

COVID-19 – NOVEL CORONAVIRUS – REOPENING PROTOCOL

POLICY: The state of Kentucky has announced that physical therapy settings are included in the reopening of health care services effective Monday, April 27, 2020. Although very specific guidance has been provided, this guidance does **not** apply to physical therapy settings in long-term care, prisons, or other industries/settings for which separate guidance has already been provided or will be provided in the future.

These guidelines are mandatory and must be followed in re-opening our physical therapy setting to non-urgent and emergent patient populations.

The Commonwealth of Kentucky relies upon licensed healthcare professionals within the state to exercise these directives with appropriate professional judgment in the best interests of minimizing spread of COVID-19 and reducing risk to patients receiving healthcare services.

All healthcare professionals should check <https://govstatus.egov.com/ky-healthy-at-work> regularly for updates and posted guidance from their individual professional organizations and associations.

ALL phases of any modification of the March 23 order under this or any subsequent orders are subject to delay in the case of a COVID-19 surge.

We remind you that this phased, gradual reopening of services may require adjustment. In all phases, until later guidance is given, the following guidance is required of our “Physical Therapy” setting.

MATERIALS REQUIRED:

- Hand sanitizer (alcohol-based hand sanitizer with at least 60% alcohol)
- EPA-registered disinfectants (cleaner and/or wipes)
- Thermometer
- surgical / procedural masks
- non latex gloves

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PROCEDURES:

- 1) Maximize **telehealth** rather than in-person services where clinically possible.
- 2) **NO visitors** allowed except when necessary for end-of-life, vulnerable populations, and caring for minor children, and then only to minimum essential extent. ALL visitors must be screened in accordance with instructions contained in paragraph #5 below.
- 3) **Eliminate traditional waiting / common seating areas** and utilize non-traditional alternatives (e.g., parking lot lobby, call when you arrive to patient's home to confirm they are ready for therapy and visitors have been cleared from therapy area).
- 4) **Maintain social distancing greater than 6 feet in all settings** where people must wait and employ other steps to minimize direct contact between individuals within the healthcare setting; therapists and patients should maintain social distancing whenever possible.
- 5) Upon arrival for visit, **Screen all patients and visitors** for:
 - a) **Temperature** (fever = 100 degrees Fahrenheit or 39 degrees Celsius), and
 - b) **COVID-19 signs/symptoms (fever, cough, shortness of breath/air, chills, muscle pain, sore throat, new loss of taste or smell)**
 - c) Patients cannot be seen for therapy if they have a fever or sign/symptoms of COVID-19. Please recommend client get tested for COVID-19.
- 6) Therapists should take their **temperature at least once per day and screen themselves** for the above symptoms.
- 7) Staff must stay home **if sick**. Patients cannot be seen for therapy if they are sick.
- 8) Plan for and ensure enhanced workplace **sanitizing and disinfecting**.
- 9) Plan for and ensure enhanced **hand hygiene compliance** (e.g., regular handwashing schedule, use of sanitizer before & after patient contact).
- 10) Have **easily accessible hand sanitizer** in your working space.
- 11) All **Therapists** and staff **must wear surgical / procedural masks** while in healthcare office/facility when in contact with patients and/or staff.
- 12) All **Patients** and other persons in a healthcare office/facility **must wear either a surgical/procedural mask or cloth mask/face covering** when in contact with patients and/or staff.
- 13) All Therapists must be able to procure all necessary PPE for routine services via normal supply chains.

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Special Considerations

While our setting may reopen to perform these limited services, we are required to follow the public health guidance in high-touch clinical settings and high risk outpatient settings.

- **High-touch clinical settings:** In high-touch clinical settings, such as physical therapy services, healthcare workers must wear non-latex gloves in addition to enhanced hand hygiene practices. In addition, any objects and contact surfaces used for clinical services must be sanitized between patients.
 - Reminder - non latex gloves should always be used when contacting another person.
 - Safely Remove and discard gloves according to CDC guidelines
 - https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_coveralls/doffing_06.html

COVID-19 – NOVEL CORONAVIRUS – GENERAL PROTOCOL

POLICY: The Novel Coronavirus, COVID-19, has created a pandemic, with effects noted in clinical care beginning in March 2020.

PROCEDURES:

1. This is what the CDC recommends:

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- After clients leave, clean frequently touched surfaces using EPA-registered disinfectants—e.g., counters, beds, seating, objects used in therapy
 - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- When [EPA-approved disinfectants](#) are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe in. Bleach solutions will be effective for disinfection up to 24 hours. Keep all disinfectants out of the reach of children. [Read EPA's infographic on how to use these disinfectant products](#) safely and effectively.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty, AND between clients.
 - Follow CDC guidelines for hand hygiene: <https://www.cdc.gov/handhygiene/index.html>
 - <https://www.cdc.gov/handwashing/when-how-handwashing.html>
- When going in to a client's home, it is recommended to call ahead and screen for any COVID-19 risk. We recommend the Centers for Disease Control tool available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/public-health-management-decision-making.pdf> for measuring risk related to in home visits.

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2. ADDITIONAL PRECAUTIONS FOR VULNERABLE ADULTS:

- Older adults
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease
- Avoid crowds, especially in poorly ventilated spaces. The risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick. If COVID-19 is spreading in your community; take extra measures to put distance between yourself and other people.
- Stay home as much as possible.

ADDITIONAL PROTOCOLS:

1. Use your common sense. Avoid places with high concentrations of people.
2. Remind your parents and staff to let you know if your client or a family member is sick. Some individuals with Corona virus will be asymptomatic, but avoiding symptomatic individuals is a good protocol. Call residences to ensure that no individual in the home is symptomatic.
3. Wash hands before and after seeing clients. Do not have physical contact with clients (hand shaking, hugs, etc.).
4. If you are sick, cancel all appointments and contact your health professional.

COVID-19 – NOVEL CORONAVIRUS – GENERAL PROTOCOL –

HOW TO WEAR, ADJUST, REMOVE, & STORE MASKS SAFELY

POLICY: The CDC has put out guidance on How to Safely Wear & Take Off a Cloth Face Covering. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html>

PROCEDURES: PIC staff and clients should follow this guidance. Below are important reminders:

- * Experts say masks should be worn above the nose and below the chin. Users can try to adjust the top of a clean mask around their nose to get it to fit properly.
- * If you have to adjust your mask (or the mask of someone else), sanitize your hands, and then try to adjust it with just the ear loops first. If you absolutely have to touch it, try not to touch the front of the mask. Make sure to wash and sanitize your hands afterwards.
- * To take the mask off, first sanitize your hands. **Take the mask off by using the ear loops, not by touching the front of the fabric, and place the mask in a breathable brown paper bag to store it.** Make sure to wash and sanitize your hands afterwards.
- * Storing a mask in a sealed plastic bag creates the opportunity for germs to collect and grow inside the seal-able bag. So you want to make sure you **put it in a breathable (brown paper) bag to allow air to get inside it.** It is normal to have a little wetness inside of your mask. This wetness is droplets that come out of your mouth, and the mask is helping to prevent those droplets from being transferred to others.
- * It is anticipated that Patients in day programs will be wearing a mask while they are in day program. The patient is not required to change to another mask for therapy, as this may cause more exposure to the virus for all involved. **Please operate as if ALL masks are contaminated with the virus, and change gloves and/or wash & sanitize hands after touching your or someone else's mask.**
- * Experts do not recommend hanging masks on one ear or on the car rearview mirror.
- * The CDC does not have a recommendation for how often someone should wash a cloth mask in the washing machine.
- * PIC is recommending daily washing of a cloth/fabric mask used throughout the day. If you are only wearing it for an hour at a time once per day, the need for washing could likely be less frequent.
- * Wearing a mask is not a replacement for social distancing!

COVID-19 – NOVEL CORONAVIRUS – EXPOSURE PROTOCOL –

WHAT TO DO IF EXPOSED – WHEN TO QUARANTINE

POLICY: The CDC has put out guidance on When to Quarantine. Below is guidance last updated by the CDC on 12-20-20.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

PROCEDURES: PIC staff should follow this guidance. Below are important reminders:

Local public health authorities determine and establish the quarantine options for their jurisdictions.

Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Quarantine or isolation: What's the difference?

Quarantine keeps someone who might have been exposed to the virus away from others.

Isolation keeps someone who is infected with the virus away from others, even in their home.

Who needs to quarantine?

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.

People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

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WHAT TO DO IF EXPOSED – WHEN TO QUARANTINE

Steps to take

Stay home and monitor your health

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever (100.4°F), cough, shortness of breath, or [other symptoms](#) of COVID-19
- If possible, stay away from others, especially people who are at [higher risk](#) for getting very sick from COVID-19

Options to reduce quarantine

Reducing the length of quarantine may make it easier for people to quarantine by reducing the time they cannot work. A shorter quarantine period also can lessen stress on the public health system, especially when new infections are rapidly rising.

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 or later)

After stopping quarantine, you should

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to [prevent the spread of COVID-19](#).

CDC continues to endorse quarantine for 14 days and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed. See [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) for guidance on options to reduce quarantine.

Confirmed and suspected cases of reinfection of the virus that causes COVID-19

[Cases of reinfection](#) of COVID-19 have been reported but are rare. In general, reinfection means a person was infected (got sick) once, recovered, and then later became infected again. Based on what we know from similar viruses, some reinfections are expected.

COVID-19 – NOVEL CORONAVIRUS – EXPOSURE PROTOCOL –

**WHAT TO DO IF EXPOSED – WHEN TO TELL YOUR CONTACTS AND
WHEN TO REPORT**

POLICY: The CDC has put out guidance on What to Do If You Are Sick. Below is guidance last updated by the CDC on 12-31-20. Included in this guidance is the definition of and when to inform “close contacts.”

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

PROCEDURES:

1 – Follow PIC and CDC guidance on When to **Quarantine**, and PIC General Protocols on Novel Coronavirus.

2 – Follow CDC guidance on “What to Do If You Are Sick” and Steps to help prevent the spread of COVID-19, as noted in the above CDC guidance.

3 – Many of our clients are “waiver” participants. For them, exposure to COVID-19 is considered a Critical Incident and must be reported immediately.

*** Please contact Grace Gingrich immediately at 502-550-2525 AND via email at therapy@pichealth.com if you think you may have been exposed to COVID-19.**

4 – Tell your close contacts that they may have been exposed to COVID-19.

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a total of 15 minutes or more. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive for COVID-19.

You are still considered a close contact even if you were wearing a mask while you were around someone with COVID-19. Although masks provide some measure of protection to the wearer, there is always the chance that you have been infected.

5 – If you are diagnosed with COVID-19, someone from the **health department** should call you. If you have not heard from the health department within 3 days of your diagnosis, please contact them immediately to report your positive diagnosis.

COVID-19 – NOVEL CORONAVIRUS – RETURN TO WORK PROTOCOL –

**WHEN CAN I RETURN TO WORK AFTER TESTING POSITIVE
FOR COVID-19 ?**

POLICY: The CDC has put out guidance on Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection, also known as COVID-19, or the Coronavirus. Below is guidance last updated by the CDC on 8-10-20. PIC recommends a symptom-based strategy, consistent with CDC guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

PROCEDURES:

1 – PIC staff should follow the below **Symptom-based Strategy for Determining when HCP Can Return to Work.**

2 – PIC staff **must have a Practitioner note stating that they can return (“fit for duty”).**
An Isolation/Quarantine release from the Health Department will meet this requirement.

3 – **Return to Work Practices and Work Restrictions:**

After returning to work, HCP should:

- Wear a **surgical/procedural mask** for source control at all times while in a facility providing healthcare, or while in a patient’s home
- Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.

COVID-19 – NOVEL CORONAVIRUS – RETURN TO WORK PROTOCOL –

**WHEN CAN I RETURN TO WORK AFTER TESTING POSITIVE
FOR COVID-19 ?**

Symptom-based strategy for determining when HCP can return to work

HCP with mild to moderate illness who are not severely immunocompromised*:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised*:

- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

*Immunocompromised conditions and treatments include, but are not limited to: Cancer, Bone marrow transplant, Solid organ transplant, Stem cells for cancer treatment, Genetic immune deficiencies, HIV Use of oral or intravenous corticosteroids or other medicines called immunosuppressants that lower the body's ability to fight some infections (e.g., mycophenolate, sirolimus, cyclosporine, tacrolimus, etanercept, rituximab), respiratory failure, septic shock, and/or multiple organ dysfunction.

As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed with at least 15 days before return to work.