

RSTNCOVID Burns Survey

Please complete the survey below.

Thank you!

Survey purpose:

The COVID-19 pandemic has led to changes in the management of patients with burn injuries and in the provision of burns services. The aim of this survey is to identify areas of change in each burns unit/centre and any potential areas for improvement in the future.

What happens next:

This survey is brief and will only take about 8 minutes to complete. We would like for you to fill this survey with other members of your burns MDT during your next MDT meeting.

Data protection statement:

We will store your name and email address for the purposes of contacting you about the #RSTNCOVID survey and service evaluation. Your data will not be shared or used for other purposes. At the end of the study, your details will be erased. You can withdraw at any point by emailing rstncovid@gmail.com. See the RSTN webpage for the privacy policy.

Your information

Your full name

(First name, initials and surname as would appear in a journal article)

Email address

Name of hospital

Name of NHS trust

Burns Facility/ Burns Unit/ Burns Centre

I would like to be recognised as a collaborator

Yes No

List members of Burns MDT that are present for the survey and names

(e.g. therapist, psychologist, burns nurse, surgeon)

Changes in burns management: Referrals

Were burns that you would previously have brought to the unit managed locally with advice? e.g. at the GP practice, referring hospital etc Yes No

Which burns did you manage in this way? _____

Did you make changes to the way referrals were made to your service during the COVID-19 pandemic? Yes No

If yes, how? _____

Changes in burns management: Staff deployment and Staffing levels

Were staff from your team redeployed as part of the COVID-19 response? Yes No

Which team members were redeployed?
 Doctors
 Nurses
 Physiotherapists/ Occupational Therapists
 Dieticians
 Psychologists
 Speech and language therapists
 Other

Where were these team members redeployed to?

Please specify grade of doctors redeployed:
 F1-2
 CT1-2
 ST3-8
 Consultant

Please specify banding of nurses redeployed:
 HCA
 Band 5 and below
 Band 6 and above

If other, please specify

% of doctors redeployed

% of nurses redeployed

% of physiotherapists/ occupation therapists redeployed

% of dieticians redeployed

% of psychologists redeployed

% of speech and language therapists redeployed

% of other redeployed

Did staff redeployment impact your burns service provision? Yes No

If yes, how?

Did staff sickness or isolation impact your burns service provision?

Yes No

If yes, how?

What percentage of your staff were off sick or isolating due to COVID-19?

Did staff shielding impact your burns service provision?

Yes No

If yes, how?

What percentage of your staff were off sick or isolating due to COVID-19?

Changes in burns management: ITU/HDU availability

Was there a change in the ITU/HDU availability for ADULT burns patients? Yes No

Did this affect your ability to accept referrals? Yes No

Did this affect HDU/ITU support available post-operatively? Yes No

Did this lead to changes in patient management? Yes No

If yes, how?

Was there a change in ITU/HDU availability for PAEDIATRIC burns patients? Yes No

Did this affect your ability to accept referrals? Yes No

Did this affect HDU/ITU support available post-operatively? Yes No

Did this lead to changes in patient management? Yes No

If yes, how?

How did this affect the service you delivered and management decisions?

Changes in burns management: Access to theatres

Where do you normally operate on burns cases?

- Dedicated burns theatre
 Main theatres
 Other (free text)

If other, please specify

Do you normally have dedicated theatre lists for acute burns cases?

- Yes No

If yes, how were these affected by COVID-19:

- No change
 Reduced number of dedicated theatre lists
 No dedicated lists; patients on CEPOD lists
 Other

If other, please specify

What impact did this have on your operative capacity?

Changes in burns management: Discharge

Did COVID affect the social services input you could provide for patients?

Yes No

If yes, how?

Did you face any difficulties discharging patients during the lockdown period?

Yes No

If yes, what were these issues?

(e.g. social services, therapists, nursing)

Changes in burns management: Outpatient clinics

Have you continued to deliver elective outpatient clinics? Yes No

How have these been performed? Face to face
 Telephone
 Video calling
 Other

Other format of elective outpatient clinic

Have you performed any elective burns surgery? Yes No

Have you been able to offer a laser service? Yes
 No
 N/A (not previously offered prior to COVID)

What impact has this had on your consultations?

Have there been any changes to your scar therapy service during the COVID-19 pandemic? Yes No

If yes, what were the changes?

Have you changed the way patients are managed in the dressing clinic? Yes No

If yes, how? Fewer follow-up appointments
 Increased change of dressings at home (by patient/GP/district nurse)
 Increased use of outreach services for vulnerable patients
 Use of remote appointments (telephone)
 Use of remote appointments (video calling)
 Use of emails/photographs to monitor wounds
 Other

If other, please specify

Have you delivered psychology sessions during the pandemic? Yes No

If no, why?

Has this been remote or in person? Remote In person

If remote, has this affected your ability to deliver your sessions?

Yes No

If yes, how?

What impact do you feel the pandemic has had on the psychology service you deliver?

Change in burns management: Use of telemedicine

Has your use of Telemedicine changed during the pandemic?

- Increased use
- No change
- Decreased use

What methods of telemedicine have you used?

- Telephone calls to patients
- Video calls to patients
- Email contact to patients
- Other

If other, please specify:

What has telemedicine been used for?

- GP referrals
- Patient advise
- Patient follow-up
- Outpatient clinics/consultations
- Other

Other use of telemedicine

How has telemedicine changed the way that you deliver care?

Changes in burns management: Supply chain

Did you have any interruptions to your supply chain of equipment/dressings/creams/medications during COVID-19?

Yes No

What did you have shortages of and how did this affect burns management by your service?

Has your department experienced shortages of PPE?
[click those that apply]

- No shortage
- Surgical Masks
- FFP3 respirators
- Visors
- Gloves
- Aprons
- Surgical gowns
- Scrubs
- Other

Other shortages of PPE

Does the department CURRENTLY have sufficient PPE to work safely?

- Yes, not limiting service provision
- Yes, with reduced service provision
- No

How have the shortages of PPE impacted your department?

Were you given PPE training?

Yes No

Did you feel safe using the PPE you were provided with?

Yes No

Did wearing PPE affect your work in theatre?

Yes No

If yes, how?

- Communication difficulties
- Duration able to operate
- Staffing
- Other

Other way wearing PPE affected your work in theatre

How have you overcome this?

Changes in burns management: COVID adaptations / improvements

Has COVID-19 led to any improvements or adaptations in burn care in your centre?

Which of these changes would you like to adopt in the future?
