

Guidelines for COVID-19 adaptations and changes in professional procedures in outpatient physiotherapy private solo practices

Alexandra Ladner-Nitsche, MSc.

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Guidelines for COVID-19 adaptations and changes in professional procedures in outpatient physiotherapy single practices

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1 Introduction

These guidelines are written as part of an assignment of a course related to the new coronavirus disease (COVID-19).

The outbreak of COVID-19 and the consecutive pandemic affect not only the primary sector of the health care systems, but consequently the whole health care system including inpatient and outpatient rehabilitation facilities – as is reported from Italy (1, 2). The outpatient physiotherapy setting (private solo practices) faces two main challenges. First of all, the national authorities mandate massive restrictions in the movement of people in order to prevent and control the spread of the infection (1), because social distancing and infection control measures are the only effective instruments at the moment (3). Secondly it is highly probable that due to the fast spreading of COVID-19 the majority of private practices are not equipped appropriately regarding the treatment of potentially infectious patients in a pandemic situation.

Treatment provision should be postponed for the majority of patients, especially for vulnerable groups, that are at higher risk of developing a severe course of an infection with the 2019 novel coronavirus. Nevertheless, there are certain subgroups of patients that rely on continuation of care, such as acute and short-term post-operative patients or patients with acute severe pain for example. Physiotherapeutic care should be ensured for patients that would otherwise develop functional deficits or would be at risk of permanent disability (1).

The following guidelines aim to help physiotherapists, who work as solo practitioners in an outpatient practice (as I do), to make the necessary adaptations and changes in professional procedures, so they can continue to provide their services in this new situation.

My work is built on the guidelines of the WHO on “*Infection prevention and control during health care when COVID-19 is suspected* “ (4), on evolving Italian (1,2) and Singapore (3) research dealing with rehabilitation in conjunction with COVID-19 (1,2) .

2 Guidelines

2.1 Adaptation of facilities and equipment

In addition to meeting the standard legal construction requirements, the treatment room, the waiting room, as well as sanitary facilities may need adaptations.

2.1.1 Waiting room

A separate waiting room with a disinfectant suspender is needed. Information posters about the correct performance of a disinfectant hand rub would be favorable.

Moreover there should be a display of important behavioral measures (hand and respiratory hygiene; no handshakes; 1 meter distance wherever possible). Shared reading or other material should be removed.

2.1.2 Sanitary facilities

Ideally patients and the therapist should not share the same sanitary facilities. The toilet should be equipped with a washbasin, where appropriate hand washing can be performed (- information poster on correct hand wash recommended). An additional disinfectant suspender is advantageous. Disposable paper towels and a closed bin (incl. bin bag) with a treadle to open should be provided.

2.1.3 Treatment room

Special attention should be given to the correct ventilation of the treatment room. The treatment room should be structurally separated from any other room.

Therapeutic equipment should be minimized to a minimum, as it has to be disinfected after use. (Equipment that is not suitable for disinfection should not be used in any case.) Patient and physiotherapist should be placed at least 1 meter apart.

The room should provide a washbasin, one suspender for soap and one for disinfectant and a closed bin (incl. bin bag) with a treadle. Disposable paper towels should be used.

Tissues should be allocated to enable correct respiratory hygiene.

Single use covers for the treatment bed are mandatory.

2.2 Procedures of patient visits

In order to minimize the time that patients spend in the practice and to avoid that patients meet each other, the procedures of patient visits need to be reconsidered and adapted, where necessary.

2.2.1 Arriving before physiotherapy treatment

Patients should be advised to arrive only short before the start of their treatment and wait, whenever possible, outside the practice. A designated waiting area that offers protection against weather can be established in front of the entry. A sign should make accompanying persons aware of the need to stay outside. Disinfection of hands and donning of a face mask (5) (see 2.4) prior to entering the treatment room should be mandatory.

2.2.2 Leaving after physiotherapy treatment

Again, patients should be encouraged to limit the time spent in the waiting room to a minimum and to disinfect their hands before leaving.

2.2.3 Time slot in between patients

There should be enough time in between the appointments to allow:

- doffing and donning of personal protective equipment (PPE)
- washing and disinfection of hands
- disinfection of all surfaces that were in contact with the patient (including door handles, waiting room and sanitary facilities)
- opening of all windows to adequately ventilate the room

2.3 Procedures of patient management

The procedures of appointment bookings should be critically revised and adapted where necessary.

2.3.1 Scheduling of first appointment / triage process

Scheduling of the first appointment should be proceeded via phone. The concept of triage and early recognition should be applied. This means that the physiotherapist should assess the urgency of treatment and should postpone all non-urgent appointments. In case of an unpostponable need of physiotherapy the therapist should check for a possible infection with COVID-19. The patient should be asked, whether she/he has been to a COVID-19 outbreak area, she /he has had signs or symptoms of an acute infection (fever, cough, sore throat,...) or she/he has had contact to a person showing signs or symptoms of such an infection within the last 14 days. In a suspected COVID-19 case adherence to the national regulations of COVID-19 management (report, quarantine,..) is required and treatment has to be postponed immediately.

Moreover, patients should be given information on

- arrival and leaving the physiotherapy practice (2.2.1 , 2.2.2) (no accompanying persons in practice)
- necessity of strict adherence to timeline (delayed arrival eventuates in deduction of therapy-time)
- need of wearing a mask that covers mouth and nose (in some countries, this may not be obligatory)
- hand hygiene
- need of immediate phone call to the therapist in case of development of signs or symptoms of an infection

2.3.2 First appointment

The door between the waiting room and the treatment room should be handled by the therapist only, if possible. Before the patient enters the treatment room, the therapist should re-check for hand-hygiene and face mask. If the patient has no mask, the therapist should be able to provide one. It should be explained to the patient that a distance of 1 meter is maintained, whenever possible (e.g. for history taking or while talking to the patient during the whole session).

At the beginning of history taking the therapist should again rule out signs or symptoms of an infection (2.3.1) and record that in the documentation.

The treatment session should be arranged in a way that direct contact to the patient is reduced to a minimum (e.g. more verbal than tactile instructions). Manual treatment should be carried out en bloc in order to avoid repeated contact and gloves should be changed after contact.

At the end of the first appointment a written exercise program should be provided, so that the patients can re-check the prescribed exercises better on their own.

Furthermore, it should be discussed, whether all treatments should be done on site, or if all or some follow ups could take place in a telerehabilitation setting. At this point the therapist could assist with questions to the required technical equipment.

2.3.3 Follow up appointment

The same strategies as described in 2.3.2 should be applied. Again, signs and symptoms of an infection should be ruled out and documented at the beginning of every follow up appointment.

2.3.4 Payment

Due to possible surface contamination, electronic payment should be favored and cash payment should be avoided.

2.4 Personal protective equipment (PPE)

Also asymptomatic individuals can have COVID-19. Therefore physiotherapists should wear PPE with every patient.

The WHO recommends physiotherapists to wear following PPE:

- medical masks (FFP2 or equivalent)
- clean, non-sterile medical gown (aprons, if no gown available)
- gloves

PPE is only effective, if the donning and doffing is carried out correctly. Therefore, every physiotherapist should develop the necessary skills to do so.

PPE should be disposed in a separate, lined, closed bin.

It is the physiotherapists professional duty to keep informed about the latest guidance to COVID-19.

3 References

- 1) Boldrini P., Bernetti A., Fiore P.. Impact of COVID-19 outbreak on rehabilitation services and Physical and Rehabilitation Medicine (PRM) physicians' activities in Italy. An official document of the Italian PRM Society (SIMFER). European Journal of Physical and Rehabilitation Medicine. Publishes online on 16.03.2020 ahead of print. Doi: 10.23736/S1973-9087.20.06256-5
- 2) Negrini S., Ferriero G., Kiekens C., Boldrini P.. Facing in real time the challenges of the Covid-19 epidemic for rehabilitation. European Journal of Physical and Rehabilitation Medicine. Published online on 30.03.2020 ahead of print. Doi: 10.23736/S1973-9087.20.06286-3
- 3) Koh GC-H, Hoenig H, How Should the Rehabilitation Community Prepare for

2019-nCoV?, ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION (2020), doi: [https:// doi.org/10.1016/j.apmr.2020.03.003](https://doi.org/10.1016/j.apmr.2020.03.003).

- 4) World Health Organization. Infection prevention and control during health care when COVID-19 is suspected. Accessed: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125) on 01.04.2020.
- 5) World Health Organization. Advice on the use of masks the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak. Accessed: https://apps.who.int/iris/bitstream/handle/10665/330987/WHO-nCov-IPC_Masks-2020.1-eng.pdf?sequence=1&isAllowed=y on 01.04.2020.