

COVID-19: Frequently-Asked Questions

Health and Safety Issues

Question: How Should I prepare for an outbreak in my community?

- [World Health Organization: Getting your workplace ready for COVID-19 \(3/3/20\)](#)
- [CDC Information for Healthcare Facilities](#)
- [Print resources from the CDC to share with your community](#)

Question: What should I do for, and communicate to, my staff about safety?

- Send sick employees home. Practice stringent cleaning standards. Practice Social Distancing as able. Track recent travel, and limit future travel. Have a pandemic plan as events worsen. Keep your employees informed regularly.
- [CDC guidelines \(PDF\)](#)
- If you suspect you have COVID-19:
 - Restrict activities outside your home, except for getting medical care.
 - Separate yourself from other people and animals in your home.
 - Do not go to work, school or public areas.
 - Avoid using public transportation, taxis, or ride-share.
 - Monitor your symptoms and call before visiting your doctor. If you have an appointment, be sure you tell them you have or may have COVID-19.
 - If you have one, wear a facemask around other people, such as sharing a room or vehicle, or around pets and before entering a healthcare provider's office.
 - If you can't wear a mask because it's hard for you to breathe while wearing one, then keep people who live with you out of your room or have them wear a facemask if they come in your room.
 - Cover coughs and sneezes with a tissue and throw away in a lined trash can. Wash hands thoroughly afterwards. Soap and water is best.
 - Avoid sharing personal household items like dishes and glasses, or bedding.
 - Wash your hands often with soap and water for 20 seconds. If you can't wash your hands, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Rub hands together until dry.
 - Clean all "high touch" surfaces every day, such as counters, tables, doorknobs, bathroom fixtures, phones, and keyboards.
 - Use a household cleaning product to clean, following the manufacturer's recommendations.
 - If you are having a medical emergency, call 9-1-1. Notify dispatch that you have or may have COVID-19
 - Remain in home isolation for 7 days OR until 72 hours after your fever has resolved (and symptoms get better) whichever is longer.
- If you have had close contact with a person with COVID-19 but are not sick:
 - Monitor your health for fever, cough and shortness of breath for 14 days after your last contact with the ill person.

- Do not go to school or work. Avoid public places for 14 days.
- If you are a close contact of a person with confirmed COVID-19 and are sick
 - If you are sick with fever, cough, or shortness of breath, even if your symptoms are mild, isolate yourself.
 - If you are at higher risk for severe illness (over 60, with underlying health conditions such as heart disease, lung disease, or diabetes), have a weakened immune system or are pregnant) call your health care provider. They may want to test you for COVID-19.
 - If you have symptoms but are not in a high-risk category, talk with your healthcare provider. They will help you determine if you need to be evaluated.
 - [Find more information from the CDC here](#)

Question: What should I communicate to my patients about attendance?

- Inform your patients about the processes you have put in place, for cleaning, hygiene, social distancing, sick and travel screening
- Relax your cancellation and no-show policies
- Establish a check-back system to get them back on your schedule when things quiet down
- Determine if you have vulnerable patients who should not be coming in and let them know
- Consider telehealth options or telephone check-ins to keep in touch

Question: What standards are they recommending for keeping my clinic clean?

- [From the CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Additional information about recommended practices for cleaning of rooms and PPE to be worn by environmental services personnel is available in the [Healthcare Infection Prevention and Control FAQs for COVID-19](#)

Question: What are the signs and symptoms of COVID - 19?

[Cough, Fever, Shortness of Breath, 2-14 days after exposure](#)

Question: What should I do if one of my staff members contracts COVID-19?

[From the CDC: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)

Question: What should I do if one of my staff members has been in contact with someone with COVID-19?

- Self-quarantine at home for up to 14 days if in close contact, meaning being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a health care waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
- [From the CDC: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)

Payment

Question: Are we allowed to treat Medicare patients via telehealth under the emergency rules?

- This is evolving rapidly. We will post an update for this information in a separate document that will be updated regularly as changes happen.

Question: What services can be provided by telehealth under the new emergency declaration?

- CMS maintains a list of services that are normally furnished in-person that may be furnished via Medicare telehealth. [This list is available here](#). These services are described by HCPCS codes and paid under the Physician Fee Schedule. Under the emergency declaration and waivers, these services may be provided to patients by professionals regardless of patient location.

Question: If I have a patient with private insurance, can I provide them with PT via telehealth?

- APTA has provided three issues to watch for in its guidance on telehealth and COVID-19: "As for commercial insurers, check with individual payers to verify what is and is not permitted. Be sure to confirm with each payer whether the originating site can be a private home or office, if services must be real-time or can be asynchronous, and any other limitations to your use of telehealth."

Question: What are the telehealth rules for Payers in my state?

- APTA: “The use of telehealth is one approach that can help keep both patients and providers safe, but PTs and PTAs need to understand the current regulatory and payer telehealth landscape to decide whether telehealth is right — or even a possibility — for them.”
- You need to review and understand your state's practice act regarding the delivery of physical therapist services via telehealth.
- APTA is finalizing a telerehab payer advocacy template letter for individuals and chapters to use to advocate to their commercial, MA, and Medicaid payers for coverage of telerehab.
- Through the [Physical Therapy Compact](#), a compact privilege allows the holder to provide physical therapist services in a remote state under the scope of practice of the state where the patient or client is located, whether the practice is in-person or via telehealth. Compact privilege holders should consult the rules and laws for the state in which they seek to provide services to determine the specific telehealth requirements.

Other Telehealth Resources

<http://www.apta.org/PTinMotion/News/2020/3/16/TelehealthCOVID19/>
<https://www.americantelemed.org/news/>
<http://www.apta.org/Blogs/PTTransforms/2019/8/28/Telehealth/>
<https://www.facebook.com/groups/TelehealthPTs/> (?)
<https://www.telehealthresourcecenter.org/nrtrc/?Center=NRTRC>

Human Resources

Question: What are my obligations to staff if I cut their hours or lay them off?

- Make sure you and they clearly understand your benefits policies.
- Check the status of any newly mandated federal benefits that might affect you
- Check with your state employment security department (ESD) for any requirements or newly offered benefits from the state.

Question: What resources are available for certain staff who might be able to work from home?

- Determine whether you will provide equipment to employees working from home or whether you will ask them to use their own devices. Do they have access to computers with video capabilities?
- Review and update policies related to *Bring Your Own Device* and remote access agreements if applicable.
- Certain phone systems may offer smartphone or website portals to access voicemails and return or make calls.
- Select video conferencing and chat software.

Financial Recommendations

Question: Does the Small Business Administration provide any assistance at this time?

- The SBA continues to assist small businesses with accessing federal resources, such as access to working capital loans and counseling, and navigating their own preparedness plans through its network of 68 District Offices and numerous Resource Partners located around the country. When faced with a business need, use the SBA's Local Assistance Directory to locate the office nearest you.

Business Metrics and Analytics

- Know your visits per day and your visits per week to break even with your current staffing and under a reduced staffing model or reduced hours model.

Financial and Banking Relationships

- Depending on your personal and business assets, it may be a good time to establish a banking relationship with a secondary bank where you could maintain a backup reserve in anticipation that you could be asked to re-document creditworthiness for credit lines as the economy experiences secondary effects from COVID-19.
- Review leases and insurance policies to understand the implications of building closures and government actions. Since the pandemic is not causing physical damage to your property, business interruption coverages are unlikely to apply. Following CDC guidelines and government orders can help protect your business from being found legally liable for an injury from COVID-19.
- Create contingency plans as you evaluate your expenditures for those that can be adjusted based on volume.
- Re-evaluate all large expenditures and hiring plans and consider a 30-60 days pause in contractual negotiations.

Compliance

Question: Does HIPAA apply during the nationwide COVID-19 public health emergency?

- You should do your best to remain HIPAA compliant. However, OCR has been directed to exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective 3/17/2020. For more details: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>