

NEW PLYMOUTH PHYSIOTHERAPY



For Every Body that Moves

COVID-19 LEVEL 2 GUIDELINES FOR PHYSIOTHERAPISTS NEW PLYMOUTH PHYSIOTHERAPY

LEVEL 2: MAY 2020 (this is a living document and will be updated as information from the Ministry of Health (MOH) is released)

All staff must keep up to date and have knowledge and understanding of relevant and current Health and Safety procedures and advice from the Ministry of Health.

CRITERIA FOR FACE-TO-FACE CONSULTATION

Tele-health and virtual appointments are still the preferred option during Alert Level 2.

Patients will be able to be seen in person if the following processes and assessments are done:

- Screening for COVID-19 symptoms prior to in person appointment (see appendix 1)
- Physical distancing measures
- Infection prevention control measures including PPE where required (see appendix 2)
- Practitioners will be able to travel within and to the neighbouring regions to provide care to patients and receive training.
- Group treatment (e.g. exercise classes) can occur so long as physical distancing is in place.

SCREENING

- Screening of patients and any support persons for risk of COVID-19 prior to face-to-face consultations is mandatory.
- Patients will be screened when booking their appointment by the front office staff, and then re-screened when they arrive at the clinic by their physiotherapist.
- When making an appointment for a face-to-face consultation, please advise patients if they do develop symptoms between booking and attending their consultation, they must call to cancel their face-to-face consultation.
- If the patient or someone within their bubble have any symptoms on screening do not allow them into the clinic. Advise them to seek medical clearance.
- If you are sick, you stay home and get tested.

See appendix 3 for guidelines on screening

CLINIC LOG AND CONTACT TRACING

- Gensolve will be used to keep an accurate record of each patient who has been seen face-to-face.
- Ensure their full name, phone number and address are correct and up to date.
- Gensolve will also be used to track arrival and departure times of patients.
- If there is a support person with the patient, their details are also recorded. The same information will be required to be collected and will be completed by front office staff.
- A clinic log will be kept and will include all staff arrival and departure times. This log will be kept electronically in the form of a google doc. You will be required to log on and enter your arrival and departure time and location each day.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The Ministry of Health has provided guidance around the requirements for PPE. Please see appendix 4 for the requirements of staff.

In general, the Ministry of Health advise that if a patient has been screened as per the protocol in appendix 3, is not symptomatic, the physiotherapist is not undertaking an aerosol generating procedure, and there is no exposure to bodily fluids, then physiotherapists are not required to wear PPE.

These guidelines also apply to close up manual therapy techniques such as cervical mobilisation.

Physiotherapists or patients however, may still choose to wear a mask if they wish.

If a patient is part of a vulnerable group (>70 years old, has multiple medical conditions and or respiratory conditions) and maintaining physical distancing of at least 2 metres is not possible, the physiotherapist should wear a surgical mask, irrespective of the type of care to be provided.

PPE gloves/gowns are otherwise only required if there will be exposure to bodily fluids.

TREATING VULNERABLE PEOPLE

People at high risk of severe illness (older people and those with multiple medical conditions) are encouraged to stay at home.

The risks and benefits of seeing these patients face-to-face need to be discussed and addressed. If it is more appropriate to conduct a tele-health consultation this form of assessment must take priority.

It is the patients decision if they are seen face-to-face, however appropriate screening of the patient must be completed.

Surgical masks must be worn by the physiotherapist and it must be documented that all appropriate warnings have been given and the patient consented to being treated face-to-face.

CLINIC PREPARATION FOR LEVEL 2

- All staff are expected to keep up to date with current guidelines.
- Front office staff are expected to screen patients over the phone when booking appointments (see appendix ...). It will be documented by the front office staff in the patients file that this has been completed. Patients will be screened again by the physiotherapists when they attend their appointment.
- All staff must not attend work if they have any COVID-19 symptoms.
- All staff must advise patients that they will not be seen if they have any COVID-19 symptoms.
- All patients will enter the clinic via the front door. The first door will remain open to limit the number of surfaces patients touch.
- All patients will be advised to use hand sanitiser before they enter the clinic. Hand sanitiser will be located on a table at the front door at the Powderham street clinic and at the front counters of Rampage City and Rampage North. When seeing patients at Oakura and Opunake the physiotherapist will provide them with hand sanitiser before they enter the treatment room.
- All patients are required to use hand sanitiser when they leave the clinic.
- PPE will be provided and placed in the front office and in each treatment room. Please see appendix 5 on guidelines for donning and removing and disposing of PPE.
- Front office staff will be expected to clean the front office bench, front door handles, computer keyboard, phone, chairs in the waiting room and the EFTPOS machine. An alcohol wipe will be used to clean these surfaces and they will be cleaned between every use.
- Chairs in the waiting room will be spaced out to ensure there is 1-2m distance between each chair. Only 3 chairs will be available in the waiting room.
- The cleaning protocol for each room is attached, see appendix...
- A maximum of 3 physiotherapists will be in the clinic at once to limit patient numbers.
- Appointment times will be staggered and 15min is allocated between each patient to ensure appropriate cleaning is under taken.
- The clinic toilet will not be open to patients. Front office staff need to make patients aware of this.
- During level 2 there is strictly no walk ins
- All unnecessary items have been removed from reception and the waiting room.

PREPARATION FOR FACE-TO-FACE CONSULTATIONS

- All patients will be screened for COVID-19 signs/symptoms by phone prior to their appointment and on the day of their appointment, see appendix 1 & 3.
- All patients will be screened for vulnerabilities such as elderly (>70) or having significant co morbidities (respiratory conditions). Tele-health needs to be offered, however if the patient consents to being seen face-to-face it must be documented that all the appropriate warnings have been given.
- When making an appointment give clear instructions to patients regarding where to come, what to expect when they arrive, and how things may differ from their usual visits (see above in the clinic preparation for level 2 paragraph).
- Inform them they can bring their own masks if they wish and that masks and gloves will be available for use on arrival.
- Each physiotherapist will be allocated to one room each day and it is their responsibility to ensure the cleaning protocol is followed.
- Sharing of equipment needs to be avoid. If this is not possible, thorough cleaning of the touched equipment is required (such as tape measures, tendon hammers, gym equipment).
- All high use areas (benches, door handles, plinths) must be cleaned and disinfected regularly
- The front clinic door will remain open at all times to decrease the number of surfaces patients come in contact with.

DURING CLINIC VISIT

- All patients will be re-screen for any COVID-19 signs or symptoms on arrival. If they are deemed to be a risk, do not continue with the clinic consultation and advise them they require medical clearance before they can be seen in the clinic (appendix 1 & 3).
- Ensure all patients and support people 'hand sanitise' on arrival and departure from the clinic.
- Physiotherapists are to fill out any paperwork and forms for the patient (sign with cleaned pen). If the patient can be sent an online consent form prior to attending their appointment this is the preferred protocol.
- Where possible allow only the patient to be present in the clinic; a carer or guardian may be allowed to accompany the patient in appropriate circumstances so long as they are screened first and are free from COVID-19 signs or symptoms.
- All contact details for the patient and each person accompanying the patient must be confirmed and up to date. Inform them that these details may be used for contact tracing, if required.
- Maintain at least one metre separation where possible during the subjective examination.
- PPE requirements are as advised by the Ministry of Health
- Use a barrier such as a towel if doing a procedure/examination where the patient's body is in contact with the therapist. These towels are to be single use only and laundered between use.
- Minimise contact time closer than one metre
- Follow all hand and hygiene practices, see appendix 7.

- If you have to use a pillow or sheet with a patient, ensure this is single use only and is replaced between patients. Put all used sheets, pillow cases and towels into the provided laundry bag immediately.

POST CLINIC VISIT

- Follow the cleaning protocol outlined in appendix 6. Ensure you change sheets and pillow cases if they have been used and wipe down all equipment used after each patient contact.
- Carry out correct steps for safe removal and disposal of any PPE used, see appendix 5.
- PPE and waste will be disposed of in the provided closed clinical waste bin.

AFTER CLINIC FINISHED

- Physiotherapist and support staff must leave the clinic through the back door.
- read and follow Ministry of Health guidance on [how to keep your home bubble whānau safe](#)

SIGNS AND SYMPTOMS OF COVID-19

Symptoms of COVID-19 are similar to a range of other illnesses, such as influenza.

Having them does not necessarily mean that you have COVID-19. Symptoms include:

- a cough
- a high temperature (at least 38°C)
- shortness of breath
- sore throat
- sneezing and runny nose
- temporary loss of smell.

If you have these symptoms please call Healthline for free on 0800 358 5453 or you can call your doctor immediately. If you're outside New Zealand call +64 9 358 5453 or your doctor. Call your doctor before visiting.



Cough or sneeze into your elbow

It keeps the virus off your hands, so you won't spread it
to other people and make them sick too.

Find out more at
Covid19.govt.nz

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Washing and drying your hands kills the virus

Wash often. Use soap. 20 seconds. Then dry.
This kills the virus by bursting its protective bubble.

Find out more at
Covid19.govt.nz

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COVID-19

COVID-19 case definitions

16 April 2020

The Ministry of Health has developed the following case definitions for COVID-19 based on expert advice from our Technical Advisory Group. The case definitions take into account New Zealand's current aim to eliminate COVID-19. This means our suspect case definition needs to be broad enough to capture all those who may have the disease. As the symptoms of COVID-19 are similar to other viruses, many of those who meet the suspect case definition will not have COVID-19. Other conditions that require urgent assessment and management should always be considered alongside COVID-19.

However, it is critical for our elimination goal that all people meeting the suspect, under investigation, probable or confirmed case definitions isolate themselves to reduce the risk to others.

Suspect case

A suspect case satisfies the following clinical criteria:

Any acute respiratory infection with at least one of the following symptoms: cough, sore throat, shortness of breath, coryza¹, anosmia² with or without fever.

[View definitions of close and casual contacts.](#)

Testing

All people³ meeting the suspect case definition for COVID-19, or where the clinician has a high degree of suspicion⁴, should be tested to confirm or exclude a diagnosis.

¹ Coryza – head cold e.g. runny nose, sneezing, post-nasal drip.

² Anosmia – loss of sense of smell.

³ Should there be local capacity issues, the following should be prioritised:

- close contacts of probable or confirmed cases
- people meeting the clinical criteria who have travelled overseas in the last 14 days, or have had contact, in the last 14 days, with someone else who has recently travelled overseas
- hospital inpatients who meet the clinical criteria
- health care workers meeting the clinical criteria
- other essential workers meeting the clinical criteria
- people meeting the clinical criteria who reside in (or are being admitted into) a vulnerable communal environment including aged residential care
- people meeting the clinical criteria who reside in large extended families in confined household/ living conditions such as Māori and Pacific communities/families
- people meeting the clinical criteria who may expose a large number of contacts to infection (including barracks, hostels, halls of residence, shelters etc)

⁴ Some people may not meet the suspect case definition but may present with symptoms such as only: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability. If there is not another likely diagnosis, **and** they have a link to a recent traveller, a confirmed, or probable case, consider testing.

In addition, more extensive testing, including testing of people who are asymptomatic, may be required on advice from the local Medical Officer of Health:

- when an outbreak or cluster is suspected, or being investigated
- when a case is identified in a vulnerable residential institution such as an aged residential care facility.

Testing of individuals who are asymptomatic is NOT recommended unless requested by the local Medical Officer of Health.

Under investigation case

A case (eg, suspect case or asymptomatic person who has been tested⁵) where information is not yet available to classify it as confirmed, probable or not a case.

Probable case

- A case that meets the clinical criteria where other known aetiologies that fully explain the clinical presentation have been excluded and either has laboratory suggestive evidence or for whom testing for SARS-CoV-2 is inconclusive, or
- a close contact of a confirmed case that either meets the clinical criteria and for whom testing cannot be performed, or
- a is a negative result but a public health risk assessment indicates they should be classified as a probable case.

Laboratory suggestive evidence requires detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR).

Confirmed case

A case that has laboratory definitive evidence.

Laboratory definitive evidence requires at least one of the following:

- detection of SARS-CoV-2 from a clinical specimen using a validated NAAT (PCR)
- detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing
- significant rise in IgG antibody level to SARS-CoV-2 between paired sera (when serological testing becomes available).

Not a case

An 'under investigation' case who has a negative test and has been assessed as not a case.

Managing suspect cases who are not tested

The key principle is to reduce transmission from person-to-person. That means reducing the contact that people who may have the virus have with others while they are infectious.

⁵ On advice from the local Medical Officer of Health.

If a person has symptoms consistent with the case definition for COVID-19, and other diagnoses that require urgent assessment and management are excluded, and for whatever reason they are not tested, they should be considered a suspect case and isolate at home (if mild symptoms) till 48 hours after symptoms resolve and at least 10 days after symptom onset.

Managing close contacts of suspect cases who are not tested

Any household or other close contacts of suspect cases (who are not tested) should be meticulous with physical distancing, hand hygiene and cough etiquette. They do not need to self-quarantine. If symptoms develop within 14 days of the last exposure to the suspect case, they should immediately self-isolate and phone Healthline.

Managing close contacts of cases under investigation

Any household contacts of cases under investigation should self-quarantine while awaiting test results. They should be meticulous with physical distancing, hand hygiene and cough etiquette, and immediately isolate and phone Healthline if symptoms develop.

Managing close contacts of a confirmed or probable case

Household and other close contacts of confirmed or probable cases should self-quarantine and be managed at home with monitoring for symptoms. If they develop symptoms they should be tested and stay in isolation until results are available. Further advice on the management of close contacts of probable and confirmed cases is available in the Advice for Health Professionals.

Red flags which should mandate urgent clinical review and potential hospital admission

- Respiratory distress
- Dyspnoea (included reported history of new dyspnoea on exertion)
- Haemoptysis
- Altered mental state
- Clinical signs of shock eg, low blood pressure, fainting
- Unable to mobilise without assistance by carers
- Unable to safely provide self-care
- No alternate carers available
- Any other reason that may require hospital admission as assessed by a health professional.

COVID-19

Personal protective equipment (PPE) requirement for community care providers who are providing care in people's place of residence

Includes aged residential care, hospice, home and disability support, and mental health

In the context of COVID-19, in some cases more precautions than usual are advised, to protect both the client and the health care worker.

When you do not know someone's COVID-19 status, please ask the following risk assessment questions prior to the interaction where possible, or maintain physical distancing at the start of the interaction while they are asked:

1. Does the patient/client have new or worsening respiratory symptoms including one of the following: cough, sore throat, shortness of breath, coryza (runny nose) or temporary loss of smell, with or without fever?
If 'yes,' then this person may have COVID-19. They need to be provided a surgical mask to wear while supporting them to have a formal assessment through their GP or Healthline. If you need to provide any essential cares while awaiting this assessment, please refer to **table 1** for advice on required PPE. If you do not need to provide essential care, please put on a surgical mask and maintain physical distancing of 2 metres if possible.
2. Have they been in contact in the last two weeks with others who have been unwell with respiratory symptoms or fever, or are suspected or confirmed to have COVID-19?
3. Is the patient/client at higher risk of severe illness from COVID-19 (as per www.health.govt.nz/covid-19-health-advice-general-public)?

If the answer is 'yes' to question 2 or 3 and maintaining physical distancing of at least 2 metres is not possible, the care provider should wear a surgical mask, irrespective of the type of care to be provided. Additional PPE may be required depending on the nature of the care to be undertaken, as outlined in **table 2**.

Table 1: When providing care to people who **have symptoms consistent with COVID-19 or are a suspected, probable or confirmed case of COVID-19**

	 Hand Hygiene [†]	 Surgical Mask	 N95/P2 Mask [‡]	 Eye Protection*	 Gloves	 Fluid Resistant Gown
Providing essential client care	✓	✓	✗	✓	✓	✓

Table 2: When providing care to people who **do not have symptoms consistent with COVID-19 and are not a suspected, probable or confirmed case of COVID-19**

	 Hand Hygiene [†]	 Surgical Mask	 N95/P2 Mask [‡]	 Eye Protection*	 Gloves	 Plastic Apron
Providing non contact or personal care (not involving contact with blood or body fluids)	✓	✓	✗	✗	✗	✗
Providing care that may involve exposure to blood, body fluids, secretions, and excretions	✓	After risk assessment identifies there is a risk and it's not possible to maintain physical distancing of 2 metres.	✗	Standard precautions should be used for all patient care activities as usual. This means wearing the correct PPE based on your risk of exposure to blood, body fluids, secretions and excretions. See FAQ about Standard Precautions for more information.		

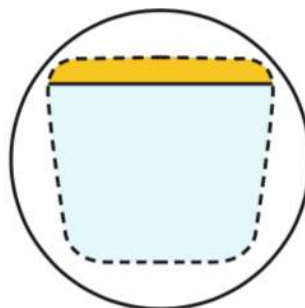
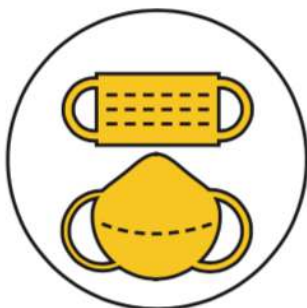
Please refer to guidance on donning and doffing of PPE and Ministry information on COVID-19. www.health.govt.nz/ppe-health. Please dispose of PPE safely.

Steps to **put on** PPE safely

1.



2.



3.



Steps to **remove** PPE safely (ANTEROOM)

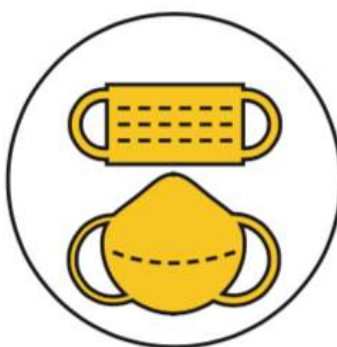
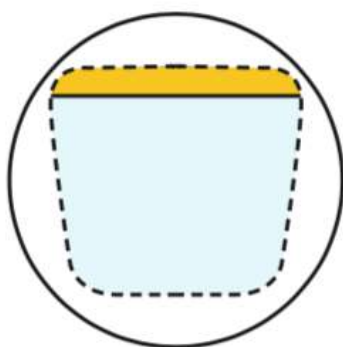
1.



2.



3.



4.



Steps to **remove** PPE safely (NO ANTEROOM)

1. In the patient room



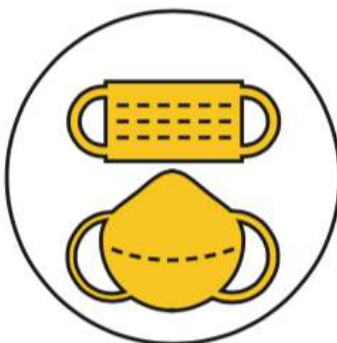
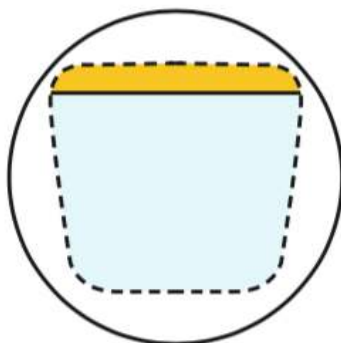
2.



3. Outside the patient room



4.



CLEANING PROTOCOL

This cleaning protocol will be followed and implemented by all New Plymouth Physiotherapy staff.

- Areas of known contamination ie: door handles, benches, plinths or any other surface which has been touched by the physiotherapist or the patient will be wiped down before and after the consultation with an alcohol based cleaning product.
- Any cleaning wipe used will be disposed of in the appropriate rubbish bin.
- Paper towels will be used at the head and foot of the plinth and changed between patients.
- The plinth will be wiped down before and after patients with an alcohol based cleaning product.
- If possible avoid using equipment during an assessment. If it is used then please disinfect before and after use.
- Wash hands before and after patients and always follow the hand and hygiene protocols outlined by the Ministry of Health
- Cough or sneeze into your elbow or by covering your mouth and nose with tissues
- Put used tissues in the bin or a bag immediately
- Wash your hands with soap and water often (for at least 20 seconds)
- Avoid close contact with people who are unwell
- Don't touch your eyes, nose or mouth if your hands are not clean
- Clean surfaces regularly such as touch screens, hard surfaces, door handles and plinths



Washing and drying your hands kills the virus

Wash often. Use soap. 20 seconds. Then dry.
This kills the virus by bursting its protective bubble.

Find out more at
[Covid19.gov.uk](#)

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