

PRIVATE PRACTICE SECTION



American Physical Therapy Association

REOPENING OUTPATIENT THERAPY AFTER COVID-19 PLAYBOOK

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Disclaimer: This playbook is an **example** and guide for outpatient therapy practices but does not serve as legal advice and is not all inclusive of every detail that should be included in a clinic playbook for outpatient therapy practices. Businesses should modify specifically for their practice and should seek legal advice on any legal forms.

Each state will have unique circumstances for resuming normal operations, please pay close attention to your specific state and county's guidance. The National Opening guidelines can be found here: <https://www.whitehouse.gov/openingamerica/#criteria>

Please use this playbook with an understanding that you may need to follow more strict policies based on specific state and/or regional requirements. This playbook does not cover every scenario and clinical judgment is a must in all situations.

CMS Guidelines

<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Key Points in the Guidelines:

- Continue to utilize telehealth if/when appropriate
- Screen all patients
 - Questionnaire
 - Temperature checks
- Screen all staff daily
 - Temperature checks
- Use appropriate PPE
 - CMS recommends that staff wear facemasks at all times (recommends “surgical” masks (not N95), but cloth masks can be substituted if surgical masks are not available or if there is a PPE shortage in your area).
 - Some states/counties may REQUIRE surgical masks for staff, please check local guidance.
 - CMS recommends patients wear cloth face covering or surgical masks.
 - Some clinics are ordering cloth face masks with their logos on them to give to patients.
- Facilitate social distancing
 - Minimize wait times
 - Have new patients do paperwork online before visit
 - Ask patients to show up exactly on time
 - Consider having patients wait in their vehicles and call when they arrive
 - Organize waiting areas to provide appropriate distancing
 - Limit the number of persons in a facility at the same time (some localities may specifically limit the number of individuals you can have in the building (i.e. 10), so check your local regulations)
 - Have family members wait outside or in their vehicles if appropriate to minimize the number of individuals in the facility
- Develop sanitation protocols
 - Thorough cleaning and disinfecting between patients
 - Thorough cleaning at the end of each day
 - Utilization of agents that are viricidal
 - Thorough handwashing between patients
 - Have patients wash hands prior to treatment
- Prep the facility
 - Hand sanitizer available
 - Tissues available
 - Pedal operated trashcans

Consider Patient Triage

Treatment Appointment Options:

- In clinic
- Telehealth (if offering)
- In home (if offering)

Therapy staff familiar with the patient should consider the following:

In clinic

- No significant risk factors (or need for therapy outweighs other issues)
- Is cleared by questionnaire (next page)
- Needs hands on care
- Prefers in clinic care

Telehealth

- Patient has significant risk factors
 - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>
- Patient concerned about coming into the clinic
- Condition can be treated via telehealth
- Patient would like to alternate in clinic with telehealth
- The clinic needs to intersperse telehealth secondary to limitations of the numbers of patients that can be accommodated in the clinic at one time.
- Insurance or Medicare coverage available or patient willing to pay out of pocket

In home (if offering)

- Patient cannot be treated via telehealth or insurance does not cover
- Patient has condition which is not treatable via telehealth (i.e. high risk of falls)
- Patient has condition which makes him/her at risk for coming into the clinic
- Patient and others in the home meet the screening criteria
- Patient agreeable to treatment in the home
- Payer covers outpatient in the home. (This is NOT home health. Home health is a Part A Medicare covered service and has entirely different regulations than outpatient therapy.)

Patient Communication Prior to Visit:

- Consider having a welcome e-mail to let patients know what to expect for an in-clinic visit. Make sure that patients understand that a mask will be a requirement. If a patient does not want to wear a mask or has issues (such as claustrophobia), consider an alternative treatment such as telehealth.

Administrative staff that are answering the phones should have proper training in providing options for patients and/or a process for having therapy staff triage the patients into the correct category.

Patient and Staff Screening Processes

For in clinic or in-home visits:

Introduction to Questionnaire:

Hi, I'm XXX calling from XXX Practice regarding your physical therapy appointment. Given the recent COVID-19 outbreak, I'm calling to ask a few questions in connection to your appointment. These questions are designed to help promote everyone's safety. We are asking the same questions to all patients. Your responses will remain confidential. Please answer to the best of your knowledge.

SAMPLE Questionnaire for Patients Prior to Scheduling

1. Have you been in contact with someone known to have COVID-19 in the last 14 days?
2. Have you personally had COVID-19? If so, have you been released by your physician to return to regular activities?
3. Have you been told by a public health official that you may have been exposed to COVID-19 in the last 14 days?
4. Have you experienced any of the following symptoms within the last 14 days?
 - a. Fever
 - b. Cough
 - c. Sore throat
5. Do you have any current symptoms of illness?

If patients answer yes to any question – then offer Telehealth option if appropriate. Ask them to call and cancel if they develop any symptoms prior to the visit.

There may be additional questions you want to add to your screen such as:

1. Have you been out of the Country in the last 30 days (if so where)?
2. Have you traveled elsewhere in the US in the past 21 days, (if so, where)?

A positive answer to these questions do not necessarily rule out a visit, but can be considered in your triage process.

Onsite screening:

- Someone assigned to sit at the door (or outside) and welcome patients and perform screen. (Some localities may require you to do this in the parking lot before the patient leaves their vehicle)
- Same questions as above
- Temperature screening

Daily temperature screening for staff and documentation of screening. Anyone with a temperature of greater than 100.0 should be sent home and instructed to seek additional medical guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Patient Scheduling

Consider the following:

- How many patients can your clinic hold and maintain appropriate distancing (check local guidelines on total numbers allowed)
- How many square feet does your facility have, consider the number of individuals per square feet? Your local regulations may specify this number.
- How much time will you schedule patients for evals and visits?
 - More or less than normal because of volume?
 - More or less than normal to maximize social distance
 - Same as usual?
- Do you need to stagger staff schedules to broaden hours of availability and spacing?
- How will you intersperse telehealth? (if offering)
- Are you offering in home visits? If so, determine how you will staff and schedule?

Facility Preparation

Guidance for Infection Control

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#infection_control

- Door Posters
 - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Please-Read.pdf>
- Screening as patients enter
 - Symptom checking
 - Fever checking
 - Provide mask if patient does not have one
- Mark off space in waiting area
 - Space out chairs 6 feet or greater
 - Make sure schedule supports adequate spacing of patients
- PPE
 - Adequate supply of masks for staff
 - Adequate PPE as needed
- Clinical Cleaning Process During Treatment
 - Use of appropriate cleaning agents with adequate contact time
 - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - Areas and equipment assigned to specific staff
 - Use between patients and at the beginning and end of the day
- Facility Routine Cleaning
 - Discuss plans with your cleaning company
 - Determine if frequency needs to be changed
 - Ensure that adequate cleaning is occurring that meets all OSHA guidelines
 - <https://www.osha.gov/Publications/OSHA3990.pdf>

Hand washing policy

- For staff and patients

**Document infection control policies, cleaning processes, and adherence in order to limit potential liability

Managing Exposure

Employees:

- Daily monitoring of temperatures
- Ensure that staff understand sick leave policy and to stay at home when ill
- See CDC guidance for Healthcare Personnel with Confirmed or Suspected COVID-19
 - https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html
- For employees with a potential exposure – see CDC guidance
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

Patients:

- If a patient calls you to tell you that they have COVID-19 or suspect that they have CV-19 and you have treated them within the last 14 days. Proceed as follows:
- Notify your local health department and follow their guidance:
 - My local health department name: _____
 - Phone number or contact info: _____
- Implement appropriate cleaning activities
- For further guidance:
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

Marketing

- Take note of where elective procedures are being resumed (i.e. non-emergent orthopedic surgeries) and utilize that as an opportunity for marketing and for promoting the safety of resuming more normal operations.
- Communication to referral sources
 - Communication plan to referral sources of your provision to see patients safely
 - In clinic
 - Telehealth (if offering)
 - Home visits (if offering)
- Easing Fears
 - Consider taking a short video of the steps you are taking to ensure patient safety when they come into the clinic
 - Post this on your social media sites.
- E-mails/phone calls
 - To patients to let them know you are open and available for visit
- Social media
 - Let the public know that you are open and available for care

Handling Paper and Paperwork

- Develop a process for patients to complete paperwork online so that handling of paper and pens is minimized. Potential platforms are below.
 - Intake Q
 - Practis Forms
 - Touch Health
 - JotForms
- Develop a process for safe handling of payment.
 - Card scanners or processes that do not require staff to handle cards
 - Online payments (i.e. Instamed)

Additional Information:

- If you are keeping records of employee temperature checks or any employee health information, those should be filed in the employee's medical file (not HR file) and have limited access. See this [reference](#) for additional guidance.
- You may want to check with your liability insurance to discuss your current coverage and determine if any additional coverage is warranted. Check out this [reference](#) regarding liability protections for health care professionals during Covid -19.