



Considerations for Outpatient Physical Therapy Clinics During the COVID-19 Public Health Crisis

July 2020

Considerations for Outpatient Physical Therapy Clinics During the COVID-19 Public Health Crisis



July 2020

The general information here is designed to provide suggestions for outpatient operations during the pandemic when caring for patients with or without COVID-19.

If a facility is providing care to patients diagnosed with COVID-19, services should be provided in a separate facility.

These are general recommendations. Each facility needs to consider implementation based on risk within its population/community, state-specific operational requirements, CDC guidance, and its own cost-benefit analysis.

APTA acknowledges APTA Rhode Island, the Private Practice Section, and Alan Lee, PT, DPT, PhD, MA, Board-Certified Geriatric Clinical Specialist for their guidance on these recommendations.

Important Resources

[White House and CDC Guidelines for Reopening America](#)

[CMS Recommendations for Reopening America](#)

[APTA Coronavirus \(COVID-19\) Resources for the Physical Therapy Profession](#)

[APTA Private Practice Section](#)

[CDC: Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)

[CDC: Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#)

[OSHA: Guidance on Preparing Workplaces for COVID-19](#)

Scheduling and Workflow

- Have in place written communication of masking and symptoms policies so they can be seen upon entering the clinic.
- Have a procedure in place to screen and isolate sick employees and patients.
- Have a clinic plan/policy in place.
- Discuss policy changes with employees.
- Consider options for how patients enter the facility and await their appointments, such as a virtual waiting area, when possible, via phone or text.
- Consider allowing only medically necessary caregivers to accompany patients within the facility and during treatment sessions.
- Set up facility and scheduling of patients and staff so that patients may maintain 6 feet distance from one another. Consider markers such as lines on the floor in the waiting and treatment areas to indicate social distances of 6 feet.
- In larger facilities, consider placing barriers to direct patient flow in, out, and around the waiting and treatment areas.

[CDC Coronavirus 2019 Guidance for Businesses & Employers](#)

Safe Workspace Distancing

Treatment Areas

- Consider sectioned treatment areas: If possible, assign tables to specific therapists.
- Consider assigning treatment rooms for clinicians with a system to communicate when they are sanitized/clean or not.
- All patients on treatment tables separated by at least 6 feet.
- All patients sitting in chairs separated by at least 6 feet.
- Common exercise equipment (cardio, treadmills, bikes, reformer, cable columns):
 - Consider space of at least 12 feet between patients using cardio equipment.
 - Consider making cleaning supplies available nearby for patient use to wipe hands and clean equipment before and after use.
- Clean all equipment after every patient use.

Entry/Waiting Area

- When physical distancing is not possible in the waiting area, recommend phone call or texting system to alert patients when to enter clinic. Patients may text or call upon arrival, wait in car; clinic texts or calls patients when therapist and space are ready.
- Hand sanitizer available at front desk if plexiglass barrier placed between front desk staff and sanitizer, or located on wall near entrance.
- Sign-in sheets located next to hand sanitizer, and clearly marked receptacles for clean and used pens.
- No magazines, candy jars, pamphlet handouts.
- All patients asked to wear a mask/cloth face covering upon entering the clinic, or provided with one, except those for whom it is not indicated.
- Request that all patients and personnel wash their hands immediately upon arrival.

Front Desk Area

- All staff working should be separated by 6 feet. Consider assigning them to one workstation during a shift, or clean the workstation between each person's use.

- Ensure staff have adequate supplies.
- Consider plexiglass/windows to provide barrier between staff and patients.
- Consider adjusting systems and keeping credit cards on file for reference each visit to minimize contact with patients.
- Consider wipeable covers for credit card processing machines or touchless payment options.

Patient Screening

Prior to In-Clinic Patient Visits (Virtual Check-in)

Consider a previsit screen and ask patients to reschedule if any of the below apply between now and their appointment.

- Have you had any of the following symptoms in the last 14 days?
 - Cough.
 - Shortness of breath or difficulty breathing.
 - Fever (ask them to take their temperature at home prior to arrival to confirm).
 - Chills.
 - Muscle pain.
 - Sore throat.
 - New loss of taste or smell.
 - Less common symptoms: gastrointestinal symptoms such as nausea, vomiting, or diarrhea.
 - Symptoms from [CDC website](#).
- COVID-19-Specific Questions
 - Have you been exposed to someone diagnosed with COVID-19 within the last 14 days? If “yes,” since exposure, have you been tested for COVID-19?
 - Have you been diagnosed with COVID-19? If “yes,” have you been cleared of it since testing positive?
 - If answered “yes” to any of the above: Have you discussed these symptoms with your physician?
- Outline Your Policies
 - Educate patients on mask requirements as indicated.
 - Depending on waiting room policy, consider asking the patient to arrive no earlier than 5 minutes before appointment.
 - Notify the patient of visitor policy: Patient may only come to the clinic with a visitor if it is medically necessary or if the patient is a child. All visitors will be screened in the same way as are patients.

In-Clinic Screen, Day of Appointment

On arrival to clinic, screening to include:

- COVID-19-specific questions.
- Consider temperature screening (preferably with a non-touch thermometer), oxygen saturation [using a pulse oximeter](#).
- Provide masks to patients arriving without one, as indicated.
- Ask patient to wash hands or use sanitizer upon entry.

Staff Health Screening

- Stay current with [EEOC guidelines](#).
- Daily wellness screen completed by all staff at beginning of each shift to attest to wellness to work and potential COVID-19 exposure.

- Anyone with a fever of [100.4 degrees](#) or feeling ill sent home and instructed to call their doctor for guidance.
- Require that any employee who has been exposed to COVID-19 or diagnosed with it alert their supervisor.
- Review and update human resources policies in consideration of new legislation, e.g., [Families First Act: Common Coronavirus Questions](#).
- For employees at higher risk, consult OSHA, CDC, and [EEOC guidelines](#).
- Workplace decision aid: [Workplaces During the COVID-19 Pandemic](#).

Return-to-Work Post-COVID-19

Workers with suspected or confirmed COVID-19 can return to work after the following criteria have been met (note that the CDC no longer recommends a test-based strategy):

Symptom-based strategy for people with [mild to moderate illness who are not severely immunocompromised \(CDC\)](#):

- Employee has had no symptoms at all, including no fever and improved respiratory symptoms, for at least 24 hours (that is, two full days of no fever without the use of medicine that reduces fevers);
- At least 10 days have passed since symptoms have first appeared; and
- Symptoms have improved.

Symptom-based strategy for people with severe to critical illness **or** who are severely immunocompromised and may be symptomatic or asymptomatic (CDC):

- At least 20 days have passed since symptoms first appeared;
- At least 24 hours have passed since last fever (that is, two full days with no fever without the use of medicine that reduces fevers); and
- Symptoms have improved.

OR

- Test-based strategy when recommended for people who are severely immunocompromised (CDC):
 - No fever without the use of fever-reducing medicine; and
 - Improvement of symptoms; and
 - Negative test results from an FDA emergency use-authorized assay for detection of COVID-19 RNA from at least two consecutive respiratory specimens collected at least 24 hours apart.

After returning to work, workers should wear a facemask until all symptoms have completely resolved, at which time they can use a cloth face covering or align with their facility policy on face covering.

[CDC: Return to Work Criteria for HCP with Confirmed or Suspected COVID-19](#)

Patient Triage

Determining whether a patient should be seen in the clinic or via telehealth should be a shared decision based on clinical judgment, patient needs and preferences, and local guidelines.

In-Clinic Appointments

- Patient cleared by a COVID-19 screening questionnaire in advance or at check-in. [See example](#).

- Patient's health condition has high likelihood of deterioration or worsening if in-clinic care is not provided.
- Patient requires hands-on care.
- Patient desires to come in for treatment despite risks.

Telehealth Considerations

Consider recommending care delivered via telehealth when:

- Patient has [significant risk factors](#) for severe illness from COVID-19.
- Patient is concerned about coming into the clinic.
- Patient asks to be treated via telehealth.
- Patient can be treated effectively via telehealth, and the use of telehealth is preferred over no care if that is the only alternative.
- Patient's insurance covers telehealth visits.

Goals for Ensuring Value and Innovation in Telehealth for Physical Therapist Practice:

- **Enhance communication** for screening, reassuring patients, and collecting outcomes in practice settings for COVID-19 screening and referral for testing.
- **Improve coordination** for a tiered approach to a physical therapist's care delivery for digital practice and telehealth options, to preserve PPE and ensure patient safety. Use a hybrid approach of in-person and telehealth delivery when optimal, and in-person physical therapy delivery for essential and emergent services.
- **Advocate** for federal, state, and local legislation and payment for telehealth physical therapy services post-public health emergency in order to ensure continuum of care in physical therapy.

Cleaning Standards/Protocols

Clean surfaces following manufacturer and CDC recommendations for disinfecting your facility. Clean all common areas and high-touch surfaces:

- Treatment areas including plinths and all equipment — cleaned before and after each patient visit, and during care as needed.
- Front-desk areas — cleaned frequently, depending on the number of patients in the clinic during the hour.
- Waiting rooms — cleaned frequently, depending on the number of patients in the clinic during the hour.
- Bathrooms — cleaned frequently, depending on the number of patients in the clinic.
- Consider no-touch trash cans throughout the clinic.
- Consider no-touch paper towel dispensers in bathrooms and near all sinks.
- All staff responsible for ensuring cleaning protocols are followed, with specific arrangements made in each clinic as staffing shifts.
- Execute cleaning and disinfecting protocols as soon as each patient appointment ends. May need to build in extra time for cleaning in scheduling of patients.
- Wear gloves or protective clothing appropriate to the chemicals being used to clean and disinfect.
- Physical therapists and physical therapist assistants should wash their hands between, before, and after each patient treatment session.
- All staff should wear a mask and other PPE as indicated (gloves, face shield, gowns according to risk, per [OSHA guidance](#)). Check state guidelines.
- All staff must maintain proper hygiene practices.

- Handwashing with soap and warm water in between patients.
 - Cough and sneeze into elbow or a tissue.
 - Consider use of gloves when performing manual therapy or other patient-contact procedures.
 - Until further guidance from CDC is available, use only modality equipment that may be cleaned and disinfected between each patient.
 - Do not touch mouth, nose, and eyes during patient care.
 - Maintain social distancing: No shaking hands.
- [Additional Guidance for Infection Control.](#)

Last Updated: 07/01/2020

Contact: practice@apta.org