May 18, 2020

PTWA Recommendations Regarding Resuming Non-Emergent Patient Care

As we emerge from the depths of the pandemic and resume non-emergent patient care, there will not be a one-size-fits-all approach to how you should approach this transition. Circumstances and comfort levels will vary widely. These recommendations are meant to help you navigate patient care and operations during this time.

Each healthcare organization should assess the COVID-19 status in the communities they serve to develop an expansion of care plan that is consistent with their communities' status and needs. This assessment should be revisited on a regular basis. The following are items to consider when developing your expansion of care plan.

- Each community is unique and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community, and its populations.
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Develop strategies that can be scaled up or down depending on the evolving local situation.
- When developing your expansion of care plan, your organization should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.

Expansion/contraction of care plans should be operationalized based on the standards of care in effect in the clinic's geographic area as determined by that region's emergency healthcare coalition, as follows:

- **Conventional Care Phase** – All appropriate clinical care can be provided.
- **Contingency Care Phase** – All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20 percent.
- **Crisis Care Phase** – All emergent and urgent care can be provided, as well as elective care, the postponement of which for more than 90 days would, in the judgement of the clinician, cause harm, as described in Gov. Inslee's May 7 interpretive statement regarding non-urgent medical procedures.

This sample expansion of care plan may be used by your organization as a baseline when developing the expansion and contraction of your organization's care plans:

CRISIS CARE PHASE	CONTINGENCY CARE PHASE	CONVENTIONAL CARE PHASE
High acuity treatment or services where delay would result in: - Advancement of disease process or complications - Potential for more complex future treatment - Increased loss of function - Worsening of significant or severe pain *Examples include:* *Post-operative cases, acute onset of a new condition, established conditions presenting with significant status change or flare in symptoms*	*High and intermediate acuity treatment or services where delay would result in:* - Deterioration of patient's condition or overall health - Delay would result in a less positive functional outcome - Treatment is required to delay surgical care *Examples include:* *Pre-operative cases, new cases with symptoms presenting < 1-month, existing cases with increasing or new symptoms.*	*High acuity, intermediate acuity, low acuity treatment or services.* *Examples include:* - *New cases with symptoms > 1-month* - *Established patients with stable symptoms or conditions* - *Preventative screenings* - *Wellness visits and programs*

You will find many resources on the APTA website including practice-setting specific guidance on this web page.

Guidance for Expanding Patient Care

- Communicate with patients via email or text message, your website, and a posted notice upon entering the clinic, about the precautions you are taking and what will be required of them (masks, for example).
- Provide each patient with the options available for their care: in person, telehealth, postpone.
- Appropriately use telemedicine when possible.
- Consider removing all unnecessary objects from the waiting area and any check-in areas. Provide disposable pens for single use or sanitize after use by patients. Remove shared contact items such as a check- in clipboard. Sanitize the check-in counter after each patient encounter.
- The day before and immediately prior to patient visits, screen patients for COVID-19 symptoms including fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and new loss of taste or smell, or any other signs of illness.
- Use on-site fever screening and self-reporting of COVID-19 symptom screening for all patients and team members prior to (preferred), or immediately upon, entering a facility or practice.
- Limit visitors to those essential for the patient's well-being and care. Visitors should be screened for symptoms prior to entering a healthcare facility and ideally telephonically prior to arriving.
- Visitors, who are able, should wear a cloth face covering at all times while in the healthcare facility as part of universal source control.
- Ambulatory patients, who are able and when consistent with the care being received, should wear a cloth face covering while in the healthcare facility as part of universal source control.
- Patients and providers should wash hands before and after each treatment session. Utilize single use towels and, if possible, an automatic soap dispenser. Make sanitizer available in multiple locations throughout the clinic.
- Post signage that strongly encourages team members and patients to wash hands with soap and water frequently or use hand sanitizer, avoid touching their face, and practice cough etiquette.
- Team members should wear face masks (surgical masks preferred, if available) when inside the clinic.
- Wear gloves when in close personal contact with patients, such as when providing manual therapy.
- Maintain strict social distancing in patient scheduling, check-in processes, positioning and movement within a facility. Set up waiting rooms and patient care areas to facilitate patients and staff to maintain ≥6 feet of distance between them whenever possible, space out appointments, and consider scheduling or spatially separating visits.
- Frequently clean and disinfect treatment areas, equipment, and high-touch surfaces regularly using an EPA-registered disinfectant.
- Frequently clean and disinfect restrooms. Restrict, if possible, to patient and employee needs.
- Consider installing high-efficiency air filters.
- Consider increasing ventilation rates in the work environment.
- If you learn that a patient has become infected with COVID-19, contact your local health department for operational guidance. Thoroughly disinfect all areas where the patient was present.
- Identify and implement strategies that address team members who have had unprotected exposures to COVID-19 positive patients, are symptomatic, or ill, which should include requiring COVID-19 positive team members to stay at home while infectious, and potentially restricting team members who were directly exposed to the COVID-19 positive team member. Timely notification of anyone who has been exposed and appropriate testing should be a component of these strategies. Follow CDC cleaning guidelines to deep clean after reports of a team member with suspected or confirmed COVID-19 illness. This may involve the closure of the business until the location can be properly disinfected.
- Follow requirements in Governor Inslee's Proclamation 20-46 High-Risk Employees – Workers' Rights.
- Develop a formal employee feedback process to obtain direct input regarding care delivery processes, protective supplies and equipment, and technology availability related to expansion of care.

Find Governor Inslee's May 18 announcement about the safe expansion of non-urgent medical care here.
Please visit the PTWA COVID-19 web page and the APTA COVID-19 web page for additional updates.