidence in Studies of SARSCoV-2 and Other Acute Viral Infections: A Systematic Review and Meta-Analysis

# Liu W. CMAJ 2020;:10.1503/cmaj.200647.

[To date, persuasive evidence of important benefit in COVID-19 does not exist for any antiviral treatments, although for each treatment evidence has not excluded important benefit. Additional randomized controlled trials involving patients with COVID-19 will be needed before such treatments can be administered with confidence.] *Freely available online* 

# Low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19.

Randomised Evaluation of COVID-19 Therapy (RECOVERY) Trial; 2020.

https://www.recoverytrial.net/news/low-cost-dexamethasone-reduces-death-by-up-to-one-third-in-hospitalisedpatients-with-severe-respiratory-complications-of-covid-19

[In March 2020, the RECOVERY (Randomised Evaluation of COVid-19 thERapY) trial was established as a randomised clinical trial to test a range of potential treatments for COVID-19, including low-dose dexamethasone (a steroid treatment). Dexamethasone reduced deaths by one-third in ventilated patients (rate ratio 0.65 [95% confidence interval 0.48 to 0.88]; p=0.0003) and by one fifth in other patients receiving oxygen only (0.80 [0.67 to 0.96]; p=0.0021).]

Freely available online

# <u>Prevalence of Gastrointestinal Symptoms and Fecal Viral Shedding in Patients With Coronavirus Disease 2019: A</u> <u>Systematic Review and Meta-analysis.</u>

Parasa S. JAMA Network Open 2020;:doi:10.1001/jamanetworkopen.2020.11335.

[Conclusions and Relevance: These findings suggest that that 12% of patients with COVID-19 will manifest GI symptoms; however, SAR-CoV-2 shedding was observed in 40.5% of patients with confirmed SARS-CoV-2 infection. This highlights the need to better understand what measures are needed to prevent further spread of this highly contagious pathogen.]

Freely available online

# The quest to find an effective vaccine for COVID-19.

Glasper A. British Journal of Nursing 2020;29(11):644-646.

[The author delves into history and discusses the international quest to develop an effective vaccine to tackle COVID-19. With newspaper headlines reporting it is unlikely that a coronavirus vaccine will be ready to manufacture on a mass scale until the second half of 2021—caveat being that this will depend on successful trial results—the race is on to accelerate the time scale.]

Available with an NHS OpenAthens password for eligible users

# <u>Thromboembolism and Anticoagulant Therapy During the COVID-19 Pandemic: Interim Clinical Guidance From the</u> <u>Anticoagulation Forum.</u>

Barnes GD. Journal of Thrombosis and Thrombolysis 2020;:doi: 10.1007/s11239-020-02138-z.

[The goal of this document is to provide guidance from the Anticoagulation Forum, a North American organization of anticoagulation providers, regarding use of anticoagulant therapies in patients with COVID-19. We discuss in-hospital and post-discharge venous thromboembolism (VTE) prevention, treatment of suspected but unconfirmed VTE, laboratory monitoring of COVID-19, associated anticoagulant therapies, and essential elements for optimized transitions of care specific to patients with COVID-19.] *Freely available online* 

Thrombocytopenia Is Associated With Severe Coronavirus Disease 2019 (COVID-19) Infections: A Meta-Analysis. Lippi G. *Clinica Chimica Acta* 2020;506:145-148.

[Low platelet count is associated with increased risk of severe disease and mortality in patients with COVID-19, and thus should serve as clinical indicator of worsening illness during hospitalization.] *Freely available online* 

#### <u>Thromboelastographic Results and Hypercoagulability Syndrome in Patients With Coronavirus Disease 2019 Who</u> <u>Are Critically III.</u>

Mortus JR. *JAMA Network Open* 2020;:doi:10.1001/jamanetworkopen.2020.11192. [This cohort study examines the association of thromboelastographic results with hypercoagulability among patients with coronavirus disease 2019 who have been admitted to an intensive care unit.] *Freely available online* 

# Use of plasma donations to treat COVID-19: recommendations from SaBTO.

Department of Health and Social Care (DHSC); 2020.

https://www.gov.uk/government/publications/use-of-blood-plasma-donations-to-treat-covid-19-recommendationsfrom-sabto

[Recommendations from the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) on the use of convalescent plasma to treat COVID-19. 5 June.] *Freely available online* 

Ventilation Techniques and Risk for Transmission of Coronavirus Disease, Including COVID-19: A Living Systematic Review of Multiple Streams of Evidence

Schünemann HJ. Annals of Internal Medicine 2020;:10.7326/M20-2306.

[Indirect and low-certainty evidence suggests that use of NIV, similar to IMV, probably reduces mortality but may increase the risk for transmission of COVID-19 to health care workers.] *Freely available online* 

# **Coronavirus – Testing**

#### COVID-19 testing: a national strategy.

Royal College of Pathologists; 2020.

https://www.rcpath.org/profession/on-the-agenda/covid-19-testing-a-national-strategy.html

[This document sets out a vision for a future strategy with which clinical, scientific and policy stakeholders, including patient advocacy groups, can align. The strategy looks past the peak of the epidemic for both viral and antibody testing and has been developed to help build robust process and structures that will work for the future. 10 June.] *Freely available online* 

#### <u>Point-of-Care Diagnostic Tests for Detecting SARS-CoV-2 Antibodies: A Systematic Review and Meta-Analysis of</u> <u>Real-World Data.</u>

Riccò M. Journal of Clinical Medicine 2020;:10.3390/jcm9051515. Contact the library for a copy of this article

# Coronavirus – Other

<u>Clinical guide for supporting compassionate visiting arrangements for those receiving care at the end of life.</u> NHS England & NHS Improvement; 2020.

https://www.england.nhs.uk/coronavirus/publication/specialty-guides/

[This guidance is focused on supporting compassionate visiting arrangements for those receiving care at the end of life. It provides advice on how visiting at the end of life can be facilitated across a range of settings:] *Freely available online* 

#### **COVID Trauma Response Working Group.**

COVID Trauma Response Working Group; 2020.

https://www.traumagroup.org/

[This working group of psychological trauma specialists aims to coordinate trauma-informed responses to the COVID outbreak, including guidance.]

Freely available online

# Managing theatre processes for planned surgery between COVID-19 surges

Royal College of Surgeons (RCS); 2020.

https://icmanaesthesiacovid-19.org/managing-theatre-processes-for-planned-surgery-between-covid-19-surges [There is marked uncertainty amongst operating theatre team members as to which infection prevention and control precautions should be taken when treating screened patients in planned surgical pathways. This applies in particular to which personal protective equipment (PPE) to wear and whether or how long to wait for aerosols to be cleared from clinical areas by ventilation systems. Provides pragmatic recommendations based on currently available guidance, knowledge and opinion.] *Freely available online* 

# **Operating framework for urgent and planned services in hospital settings during COVID-19.**

NHS England; 2020.

https://www.england.nhs.uk/coronavirus/publication/operating-framework-for-urgent-and-planned-serviceswithin-hospitals/

[Excellent implementation of Infection Prevention and Control (IPC) procedures is paramount in reducing healthcare associated infections, including nosocomial transmission of COVID-19. [14 May 2020].] *Freely available online* 

# Survey

The following resource(s) may be of interest:

<u>Covid-19 workforce survey.</u> Skills for Health; 2020. <u>https://www.skillsforhealth.org.uk/news/latest-news/item/1077-covid-19-workforce-survey-help-us-understand-our-sector-needs-to-rebuild-for-the-future</u>

[The aim of this survey is to help understand the critical skills required to rebuild a sustainable, productive and flexible health and care workforce for the future. The findings will be compiled into a report to support employers' focus on the short-term and medium-term priorities for recovering and restoring health and care service provision. It will also help form a grasp on the longer-term development required to establish future ambitions for the system.] *Freely available online* 

