

Information on COVID-19 for people with spinal cord injury

Frequently asked questions

This fact sheet provides information for people with spinal cord injury. Please refer to the [NSW Health website](#) for general information about COVID-19. This document aims to complement other information from state and Commonwealth governments.

Am I more at risk of problems from COVID-19 because I have a spinal cord injury?

If you have a tetraplegia or high-level paraplegia injury and have existing problems with your lungs or reduced breathing capacity, then you may be at higher risk of having more severe problems related to COVID-19. Your spinal clinician or general practitioner (GP) can help assess your personal level of risk, which can now be done via virtual care.

What should I do to prevent getting the virus?

Be alert for any signs or symptoms of COVID-19, including sore throat, cough, fever and breathing difficulty, not only in yourself but also in people you are in close contact with (e.g. family, friends and support providers). You should avoid contact with people who have these symptoms, if possible.

As for everyone in the community, physical distancing along with good hand hygiene provides the best defence against most viruses, including this one.

Consider using a face mask as a precautionary measure when you are unable to maintain physical distancing (e.g. during care, public transport). Please refer to the [NSW Health website](#) for the latest guidance that may be relevant to you and your carers.

In addition to community-wide advice, you should:

- have your support providers (and anyone else entering your home) wash their hands when they arrive and each time prior to touching or assisting you with any tasks
- regularly clean and disinfect the surfaces and items that are touched in your home (such as your phone, doorknobs, refrigerator handle, wheelchair controls, pushrims and remote controls) to prevent the spread of infection
- avoid contact with others if you are unwell
- consider ways to isolate where possible. Ask your doctor and healthcare team if you can have virtual care appointments.

What vaccines should I consider having?

The [Australian Technical Advisory Group on Immunisation](#) (ATAGI) recommends COVID-19 vaccination for all people aged 5 years or over. It is particularly important for people with spinal cord injury who may be at increased risk of severe COVID-19 infections.

If you are aged 16 years and above, a single booster dose of COVID-19 vaccine is recommended if you have completed your primary course, three or more months ago.

If you are between 12-15 years, a single booster dose of COVID-19 vaccine may be given to you if are severely immunocompromised, have a disability with significant or complex health needs or have a complex and/or multiple health conditions that increase the risk of severe COVID-19.

A second COVID-19 vaccine booster (fourth dose) can be given four months after your first booster dose if you are aged 65 years and older or younger but in a more vulnerable group due to presence of multiple comorbidities.

You should consult with your GP to discuss your individual situation. For further information on COVID-19 vaccine advice visit the [NSW Health COVID-19 vaccination webpage](#).

The influenza vaccine is recommended for you and your contacts and carers. Please consult with your GP to determine when you should have the influenza vaccine after being vaccinated for COVID-19. COVID-19 vaccines can be co-administered (that is, given on the same day) with an influenza vaccine.

The pneumococcal vaccination (Pneumovax 23) protects against diseases such as pneumonia caused by the bacterium pneumococcus. This is recommended for anyone over the age of 65. It may also be helpful for younger people with tetraplegia or paraplegia above the T8 spinal level, particularly if you identify as an Aboriginal person.

What other health issues should I consider?

It is important to continue with routine health care. Do not avoid attending a hospital or health facility (e.g. your GP) if you need to.

For people with tetraplegia, an inspiratory muscle trainer (IMT), used routinely, promotes stronger respiratory muscles and improves lung function volumes.

Please contact your physiotherapist or spinal cord injury service for more information and a personalised respiratory program. An IMT should be used independently to minimise risk of virus transmission to carers. Review the resource [Inspiratory muscle training \(IMT\) in people with spinal cord injury](#)

All people with a spinal cord injury who smoke, regardless of the amount, are advised to stop and seek help and support from a GP or pharmacist in how to cease smoking as there is evidence that smoking makes illness with COVID-19 worse.

Consider establishing or reviewing your [Advance Care Directive](#) to ensure it is current.

What should I do if my carer or support provider is unwell and cannot attend to my support needs?

If your carers or support providers are unwell, they should not be assisting you.

Make a 'How to meet my critical needs list' that a new, possibly untrained, worker could follow. For example, pictures or short videos on your own phone with the key parts of your care routine such as transferring, positioning in your chair or bed, or setting up equipment, as well as a list of medications and their timing.

You should think ahead about what alternative solutions there are if you do not have enough support available. National Disability Insurance Scheme (NDIS) clients should call the NDIS on **1800 800 110** or your support coordinator. My Aged Care clients should call **1800 200 422**.

What should I do if I am unwell and think I may have COVID-19?

If you have any symptoms or signs of respiratory illness, such as a sore throat, cough, fever and breathing difficulty, contact your doctor or local hospital to see whether you need to be tested for COVID-19.

If you have weakness of the expiratory muscles as a result of spinal cord injury (people with tetraplegia or high-level paraplegia), you may need assistance to clear secretions from your lungs. Contact your GP or Spinal Service for advice.

For any forced expiration (e.g. cough), it is recommended that care staff use personal protective equipment and avoid standing in the line of the cough. Try to turn your head to the opposite side, away from your carer.

Review the online resource, [What to do when you are hospitalised – a guide for people with spinal cord injury](#), to help plan your spinal cord injury-specific needs during an admission. Consider developing a personalised care plan that details what equipment and support you need for your daily routine, such as personal care needs, medications list, bowel care program, bladder routine and catheters, skin protection and pressure injury prevention, respiratory function, mobility equipment and autonomic dysreflexia emergency treatment card.

Please notify your spinal cord service if you are admitted to hospital with COVID-19 or any other problem.

There is currently no evidence to suggest that any other vaccines provide protection against COVID-19 associated pneumonia. Refer to the [NSW Health immunisation information](#).

Where can I find additional information?

NSW Agency for Clinical Innovation (NSW)
[Inspiratory muscle training \(IMT\) in people with spinal cord injury](#)

Spinal Outreach Service (NSW)
[IMT Patient Handout](#)

Shepherd Centre (USA)
[Q&A: Coronavirus Disease 2019 \(COVID-19\)](#)

NDIS - [Coronavirus \(COVID-19\) information and support](#)

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