

Industrial Action Directives For Allied Health Professionals, Steward Employees and Emergency Ambulance Responders February 2021

All Allied Health Professionals

1. All AHP are to guide the general public to call 22000000 with respect to information regarding directives, appointments, complaints and queries, whether it is via email, over the phone or directly.
2. All AHP will not answer emails. An automatic message will direct any person sending the email to contact 22000000 for further information.
3. Any reports, numbers or any other information requested by administration directly or through any other members of staff, are not to be given.
4. If any AHP is threatened by anyone he/ she should leave the room/ area where he /she is working. This also applies should other professionals, including doctors or nurses, serve as strike breakers. The AHP should also report such threats.

Disclaimer 1: communication via telephone includes any departmental telephones, any Personal mobile phones and any mobile phones used as pagers unless otherwise specified.

Disclaimer 2: all AHP currently on telework due to 2019n-CoV2 will not be following directives when on telework. However on days when they report to work they are to follow directives as stipulated below.*

Disclaimer 3: any 2019n-CoV2 protocols, procedures or tests will not be affected by directives for Health and Safety/ Public Health reasons.

All MDH Allied Health Professionals

Any AHP who has been requested to attend work on overtime shall not attend such overtime.



Biomedical Scientists

MDH\GGH

1. No use of telecommunication and emails for work purposes.
2. No statistical data shall be provided to concerned entities.
3. All ROUTINE testing is to be stopped as follows:
 - (a) Routine tests requested by GP's and from ALL Health Centres shall not be processed.
 - (b) Routine samples from All Outpatient Departments shall not be processed.
 - (c) Routine testing from All Wards shall not be processed.
 - (d) Pre-op investigations for ALL Elective surgeries except C-Sections shall not be processed.
 - (e) All routines from GGH shall not be processed.
4. URGENT cases must be individually authorised by the Chairman of the Pathology Department.
5. Testing of samples pertaining to any National Health Screening Program (E.g.Colorectal Screening, Cervical Screening, MRSA, CRE etc.) shall not be processed with immediate effect.
6. All routines for INR testing (including but not limited to ACC, Health Centres, SVP, MCH and KGH) shall not be processed. Urgent samples for INR testing will only be processed if received from the A+E Department and individually authorised by the Chairman of the Pathology Department.
7. Any work related to the accreditation process shall be stopped with immediate effect.
8. Fine needle aspirations from outpatients/MID will still be processed.

Public Health Laboratory

1. No use of telecommunication and emails for work purposes.
2. No statistical data shall be provided to concerned entities unless concerning the 2019n-CoV2.
3. Samples from the Veterinary and Physiosanitary Regulation Department shall not be processed.



Radiographers

General Directives for all radiographers and for all areas

1. Each team member should remain in the allocated cost centre/ modality as indicated on the attendance sheets, and refrain from working in another area of the department or hospital (except arrangements done to maintain the running of casualty).
2. If deemed necessary radiographers may continue to schedule new appointments or vetting for all areas.
3. Radiographers will not answer phones.
4. Will not call patients from wards or call to cancel patients' appointments.
5. No use of pager mobile phones except those who are on On Call; away from hospital
6. No use of internal phones within hospitals and health centres
7. No use of intranet
8. No use of e-mails Related to work
9. No radiographer will be assigned at bone density unit
10. No radiographer will be assigned at dental department.
11. No overtime is to be performed.

Additional specific directives

Casualty radiographers

1. No use of telephones - Radiographers will ONLY answer contact numbers, 3916, 3917, 4047, 4049 and ITU
 - A & E Resus room only (calls taken from Resus rooms will only concern Resus patients and not other patients in A&E or in MDH wards)
2. Radiographers will not touch any stretchers or wheelchairs outside the X-ray room.
3. Radiographers will not assist patients to change into gowns or remove any clothing or remove any personal belongings.
4. Patients, relatives, doctors, nurses or any other worker will be called to enter the room, when and if required, by using the PA system.



5. Radiographers will not coordinate transport of any patient to and from the X-ray room with carers.
6. Radiographers will inform casualty doctor/nurse when room is available for next patient.
7. No patient is to be sent behind X-Ray room unless authorised by the radiographer.
8. Only 2 radiographers will perform casualty work and urgent portables at any given time.

Angio Suite

1. Daily list will be till 14:30 (last patient on table at 14:00)
2. Work to rule.
3. All outpatients' elective cases mainly angioplasties, nephrostomy changes, insertion of line, joint injections, gastrostomies, fibroid/varicocele, embolizations, cerebral angios etc will not be carried out
4. Emergency procedures will be done (as agreed by the Radiographer i/c and consultant radiologist)

General radiographers

1. No walk ins from Out Patients, no scheduled appointed patients to be done, no patients from minor care area for general radiography will be accepted. This includes scoligrams and leg lengths. Only urgent FTC cases from outpatients requiring urgent management in treatment will be performed.
2. No radiographers will be sent to cover dental & bone density units.
3. CXR for elective surgery will not be performed.
4. No post TKR or THR in patients prior to discharge will be done.
5. Radiographers will not send carers for patients from wards
6. Only urgent cases from wards will be performed by Radiographers.
7. No portables will be carried out by radiographers.

Theatre Radiographers

1. Only 2 radiographers are to be present in all operating theatres. They will cover CEPOD (urgent) theatre.

CT Radiographers

1. No use of telephones. Radiographers will ONLY answer calls originating from A&E Resus room, NCIPU and ITU



2. No scheduling of elective patients. Perform only urgent cases, not to perform patients vetted as 1 week or 2 week.
3. No assistance will be given to radiologist during various interventional procedures and biopsies (unless it is a life-threatening situation).
4. No elective cases, virtual colonoscopies and cardiac CTs will be performed in any CT scanner.
5. No cannulation to be performed by the radiographers.
6. Radiographers will not assist to transfer patients from stretcher onto CT couch
7. Vetting will not be done by radiographers. Vetting has to be done by the radiologists on RIS
8. No radiographers will perform the twilight lists

SAMOC Radiographers

1. No scheduling of CT Radiotherapy Planning scans unless urgent (SVCO or Cord Compression) or CAT 1 (according to RCR guidelines)
2. All scheduled CT Radiotherapy Planning scans will be cancelled unless urgent (SVCO or Cord Compression) or CAT 1 (according to Royal College of Radiologists guidelines)
3. No scheduling of New Radiotherapy appointments unless urgent (SVCO or Cord Compression) or CAT 1 (according to RCR guidelines).
4. All calls, both landlines and pagers will not be answered by radiographers.
5. No mobile x-rays within SAMOC will be taken (unless confirmed to be immunocompromised).
6. No Use of Emails for work purposes.
7. Radiographers will not be responsible for students within the radiotherapy department and clinical areas.
8. Bunker entrance doors will be locked throughout radiotherapy treatment sessions.
9. Patient appointment times will not be changed according to patient preference or depending on review clinic appointment times. Patients will be referred to contact customer care.
10. All group sessions & patient information session will be cancelled.



11. Radiographers will not touch any patient stretchers or wheelchairs outside of the radiotherapy bunkers and CT waiting area.

12. Patients receiving radiotherapy will only be treated at their set appointment time

Booking of CT Radiotherapy planning will be revised accordingly.

US and MAMMO Radiographers

1. No assistance will be given to the radiologist during general and on call ultrasound sessions. During interventional procedures and biopsies, a radiographer will be allocated in the room as a safety measure to the patient but without assisting the radiologists (unless it is a life-threatening situation)

2. US rooms will not be restocked.

3. The store still needs to be stocked.

4. Radiographers working at Obs & Gynae department will only cover emergency services at OBS1

MRI Radiographers

1. No use of telephones - Radiographers will ONLY answer calls originating from: A & E Resus room

2. No elective patients will be scanned

3. Only inpatients and urgent cases will be scanned.

4. No assistance will be given to radiologist during various interventional procedures and biopsies (unless it is a life-threatening situation).

Health centres

1. Radiographers will only work from 2 health centres. Service will ONLY be offered from, Paola and Mosta health centres.

2. Only trauma and emergency cases will be performed.

3. The rest of the patients will be asked to phone for an appointment.

4. NO X-ray requests from private GP will be accepted or/and performed (if urgent patient should be directed to see a doctor in clinic first.)

SVP

1. Only life-threatening situation patients will be performed



2. In case of location of positioning of NG tube, a pH reading must be obtained. If reading is 5 and below X-Ray will not be done.

National Breast Screening Centre

1. Service will be given to 1st time cases only and if there is someone with some personal history.
2. 2nd or 3rd call cases will be rescheduled.

Cardiac Angio suite

1. Radiographers will stick to the imaging and documentation work only.
2. Radiographers will not be available for elective angiograms, and will only do angiograms from CCCU, CICU, CSW, CMW and A & E.
3. Last patient on table at 14:00 except for STEMIs

Nuclear medicine/ PET CT

1. NO elective appointed examinations will be performed - excluding urgent cardiac and oncology cases.
2. Radiographers will not perform non clinical work such as scheduling, contacting patients over the phone etc
3. NM radiographers are not to go to theatre with the SN localization probe. Surgical firms to pick up probe from NM unit.
4. Radiographers will not take the responsibility to discuss SN requests with breast imaging radiologists.

Directives for Gozo Radiographers

1. Each team member should remain in the allocated cost centre and refrain from working in another area of the department or hospital.
2. No scheduling of new appointments or vetting is to be carried out by radiographers for all areas.
3. Radiographers will not use phones. Will not answer phone or call patients from wards
4. No use of pager mobile phones except those who are on 'On Call' away from hospital
5. No use of internal phones within hospitals and health centres; No use of intranet.



6. No use of e-mails.
7. Radiographers will not be responsible for students within any X-Ray unit, department, clinic or rooms
8. No patients referred from Malta for CT will be scanned
9. As regards breast screening, service will be given to 1st time cases only and if there is someone with some personal history. 2nd or 3rd call cases will be rescheduled.

Speech Language Pathologists

General Directives

1. All calls, both landlines and pagers unless otherwise stipulated, will not be answered by SLPs.
2. All Pages will not be answered unless otherwise specified.
3. All emails will not be answered; an automatic reply is to be set up and public will be directed to call 22000000 for all queries.
4. No one is to attend any form of meetings, whether intra, inter, administrative, inside and outside the place of work, including those with UOM
5. No SLP will use HIS/HER personal tools, materials or equipment for work (except stethoscope)
6. Administrative work and reports are not to be handed in or sent to relevant sections during directives.
7. All work associated with the specialised division groups are to be stopped.
8. No form of training or talks will be delivered during directives.
9. No Students from UOM or MCast or anywhere else.
10. It is important that every SLP follows these directives, irrespective of role, grade or salary scale.

Health Centres/District Clinics/Schools/Homes for the Elderly/AACCD

1. No school visits/home visits related to early language intervention.



2. No IEPS or the equivalent.
3. All group sessions will be cancelled and all admin related to groups will not be done.
4. All currently booked sessions will be cancelled and guardians asked to call for another appointment once directives are lifted. These include online sessions.
5. Only NEW CASES will be seen. Referrals must be made in person. No referral will be accepted over the phone or via email. No follow up appointment will be given and guardians will be required to call for an appointment once directives are lifted. This applies for online sessions.
6. New referrals for LENTI Screening will be treated as new cases and those who require follow up will be treated as follow-ups. Any reports related to LETNI Screening will not be submitted. (Guardians requiring an initial appointment for LENTI screening are required to go to their local clinic to make an appointment).
7. Any clients transferred or handed over to a new SLP will not be seen.
8. Geriatrics/Neuro in community, speech and language sessions will be cancelled. Patients will be asked to call again for another appointment once directives are lifted.
9. Dysphagia
 - I. All booked cases of Dysphagia will be seen as scheduled irrespective of whether in a residential or domestic home.
 - II. All new cases of DYSPHAGIA will be seen as usual. Referrals are to be given to SLP on the day SLP covers, if in a residential home. Patient who still live in their own home are to give in a referral to the SLP covering locality for an appointment.
 - III. Reviews of patients who are stable will be cancelled. In situations where the general condition of the patient deteriorates, patients will be referred to MDH through A&E.
 - IV. Patients kept NPO and HIGH RISK PTS should be referred to MDH, through A&E.
 - V. No home visits from health centres or district clinics will be carried out unless transportation is provided by the ministry. Transportation will be booked 24 hours before the session on week days and on Friday for the following Monday. If no transportation is provided clients will be advised that home visit will be cancelled on day of the session. If home visit is cancelled clients are to call again once directives are lifted. New cases of dysphagia will only be seen at the clinic if no transportation is provided by the ministry.
10. All VFSS\FEES are to be cancelled.



11. *for those SLPs on telework, online sessions will be carried out following criteria above. Other work given will continue.

MDH\SVP\MCH\KGH\GGH

1. SLPs will not attend all ward rounds/case conferences/meetings/family days.

2. All speech-language sessions, AACs, and groups will be stopped.

3. Dysphagia

I. All new in-patient cases referred for assessment will be seen after 24 hours on working days.

II. Consultations are to be delivered to clinics as follows

1. SVP via email till 10:30 am
2. MDH by written referral. Pagers will be switched off.
3. MCH via pager till 10:30 am
4. KGH via telephone or handwritten.

4. All referrals will be signed, dated and time of receipt written on by SLP, responsible for ward or coverage there of. Any referrals received after 10:30am will be dated as having been received the next day. In this case the 24 hour period will apply from the next day. All referrals must be properly filled in with detailed patient information as well as an appropriate medical reason for referral related to swallowing. Inadequately filled referrals will be ignored.

5. For every patient who is terminal and conscious and requires an urgent review, a request of consultation must be filled and delivered as per 3 (b). The patient will be seen as a new case. Patients will be seen within 24 on working days.

6. Patients who are currently being followed and are NPO/oral trials will be seen as usual.

7. Patients who are NPO/oral trials but who have a functioning NGT/RIG/PEG in situ will NOT be seen, unless TERMINAL and conscious.

8. Any follow-ups on patients who are stable will not be done.

9. Patients who are transferred internally within the same hospital are not followed up unless NPO.

10. SLPs will not carry out VFSS\FEES. Medical Imaging and firm will be informed that SLPs will not attend. All VFSS\FEES are to be cancelled by the firm. If the patient is not an MDH patient the SLP following the patient must cancel appoint.



11. Referrals from SLPs to other SLPs where applicable are not sent.
12. Each SLP in all hospitals will see a maximum of 5 patients per day.

For MDH\GGH only

Paediatrics

Dysphagia – all paediatric new cases and any follow-ups that involve complex medical conditions and safety issues with feeding will continue to be seen as per usual.

Saturdays

SLPs will not cover on Saturdays (only those working their full hours, whether full time or reduced, from Monday to Friday will not cover extra hours on Saturday)

SLPs at Education Dept (Education-specific directives)

1. No school visits (including resource centres) /home visits are to be carried out.
2. No IEPs or the equivalent.
3. All group sessions (if and when applicable) are to be cancelled.
4. All currently booked sessions are cancelled, and guardians asked to call for another appointment once directives are lifted. New cases will be seen but no follow up appointments will be given, and guardians have to call for another appointment once directives are lifted.
5. Dysphagia in resource centres: All booked cases of dysphagia will be seen as scheduled. All new cases will be seen as per protocol, but no follow up appointments will be given.
6. Provision of training will not be provided to guardians, educators and other relevant professionals.
7. Discharge letters where applicable are not sent.



Podiatrists

MDH

No calls and emails will be answered.

TVU- no ward rounds

Diabetic Foot Ward -no ward rounds

Diabetes Out-Patients – No nails trimming of low risk patients

Primary Health Care

1. Telephone calls will be answered due to teleconsultation purposes.
2. No routine dermatological consultations and treatment (including routine nail care and /or debridement of keratotic lesions) except for the high risk listed below.
3. No ordering of stationery and stocks
4. No new cases / referral to be seen (defined as having had no podiatric consultation for the last 6 months) unless classified as urgent from the high risk list below -
5. No Vascular routine screening stage 1 with no previous history of complications
6. No Biomechanical examinations
7. No Cryotherapy to be offered
8. No follow up appointments for podopediatric clinics unless deemed urgent by podiatrist
9. No patient related statistical data should be reported to concerned entities

Due to Covid-19 situation, in locations in which podiatry assistants are available, patients are to be contacted to avoid unnecessary visits at the health centre when as a result of the directives patients will not be seen. In other locations, without assistants, this is also advisable in order to avoid unnecessary confrontation with clinicians.

High risk patients:

1. Patients with peripheral vascular disease / neuropathy / history of ulceration.
2. Patients having active ulceration or infection.
3. Patients on treatments that are immunosuppressive.
4. Clear risk of lower limb implications if no intervention is done
5. Any other case which podiatrist deems to be high risk/urgent.



MCH

1. No communication via email or telephone.
2. No new cases.
3. No patients will be seen except for urgent cases which present a significant risk for loss of limb or severe complications as per the podiatrist's assessment.
4. No follow-ups of non-urgent cases.
5. No administrative duties will be performed.
6. No referrals unless the patient presents with critical lower limb conditions.

SVP

1. No answering of telephone calls
2. Podiatrists will only be seeing half of their patient load.

AACCD

1. No new cases
2. Telephone calls and emails will be answered to advise of directives and refer to 22000000
3. Community – no routine treatments. Only urgent cases shall be seen.
4. Residential – MAX 7 cases a day. All urgent cases shall be redirected to A&E at MDH.
5. No new residential homes covered

OPU

No new cases or reviews unless stated that patient is high risk with:

1. Diabetes
2. History of amputation/ulceration and /or active ulceration
3. Neuropathy
4. Warfarin/aspirin
5. Immunocompromised



Occupational Therapists

MDH

Wards

1. No Patients Follow up sessions are carried out unless to plan discharge or require arm/hand mobilizations and splinting
2. Not sending Hand-over Referrals to other entities post discharge
3. Not filling any Professional Reports directly related to patients

Rheumatology outpatients

1. 2 sessions per patient instead of 4
2. No outcome measures

Hands outpatients

1. Not filling any Professional Reports directly related to patients
2. No outcome measures

SAMOC

1. No STILC (Sonia Tanti Independent Living Centre)
2. No standardized assessments
3. No school visits
4. No referrals to outside entities and NGOs
5. No ward rounds

MCH

Community Mental Health

1. No statistics to be sent
2. Attendance to clinical meetings only (both physical and virtual)
3. No follow ups (except for Psychiatric emergencies)
4. No information pack sent to service users



5. No student supervision

In-Patients Mental Health

1. No answering of telephone
2. No MDT meetings (virtual and face to face)
3. No statistics to be sent
4. No Home visits
5. No new referrals
6. No standardized assessments

SVP

1. No compilation of Functional Assessment Reports, Low floor beds Reports and Motorised bed Reports
2. No more than three Initial OT Assessments per day.
3. No ADL assessments and Retraining sessions.

CDAU

These directives exclude Tele-Health services

1. No OT individual follow up intervention sessions
2. No OT group intervention sessions
3. No school/nursery visits for follow up patients
4. No home visit follow up patients
5. No OT assessments of new patients

Education

1. No new referrals
2. No telephone calls
3. No reports
4. No sessions

AACCD – Residential Care (Elderly Homes)

1. No dependencies or extra care requests
2. No ADL Retraining
3. No reports for schemes to outside entities



4. No residential home visits
5. No one is to attend any form of meetings, whether intra, inter, administrative, inside and outside the place of work.
6. No new residential homes covered.
7. No provision of equipment unless in urgent cases with risk of pressure ulcer or falls.
8. Only urgent seating assessments will be done in urgent cases with risks of pressure ulcers and/falls
9. Telephone calls and emails will be answered to advise of directives
10. Only joint sessions regarding harnessing will be done.

AACCD-Community Care

1. No follow-ups to be carried out
2. No ADL retraining
3. No reports for schemes to outside entities
4. No one is to attend any form of meetings, whether intra, inter, administrative, inside and outside the place of work.
5. No provision of equipment unless in urgent cases with risk of pressure ulcer or falls.
6. Telephone calls and emails will be answered to advise of directives
7. Only urgent seating assessments will be done in urgent cases with risks of pressure ulcers and/falls

Physiotherapists

MDH

1. All calls, both landlines and pagers will not be answered by Physios.
2. All emails will not be answered; an automatic reply is to be set up and public will be directed to call 22000000 for all queries.
3. No ward rounds
4. No new patients except for chest patients
5. No stair management post-op surgical, orthopaedics and cardiac
6. No handover to entities outside MDH

MDH Out-Patients

1. No screening of Hand Patients
2. No new out patients



MCH

1. Do not answer telephones, pagers and emails.
2. No classes within the Mental Health Services
3. No Outpatients appointments
4. No Family Training Sessions
5. No Ward rounds
6. No Home visits
7. No maintenance interventions

SVP

1. No more than 3 new patients per day

AACCD

1. No follow ups
2. Only seating assessments will be done in urgent cases with risks of pressure ulcers and/falls
3. Telephone calls and emails will be answered to advise of directives
4. No reports for schemes to outside entities
5. No residential home visits
6. No new residential homes covered
7. No one is to attend any form of meetings, whether intra, inter, administrative, inside and outside the place of work.

Audiologists

1. Telephone calls not to be answered by audiologists, if answered by anyone else they are informed of current directives and to call 22000000 for further info/complaints.
2. No new paediatric cases for hearing aid fitting
3. No repairs of paediatric hearing aids
4. No paediatric testing except for newborn hearing screening in NPICU (No Tymps, PTA, OAEs, AABRs or free-field testing) except for in-patients, pre-ops and emergency cases should need arise.



5. No writing of reports requested.
6. No issuing of new appointments (Including impressions, tuning, repairs, new cases) for paediatrics.

Dental Hygienists

MDH/GGH

1. No use of communication devices.
2. No school Visits in childcare or any other educational facilities.
3. No Antenatal talks
4. Hygienists will not see more than one patient for dental hygiene in a day (patients on warfarin/ antibiotics/oncology emergencies excluded from directive)
5. No high caries risk patients will be seen
6. No special needs clinic will be done.
7. No visits to CCF (Corradino Collective Facilities)
8. Delay calling in-patients by 30 minutes.
9. Hygienists who are not on clinical duties are not to see any patients from the dental hygiene lists.

SVP

1. Hygienists will not see any new cases. Only follow ups will be seen (patients on warfarin/ antibiotics will be seen).
2. No use of any audio telecommunication or emails for work purposes.
3. No meetings with management.

MCH

1. No ward rounds

SAMOC

1. No ward rounds (except ulceration emergencies)



Dental Technologists

MDH

- 1 No use of any audio telecommunications or emails for work purposes.
- 2 No new cases, only follow ups will be catered for.
- 3 High risk cases, repairs \additions will be accepted as per normal and timely guidelines.

SVP

- 1 No use of any telecommunications audio or emails for work purposes.
- 2 No new cases, repairs \additions will be accepted as per normal and timely guidelines.

GGH

- 1 No use of any audio telecommunications or emails for work purposes.
- 2 No new cases, only follow ups will be catered for.
- 3 High risk cases, repairs \ additions will be accepted as per normal and timely guidelines.

Dietitians

MDH\MCH

1. Dietitians will not participate in ward rounds, family meetings, case conferences and MDTs.
2. All outpatient clinics will be cancelled (both initial assessment and follow up), except for urgent cases which will be decided on a case-by-case basis.
3. At ward level, only initial assessments for enteral feeds will be carried out, as well as urgent cases to be decided on a case-by-case basis.
4. At ward level, patients being titrated off enteral feed and who need advice for weight loss or Type 2 diabetes will not be seen.

KGH/GGH (ref to KGH/GGH Directives)



Clinical Perfusionists

1. No use of communication equipment including fixed telephony, IT equipment and pager mobile phones (except for perfusionists on call).
2. Requests for Thromboelastometric analysis shall only be processed when originating from ITU and Theatres
3. Perfusionists shall not cover elective cardiac surgery lists but only Emergency cases booked through the Cepod list

All KGH/GGH Employees including Steward Employees

Occupational Therapy

KGH - All Inpatient Wards

1. No ADL follow-ups
2. Only 1 ADL assessment per therapist per week
3. No answering of telephones
4. No home visits, family meetings or FTS
5. No attending conferences and will not give written or verbal / formal or informal hand over to other members of the MDT
6. No contact with caregivers, relatives or significant others
7. No coverage of patients on other wards or on the same ward (except for all types of leave that exceed 4 consecutive days)
8. No new referrals for Bioess and FES etc...
9. No resistive exercises to be carried out throughout treatment, including use of resistive equipment, such as therabands, dumbbells, putty, weights, etc...
10. No filling in of forms/applications
11. No standing/sitting balance exercises to be carried out, unless the patient is at risk of falls.

KGH - Admission Wards

1. No initial assessments to be carried out.



KGH - Quarantine Wards

1. Patients will be reviewed as per infection control guidelines and only seen if deemed to be urgent cases.

KGH - Other (Clean) Wards

1. No initial assessments to be carried out.
2. No re-assessments, unless patient has been transferred back to his/her initial ward, following admission to quarantine/COVID wards.

KGH Outpatient OTs and Day Hospital OT

1. No answering of telephones
2. No home, work or school visits
3. No attending meetings
4. Only to carry out initial assessments
5. No follow-up of any type
6. No filling up of forms

KGH and GGH Allied Assistants

1. No ADL follow-ups
2. No answering of telephones/emails
3. No resistive exercises to be carried out throughout treatment, including use of resistive equipment, such as therabands, dumbbells, putty, weights, etc...
4. No transferring of patients
5. No coverage of patients on other wards or on the same ward (except for all types of leave that exceed 4 consecutive days)
6. Will not give written or verbal / formal or informal hand over to other members of the MDT

GGH Inpatient OTs

1. No ADL assessments
2. No ADL follow-ups
3. No answering of telephones
4. No home visits, family meetings or FTS
5. No attending conferences and will not give written or verbal / formal or informal hand over to other members of the MDT



6. No contact with caregivers, relatives or significant others
7. No coverage of patients on other wards or on the same ward (except for all types of leave that exceed 4 consecutive days)
8. No resistive exercises to be carried out throughout treatment, including use of resistive equipment, such as therabands, dumbbells, putty, weights, etc...
9. No filling in of forms/applications
10. No standing/sitting balance exercises to be carried out, unless the patient is at risk of falls.

GGH Outpatient OTs

7. No answering of telephones
8. No home, work or school visits
9. No attending meetings
10. Only to carry out initial assessments
11. No follow-up of any type
12. No filling up of forms

GGH Mental Health Services

13. No attendance to outpatient clinics
14. No attendance to wards
15. No ward rounds
16. No initial assessments and follow-up sessions
17. No school/home visits
18. No group sessions
19. No answering of telephones

Dietitians

KGH\GGH

1. New referrals are to be considered by the professionals ONLY by the provision of a consultation form, which is to be delivered directly to the office of said professional.
2. Dietitians will not participate in ward rounds, family meetings and case conferences.
3. On the wards, new patients will be assessed following 48 hours since time of referral, except for urgent cases. For urgent cases; indication and reason for urgency must be clearly stated on the referral form.
4. Dietitians will only see new clients who score as malnourished on the MNA assessment, and who need an initial feeding regimen. Clients will be seen as per point 3 regarding time frame.



5. Initial assessments for clients being titrated off enteral feed, who need advice for weight loss or Type 2 diabetes and those who score as at risk of malnutrition will not be seen.
6. On the wards, follow up reviews will be done for patients who have significant deterioration related to diet. The dietitian is to be informed with a referral indicating the changes noted.
7. For dietitians working in Karin Grech Hospital outpatients, no new patients will be seen for initial assessment or follow up.

Social Workers

KGH\GGH

1. Only providing the patient with the services form. Social worker will not apply for community services.
2. Not attending conferences, however feedback will only be provided when asked for.
3. Not attending home visits and Family training sessions.
4. No initial assessments.
5. Not attending Family meetings.
6. Not answering telephone calls.

Physiotherapy

KGH & GGH - All Inpatient Wards (Incl. Steward Employees & non-UHM members):

1. All calls (inbound & outbound) will not be answered/made by Physiotherapists.
2. No resistive exercises to be carried out throughout treatment, including use of resistive equipment, such as therabands, dumbbells, weights, etc...
3. No standing/sitting balance exercises to be carried out, unless the patient is at risk of falls.
4. The PTs will not attend conferences and will not give written or verbal / formal or informal hand over to other members of the MDT.
5. The PTs will not be participating in FTS or family meetings held formally with/without other members of the MDT.
6. The PTs will not be conducting home visits, both visits where the patient would accompany the therapist and those without.
7. The PTs will have no contact with caregivers, relatives or significant others.
8. Sessions will not be carried out with functionally independent patients and those awaiting LTC.



9. No progression of treatment (no gait progression, no balance re-education exercise progression etc).
10. No stair management
11. No outdoor walking
12. No coverage of patients on other wards or on the same ward (except for all types of leave that exceed 4 consecutive days)
13. No new referrals for Bioness and FES etc...

KGH - COVID Wards

1. Patients are to be seen as per infection control guidelines.

KGH - Admission Wards

1. No initial assessments to be carried out.

KGH - Quarantine Wards

1. Patients will be reviewed as per infection control guidelines and only seen if deemed to be urgent cases.

KGH - Other (Clean) Wards

1. No initial assessments to be carried out.
2. No re-assessments, unless patient has been transferred back to his/her initial ward, following admission to quarantine/COVID wards.

GGH Inpatient Wards

1. No new assessments to be carried out for mobility cases.
2. No re-assessments, to be done when patient is been transferred to a different ward.



SLH & GGH Outpatients (Incl. Steward Employees & non-UHM members):

1. No coverage of patients
2. No stair management
3. No outdoor walking
4. No new patients to be seen
5. No gait re-education

PT Allied Health Assistants

1. No coverage of patients
2. No helping of standing equipment (ergo, tilting table, standing frame, sara steady etc)
3. No OPU
4. No telephone calls/emails
5. No assessing new patients with physio
6. No stairs
7. No transferring patients
8. No outdoor walking
9. No treatment sessions with independent patients.

Podiatry

KGH

1. All calls will not be answered
2. All emails will not be answered; an automated reply is to be set up and public will be directed to call 22000000 for all queries
3. Referrals and reviews are to be considered by the professionals ONLY by the provision of a consultation form, which is to be delivered directly to the office of said professional.
4. Pager is to be used by hospital staff to reach Podiatrists only in cases determined to be an emergency, such as the lack of peripheral arterial supply in the foot

Exclusion List:



1. No routine dermatological consultations and treatment (including routine nail care and /or debridement of keratotic lesions) except for the high risk listed below.
2. No ordering of stationery and stocks
3. No new cases / referral to be seen (defined as having had no podiatric consultation for the last 6 months) unless classified as urgent from the high risk list below -
4. No nail treatment or debridement excluding cases where infection of inflammation is present under the direction of the assessing podiatrist

High-risk patients who will be seen include:

5. Patients with peripheral vascular disease / neuropathy.
6. Patients with history / active ulceration or infection.
7. Diabetic patients
8. Patients on Aspirin/ Warfarin
9. Immunocompromised patients
10. Clear risk of lower limb implications if no intervention is done
11. Any other case which podiatrist deems to be high risk/urgent.

Note that any referrals for consultations are to be done in writing (given that calls will not be answered) and such referral needs to state clearly the urgency and the patient's current condition for it to be considered for its urgency

OPU

- No phone calls
- No emails

GGH

- All calls will not be answered
- All emails will not be answered; an automatic reply is to be set up and public will be directed to call 22000000 for all queries
- No routine dermatological consultations and treatment (including routine nail care and /or debridement of keratotic lesions) except for the high risk listed below
- No ordering of stationery and stocks
- No new cases / referral to be seen (defined as having had no podiatric consultation for the last 6 months) unless classified as urgent from the high risk list below. Referrals and reviews are to be considered by the



professionals ONLY by the provision of a consultation form, which is to be delivered directly to the office of said professional

- No Vascular routine screening with no previous history of complications
 - No Biomechanical examinations
 - No routine In-patients will be seen unless classified as urgent from the high risk list below
 - No In-patient new cases / referrals will be seen unless classified as urgent from the high risk list below.
- Referrals and reviews are to be considered by the professionals only on the presentation of a consultation form

High risk patients:

1. Patients with peripheral vascular disease / neuropathy / history of ulceration
2. Patients having active ulceration or infection
3. Patients on treatments that are immunosuppressive
4. Clear risk of lower limb implications if no intervention is done
5. Any other case which podiatrist deems to be high risk/urgent

Speech and Language Pathology

TO FOLLOW DIRECTIVES OF ALL SPEECH LANGUAGE PATHOLOGISTS (further up in this document)

Phlebotomy

KGH

- No INRs will be taken
- 1 blood from each ward
- No answering phone calls

Emergency Ambulance Responders

- Shall only drive the vehicles and not help in handling the patient or perform any other duties. They shall stay in the front cabin during the whole journey and shall not handle the patient even after arriving at MDH.





VOICE OF THE WORKERS



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