

INTERIM RECOMMENDATIONS ON PHYSICAL THERAPY SERVICES DURING THE COVID-19 PANDEMIC

**PHILIPPINE
PHYSICAL THERAPY
ASSOCIATION, INC.**



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	4: Proper donning and doffing of PPE

This document was produced through the contributions of the following PPTA members:

Steering Committee

Juan C. Doco
Harvey C. Domingo
Catherine Joy T. Escuadra
Michael P. Gabilo
Christian Rey D. Rimando
Vanessa N. Sardan-Perez

Specific Recommendations for Various Physical Therapy Practice Settings:

Hospitals

Jake C. Caputolan
Ezekiel L. Cefre
Arnold P. Dalusong
Juan C. Doco
Maribeth Anne P. Gelisanga
Gayline F. Manalang Jr.
Kristine Dianne M. Marders
Joy Loreen D. Medina
Allan Godfrey A. Pagdilao
Bjorn Romgel A. Tabangcura

Privately-owned or Freestanding outpatient PT clinics

Baldhomero L. Ranjo II
PPTA Pediatric Special Interest Group Executive Committee and Officers

Community-based Rehabilitation

Napoleon R. Caballero
Allan G. Tugonon
Sheila Marie D. Tugonon
Maybelle Anne L. Zamora

Home Health

Royson A. Mercado
Christian Rey D. Rimando

Technical Editing and Lay-out:

Michael P. Gabilo
Arthur Gerald B. Quirante

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Introduction

The practice of physical therapy (*physiotherapy*) requires physical contact with patients/clients thus it poses a higher risk for the practitioner and patient to transmit infectious diseases like COVID-19. Therefore, stringent measures on infection prevention and control (IPC) should be observed at all times.

Proper hand washing or hand hygiene techniques, wearing of appropriate personal protective equipment (PPE), modality/equipment disinfection, physical distancing, patient education, and health promotion are just some of the measures that have been emphasized in the emergence of COVID-19 pandemic. It is the professional responsibility of the physical therapist to take the lead in employing strict infection control measures to prevent the spread of the COVID-19 during physical therapy management.

Being an organization for Filipino physical therapists providing the impetus for a robust physical therapy practice in the country, the Philippine Physical Therapy Association (PPTA) Board of Officers constituted an *ad hoc* committee last May 2020. The group is composed of clinicians and practitioners from various fields of physical therapy practice such as in the hospitals, community-based rehabilitation (CBR), free-standing physical therapy clinics, and home healthcare practice to come up with specific recommendations concerning the resumption, operation, and provision of physical therapy services on these settings in the context of quarantine protocols.

Thus, the PPTA is publishing this “**Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic**” to assist physical therapists all over the country in **making guided decisions** as to **infection control** in their respective practice settings and to facilitate their **delivery of health and physical therapy services** in light of the COVID- 19 pandemic. This document was created for **Filipino physical therapists practicing in the Philippines** and can be used as guidance for the delivery of physical therapy services in the country during the community quarantine period. The recommendations are meant to supplement and not replace any existing policies of institutions which you should abide.

As mentioned, members of the *ad hoc* committee were divided into four clusters namely: (1) physical therapists working in **hospitals (*private and government*)**, (2) physical therapists affiliated with **free-standing physical therapy clinics**, (3) physical therapists immersed in **community-based rehabilitation**, and (4) practicing as **home healthcare** physical therapists. They were given the opportunity to consult colleagues from aforesaid settings to determine the best practices and conduct a technical review of local and foreign literatures, national government circular orders and memoranda from Inter-Agency Task Force for the Management of Emerging Infectious Diseases (*IATF-EID*), Department of Health (*DOH*), Department of Labor and Employment (*DOLE*), and international health agencies namely World Health Organization (*WHO*), World Physiotherapy (*WPT*), and Center for Disease Control and Prevention (*CDC*).

INTRODUCTION

Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic Philippine Physical Therapy Association (August 2020)

For PT educators, a separate guidebook will be released by the Commission on Higher Education – Technical Committee for Physical Therapy Education (*CHED-TCPTE*), in collaboration with the PPTA and Philippine Association of Rehabilitation Sciences Schools, to facilitate the concerns and issues of higher educational institutions and training (*affiliating*) centers/hospitals in the delivery of their programs.

Because of the rapidly evolving situation, this document shall be updated once latest and pertinent information and advisories from local and international agencies become available. For clarifications and queries pertaining to this document, PPTA can be contacted via our official email account, pptaboard@gmail.com, or through our social media arms.

General Recommendations

PPTA is utilizing the **3C Framework** to ensure a safer, more effective, and equitable delivery of physical therapy service especially in the emergence of infectious diseases like COVID-19.

PPTA believes in the “safety first” principle for both clients and the practitioner. It is the duty of the physical therapist to prioritize the safety of the patient. Vulnerable populations (*extremes of age and those with existing medical conditions compromising their immunity*) seeking physical therapy sessions should be properly evaluated for the feasibility of attending a face-to-face session or explore other alternative methods of attending to their needs. In the official statement of PPTA, dated 18 March 2020, patients/clients were reminded to wear appropriate protective equipment and to bring valid ID, document, and rehabilitation prescription or schedule as a proof of travel on checkpoints if crossing boundaries is warranted.

This document reiterates the guidelines of Philippine government related to provision of PPE to healthcare workers by employers. The work of physical therapists, as an integral part of the healthcare workforce and recognized to play an important role in the management of COVID-19 (*both in the acute and recovery phase; see World Physiotherapy COVID-19 Briefing Paper, May 2020*), <https://world.physio/sites/default/files/2020-07/Education-Briefing-paper-1-HEI.pdf>, warrants equal opportunity to be supplied and provided with PPE as they perform their treatment/therapy sessions with their clients.

- Department of Health
 - Administrative Order 2020-016: Minimum Health System Capacity Standards for COVID-19 Preparedness & Response Strategies <https://www.doh.gov.ph/sites/default/files/health-update/ao2020-0016.pdf>
- Department of Labor and Employment
 - RA 11058: An Act Strengthening Compliance With Occupational Safety and Health Standards and Providing Penalties For Violation thereof http://bwc.dole.gov.ph/images/Issuances/RA_11058_OSHLAW.pdf
 - Interim Guidelines on Workplace and Control of COVID-19: <https://www.dole.gov.ph/news/dti-and-dole-interim-guidelines-on-workplace-prevention-and-control-of-covid-19/>
- World Physiotherapy
 - #PPE4PT advocacy campaign in support of access to personal protective equipment for physiotherapists: <https://www.world.physio/covid-19-information-hub/ppe4pt-advocacy-campaign>
 - <https://world.physio/sites/default/files/2020-07/Education-Briefing-paper-1-HEI.pdf>

GENERAL RECOMMENDATIONS

Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic

Philippine Physical Therapy Association (August 2020)

- WHO
 - Rights, Roles, and Responsibilities of Health Workers, including key considerations for occupational safety and health: https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

In the context of a health crisis like the COVID-19 pandemic, PT clinicians should be able to address methodological challenges in providing services to their patients/clients. Physical therapists should consider the preferences of the patient/client with a sound clinical decision making as to the most practical type of assessment procedures and interventions by weighing the advantages and disadvantages without compromising the health benefits and accuracy.

In order to effectively carry out the physical therapy interventions provided to the clients, practitioners should follow this Physical Therapy Process.

1. Pre-entry screening
 - Initial screening before entry to the facility or patient's home is recommended. This includes temperature screening of entering patients, caregivers, reporting clinicians and staff, and wearing of appropriate PPEs.
2. Health and Safety Orientation
 - Patients/clients, caregivers, PT staff, and employees should be properly and constantly oriented on the infection prevention and control (*IPC*) measures. Information, education, and communication (*IEC*) materials must be available at key locations.
3. Focused patient/client screening
 - PPTA recommends clinicians to perform a thorough screening procedure for the patient particularly practice settings where triage officers or medical doctors are not available.
4. Physical Therapy Assessment
 - Conduct PT assessment while constantly observing IPC measures without compromising the assessment tool's reliability.
5. Physical Therapy Intervention
 - Perform PT treatment sessions while constantly observing IPC measures and patient safety without compromising the benefits of the intervention.
6. Re-assessment
 - In order to ensure effectiveness of treatment, regularly assess the patient/client's response particularly if a non-conventional or innovative approach/intervention has been utilized

GENERAL RECOMMENDATIONS

Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic

Philippine Physical Therapy Association (August 2020)

The 3C Framework for Physical Therapy Delivery in the COVID-19 Situation



Figure 1. The PPTA 3C Framework for Physical Therapy Delivery in the Philippines During the COVID-19 Pandemic

Philippine Physical Therapy Association, August 2020

The 3C Framework enshrines the principles of the recommendation points set henceforth. The framework reasserts the continuity of rehabilitation services as part of the essential health services during the COVID-19 pandemic. In doing so, all stakeholders must be guaranteed of their individual rights to health and safety. This would then require the need for end-to-end co-responsibility, which means that not only the deliverers of healthcare are responsible for managing the contagion but the recipients of care have to be as committed and responsible. Successful healthcare management during this time of pandemic is possible if all of us will help and look out for each other.

CARE

- *Continuous delivery of rehabilitation*
 - Rehabilitation is important and vital
 - Patients/clients who need physical therapy care shall receive physical therapy care
- *Health and Safety for all*
 - Establish, communicate, and implement IPC measures
 - Establish, communicate, and implement workplace control measures
 - Ensure personal protective equipment (*PPE*) access
- *Flexible physical therapy delivery systems*
 - Discern the need for actual patient contact
 - Consider reducing patient visits while emphasizing home exercise program
 - Explore remote modes of care delivery: telerehabilitation

COMMUNICATE

- *Health status disclosure*
 - Patients must be honest about their health and exposure status
 - Physical therapists must be honest about their health and exposure status

GENERAL RECOMMENDATIONS

Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic Philippine Physical Therapy Association (August 2020)

- *Open communication*
 - Keep open communication among patients, members of the healthcare team, and clinic managers
- *Informed consent*
 - Patients and caregivers must be properly oriented before proceeding to their choice of care
- *Health promotion and education*
 - Educate patients AND caregivers on IPC measures
 - Educate ALL personnel on IPC measures

COOPERATE

- *Adherence to policies and protocols*
 - All stakeholders must abide by existing national, local, and institutional policies and protocol related to the management of the COVID-19 crisis
- *Interprofessional collaboration*
 - Collaborate closely with referring or attending physicians in the management of patients
 - Collaborate closely with other healthcare team members in the management of patients
- *Life-long learning for physical therapists*
 - Engage in COVID-19-related learning activities
 - Explore alternative means of improving rehabilitation delivery in this crisis

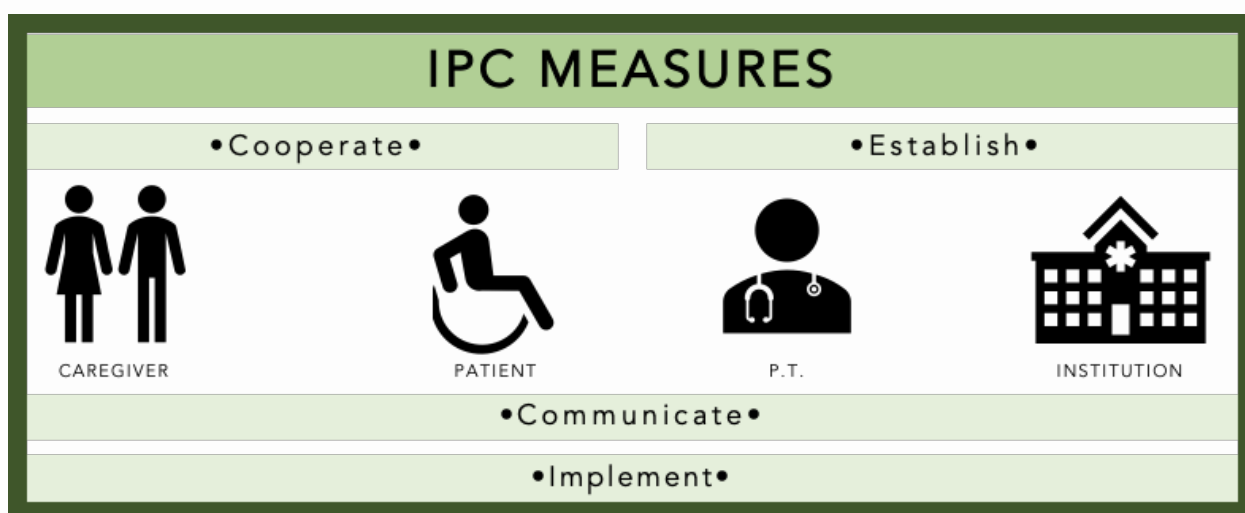


Figure 2. The different stakeholders that plays a role in ensuring that IPC measures are observed and implemented

Philippine Physical Therapy Association, August 2020

Specific Recommendations for Various Physical Therapy Practice Settings:

- A. Hospitals**
- B. Privately-owned or Freestanding Outpatient Physical Therapy Clinics**
- C. Community-Based Rehabilitation**
- D. Home Health**

Specific Recommendations Concerning the Resumption and Operation of Physical Therapy Services in Philippine Hospitals during the COVID-19 Pandemic

This guidance was derived from the practical experiences of the *ad hoc* group members and the most current available references from local and international authorities. It is for institutions that are to resume physical therapy clinic operations or are continuing their operations but re-evaluating their strategies. The goal of this guidance is to enable physical therapy staff to provide the best possible physical therapy services during the COVID-19 pandemic, ensuring their health and safety as they do so.

These specific recommendations for hospitals may be used as a basis for decision making for clinic operations related to COVID-19, particularly for hospitals intending to re-open physical therapy clinics. It does not intend to replace measures where there is clear and complete institutional guidance on infection control and personal protection measures for COVID-19. Rather, it can be used to complement and/or improve current operations towards the best health and safety situation for the physical therapy staff.

References used in this guidance are supplied at the end of the document. The *ad hoc* group would like to emphasize that it is the responsibility of the physical therapy staff, together with hospital administrators, to ensure that the recommendations are tailored to their needs and to adhere to the most current references.

Disclaimer: This document may be used as basis in decision making for clinic operations related to COVID-19. However, this does not intend to replace the institution's health and safety measures that are already in place. Further, prior to physical therapy staff treating confirmed COVID patients, the institution must ensure safety by ensuring that all infection controls are in place and appropriate personal protective equipment are provided (*refer to Annex 3*).

HOSPITALS

*Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic
Philippine Physical Therapy Association (August 2020)*



*Figure 3. Algorithm for Decision Making in Opening Physical Therapy Clinics in Hospitals
Philippine Physical Therapy Association, August 2020*

It is recommended that physical therapy staff critically evaluate with hospital administration whether they should open/continue operating the physical therapy clinic. The most current guidelines from local and international authorities must be consulted for informed decision making.

Physical therapy staff can refer to references or algorithms such as Workplaces Decision Tool from the US Centers for Disease Control to provide direction. This PPTA guideline is inspired by this CDC algorithm to conveniently organize its specific recommendations (*see figure 1*).

If the hospital is considering resumption of physical therapy services, it should do so as consistent with applicable hospital and Philippine government policies. Moreover, it should commit resources to protect physical therapy staff from COVID-19, minimizing if not altogether eliminating their occupational risk.

Both conditions should be met before proceeding to consider the specific recommendations for operations.

Specific recommendations for safeguarding physical therapy services in the hospital

1. Establish health and safety measures in accordance to standards and guidelines
 - Distinguish the physical therapy service areas into zones for judicious use of personal protective equipment (*PPE*)***
 - a. Red Zone: COVID areas (high risk) with direct patient contact
 - PPE level 3 for exposure less than 4 hours; PPE level 4 for more than 4 hours: coveralls, goggles/face shield, N95 masks, dedicated shoes and scrubs, surgical cap, double gloves, shoe covers
 - b. Orange Zone: COVID areas (*moderate risk*)
 - PPE level 3: cap, goggles/face shield, N95 mask, gloves, disposable gown or impermeable coveralls.
 - c. Green Zone: NON-COVID areas adjacent to COVID wards
 - PPE level 2: surgical mask, goggles/face shield; alcohol/hand hygiene
 - Use PPE level 3 during direct patient contact.
 - d. Lowest risk areas: NON-COVID areas
 - PPE level 1: surgical mask, alcohol/hand hygiene

***PPTA strongly advocates this particular section of the document to be a practice among PTs working in the hospitals.

- Allocate a donning and doffing area for healthcare workers getting in and out of orange and red zones.
- Layout safe routes to the physical therapy facility and access for food/dining areas.
- Allocate a waiting area for caregivers and patient companions that comply with appropriate hygiene practices and physical distancing.

- Provide adequate ventilation in the treatment area (*negative pressure ventilation and filtered exhaust for COVID areas*).
- Procure adequate equipment and supplies for personal protection and disinfection (*see Annex 3*).

2. Promote healthy hygiene practices

- Practices of Physical Therapists.

The physical therapy staff must:

- a. Wear a mask (*surgical*) properly throughout the facility.
- b. Wash hands with soap for 20 seconds. When an alcohol-based hand rub is used, hands must be cleansed for 30 seconds.
- c. Self-monitor for symptoms of COVID-19.
- d. Participate in a buddy system to enculturate health and safety practices (*do not touch face*).
- e. Put up strategically placed infographics or video material to facilitate adherence.
- f. Provide patients and caregivers with written health and safety practices reminders to facilitate adherence.

- Practices of Patients and Caregivers:

Patients and their caregivers must:

- a. Wear a mask (*surgical*) and a face shield (*if required by the local government ordinances and hospital management protocol*) properly throughout the facility.
- b. Wash hands with soap for 20 seconds before and after their stay at the facility. When an alcohol-based hand rub is used, hands must be cleansed for 30 seconds.
- c. Self-monitor for symptoms of COVID-19.

- All employees (*managers, physical therapists, and staff*) physically reporting back to work should wear face shields as mandated by the Joint DOLE-DTI Memorandum Circular No. 20-04.

3. Intensify cleansing, disinfection, and ventilation within the facility

- Change from streetwear into scrubs and leave soiled scrubs in the facility.
- Install a donning and doffing area to healthcare workers getting in and out of orange and red zones.
- Disinfect commonly used items and touched surfaces using *Lysol* concentrate or bleach.
- Disinfect and use PPE correctly:
 - a. Masks and respirators can be reused up to 2-3 days or longer if appropriate precautions are taken.
 - Designate storage area or keep masks in a clean, breathable container between uses
 - Store masks in a way that they do not touch each other
 - Avoid touching face or any part of the mask
 - Perform hand hygiene before and after touching the mask
 - Discard masks and respirators if they:

- i. are used during aerosol generating procedures (*i.e. intubation*)
 - ii. become contaminated with blood, respiratory or nasal secretions, or other body fluids from patients (*consider using a reusable face shield to prevent this*)
 - iii. become soiled, damaged, or hard to breathe through
 - Change gloves between patients.
 - Wash gloved hands with soap and water for 20 seconds between patients in the event that you cannot change gloves.
 - Provide adequate ventilation (*negative pressure ventilation and filtered exhaust for COVID areas*).
 - Timing and frequency of cleaning:
 - a. environmental survival of coronavirus on surfaces based on review of 22 studies:
 - can persist on surfaces (*metal, glass, or plastic*) for up to 9 days
 - can be removed with surface disinfection using 62-71% ethanol OR 0.5% hydrogen peroxide OR 0.5% sodium hypochlorite
 - less effective disinfectants for coronaviruses are 0.05-2% benzalkonium chloride AND 0.02% chlorhexidine digluconate
 - b. cleaning is dependent on the stability of the virus
 - Aerosol (*Half Life, hours: 2.74; Detection limit: up to 3 hours*)
 - Copper (*Half Life, hours: 3.4; Detection limit: up to 4 hours*)
 - Cardboard (*Half Life, hours: 8.45; Detection limit: up to 24 hours*)
 - Steel (*Half Life, hours: 13.1; Detection limit: up to 48 hours*)
 - Plastic (*Half Life, hours: 15.9; Detection limit: up to 72 hours*)
 - Use disposable equipment whenever possible.
 - Clean high touch surfaces.
 - Disallow another person in the room until cleaning is done waiting for at least one (1) hour to allow air exchange (*if sprays are used, personnel should at least wear a gown, gloves, face masks, and eye protection*).
4. Ensure physical distancing such as installing physical barriers, changing layout of workspaces, encouraging telework, closing communal spaces, staggering shifts and breaks, no large events
 - Modify clinic hours so that the services are provided and at the same time the health and safety of the physical therapy staff are protected.
 - a. Public hospitals are advised to refer to civil service guidelines on alternative work arrangements while private hospitals can refer to the same or best practices on the same.
 - b. Consider schedules as affected by available transportation facilities, commute time, and restrictions in mobility of the physical therapy staff and patients/clients
 - Set the number of physical therapists to go on duty based on alternative work arrangements.
 - Set the number of patients that may be accommodated for treatment in the facility while observing space requirements for physical distancing.

- a. Consider organizing treatment areas so that patients are isolated from each other.
 - b. Decrease movement around the facility, encourage bedside therapy for in-patients.
 - c. Limit the physical therapy staff to only one patient an hour to minimize infection and give time for disinfection.
 - Implement alternative service delivery options to minimize face-to-face contact (*e.g. telerehabilitation*).
 - Install physical barriers between areas of the clinic other than treatment areas.
5. Limit travel on official business outside the facility and modify commuting practices
- Minimize or cancel travel to official local and international representations that do not serve pressing needs of the physical therapy service.
 - Encourage participation in professional gatherings through online meeting platforms.
 - Utilize single-accommodation transport such as bicycles or scooters.
 - Ensure physical distancing during mass transit.
 - Wear face shields (*aside from face mask*) when using public transportation as per Department of Transportation (*DOTr*) Memorandum Circular Order 2020-014.
6. Train all staff on occupational health and safety aside from physical therapy skills
- Include trainings on:
 - a. Concepts of biosafety
 - b. Donning and doffing of PPEs
 - c. Pathogenicity of infectious agents
 - d. Patient triage and screening
 - e. Psychological first aid
 - Minimize exposure of physical therapy staff to patients/clients.
 - a. Reduce treatment time.
 - b. Move treatment from face-to-face sessions to telerehabilitation.
 - c. Utilize infographics and video material on the condition being managed as well as health promotion material explaining COVID-19 measures.
 - Conduct continuous and regular self-monitoring for COVID-19 related symptoms.
 - Identify physical therapy staff legally and technically fit to provide PT management.
 - Empower physical therapy staff to upgrade their technical skills to meet the needs in service.
 - Prioritize physical therapy staff's mental health.
 - a. Train physical therapy staff regarding psychological first aid
 - Provide practical care and support that tactfully considers personal situations.
 - Assess needs and concerns relevant to their work.
 - Help physical therapy staff address needs that impact work (*e.g., buying food for the household, laundry services, etc.*)
 - Provide venues to listen to people without pressuring them to talk.

- Comfort physical therapy staff and help them remain calm.
- Help physical therapy staff connect to information, services, and social supports.
- b. Provide sufficient time to eat, rest, and relax.
- c. Keep reasonable working hours to avoid burnout.
- d. Create ways to support each other while at the facility.
- e. Allow opportunities to talk with trusted friends, loved ones, or other people for support.
- f. Facilitate reflection and acceptance of what was done well at work, what did not go very well, and the limits of what one can do.
- g. Allow opportunities for physical activity.
- h. Allot time for meditation or silence.

7. Plan for direct patient contact

- For out-patients:
 - a. The patient may provide a document that states that patient is COVID negative.
 - b. In the absence of a medical clearance, outpatient triage and screening by the physical therapist should be conducted (*with a screening form or a health declaration form*) on top of the screening by the physician.
 - c. An accommodating and private screening area is recommended in an isolated area outside the main clinic.
- Schedule patients in a designated isolated treatment area with physical barriers. Explore scheduling through telephone or electronic mail.
- Encourage patients and staff who are high risk (*i.e., pediatric and geriatric population, pregnant women, and those with co-morbidities*) to stay at home and for such to explore providing or availing telerehabilitation instead.
- Discourage caregivers or companions. A patient whose condition clearly warrants the presence of caregivers will have to request their accommodation accordingly. All will be required to observe the health and safety measures of the clinic, including scheduling to minimize visitors at the facility.
- Designate a waiting area for patients and caregivers that adheres to health and safety practices.
- Reduce contact time without compromising quality of PT management.
 - a. Prioritize physical therapy problems and treatment strategies to administer in person.
 - b. Complement treatment at the clinic with videos and printed materials that will maximize comprehension and encourage self-adherence to the PT program.
 - Telerehabilitation
 - i. Desktop/laptop/tablet/mobile phone
 - ii. At least 3G connection through cellular data or wi-fi connection
 - iii. Secure cloud-based storage
 - iv. Physical storage devices

8. Conduct monitoring regularly

HOSPITALS

Interim Recommendations on Physical Therapy Services During the COVID-19 Pandemic Philippine Physical Therapy Association (August 2020)

- Fitness of all physical or environment-related measures at the facility
 - Health and well-being of physical therapy staff
 - Condition of patient and permitted caregivers/companions
9. Create a plan for when an employee or a client gets sick
- Create a referral system that will minimize contact at the PT clinic and mitigate risk for infection.
10. Communicate regularly with local authorities, employees, and clients
- Incorporate a risk communication strategy directed to staff, patients, and caregivers for bridging COVID-19 information from the hospital and authorities.
 - Incorporate health promotion and education aspects in risk communication.
 - Publish information on clinic hours and operation for reference of patients, caregivers, and the public.
 - Dedicate a mobile number/email address/social media account for communication about clinic affairs.
 - Assign physical therapy staff who will manage the risk communication strategies agreed upon.
11. Monitor staff absences and have flexible leave policies and practices
12. Be ready to close if there are increased cases found during monitoring

Specific Recommendations Concerning the Resumption and Operation of Physical Therapy Services in Privately-owned or Freestanding Out-patient Physical Therapy Clinics during the COVID-19 Pandemic

This document provides specific recommendations as to how out-patient physical therapy services by the free-standing clinics can be delivered during the COVID-19 pandemic based on the practical experiences of the *ad hoc* group members and the most current available references and guidelines issued by international and local authorities. For clinic owners and managers, please refer to Figure 3 in the specific recommendation for hospitals, albeit for hospitals, this will aid in deciding whether to resume facility operations or not.

These specific recommendations for physical therapists working in free-standing PT clinics may be applied by into practice to ensure protection of the health care provider, administrative personnel, patients, caregivers, and their household. However, the physical therapist is still responsible in ensuring that these recommendations are tailored to the specific needs of the patient.

Recommendations:

1. Things to do when meeting the patient for the first time
 - Orient patients AND caregiver on:
 - a. COVID-19: etiology, signs, symptoms, prevention
 - b. Facility Infection Prevention and Control (*IPC*) measures
 - c. Facility's and PT's commitment to ensuring IPC measures
 - d. Duty of patients AND caregiver to disclose COVID-19 status
 - e. Duty of patients and caregiver to clean and disinfect own assistive technology, where appropriate
 - Screening and referral of patients
 - a. Health checklist (*patient screening form*) to be filled out by the patient or caregiver and assisted by non-clinical/administrative staff
 - Appointment process
 - a. Establish clinic procedure for making therapy appointments (*through phone*); therapists will prepare scheduling of patients accordingly to minimize overcrowding; therapist will prepare the therapy session/area ahead of time to keep at a minimum and limit exposure time
 - Alternative modes of delivering PT services
 - a. Telerehabilitation or teletherapy (*digital physical therapy practice*)
 - Inclusion of individual sessions and group exercise sessions
 - Considerations: caregiver will handle child or the elderly; child who can follow simple verbal or visual cues.
 - b. Home Programs
 - This can be scheduled on a weekly, bimonthly, or monthly basis.
 - Considerations: limited access to transportation
 - c. Home-based therapy (*as sanctioned by clinic*)
 - Provision of means to travel and necessary equipment
 - Considerations: children and elderly who are immunocompromised

2. IPC measures needed to consider in the clinic as for the following concerned:
 - Facility
 - a. Create a triage area to screen incoming patients and companions; check for temperature, signs and symptoms checklist, contact and travel checklist
 - b. Consider screening staff for fever or respiratory symptoms before entering the facility.
 - c. Limit points of entry and manage visitors.
 - d. Install foot/shoe baths or disinfection mats at the entrance door of the clinic.
 - e. Evaluate and reconfigure accordingly the treatment and waiting room spaces to ensure that patients are always at a minimum of six feet apart from one another. Provide floor markers as necessary.
 - f. Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk to children and elderly using the facility.
 - g. Create partitions using plastic or wood to create a barrier between treatment areas.
 - h. Therapy sessions should be restricted in one designated section per patient.
 - i. Post signs employing “Easy Read” format on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
 - j. Postpone all nonessential appointments or shift these appointments to phone visits to reduce the spread of COVID-19.
 - k. Adjust your scheduling to minimize the number of patients in the waiting room and to minimize patient overlap. Do not have patients reuse the same sign-in pen.
 - l. Refer the patient to a COVID-19 referral hospital if the patient is suspected or confirmed to have COVID-19.
 - m. Provide home programs for the patient to follow to prevent deconditioning while the patient cannot attend therapy sessions, if possible.
 - n. Develop a communication plan for contacting all active patients to notify them of clinic hour changes, reschedule or cancel appointments, and transition as appropriate to eligible telehealth services and other needed communications. The plan should include disaster preparedness and how patients will be contacted in any sudden onset of disaster.
 - o. Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60% alcohol (*for staff and patients*), and tissues.
 - p. Install hand sanitizers at the entrance counter/area of the clinic and at/near frequently used therapy areas and hand-held therapy applied equipment.
 - Patient
 - a. Don masks and other appropriate PPE (*like face shield, gloves*) before entering the clinic premises.
 - b. Disinfect hands and feet upon entering the premises of the clinic.
 - c. Only one caregiver/ companion is allowed per patient.

- Physical Therapist
 - a. Don required personal protective equipment such as face shield and face mask
 - b. Observe 6-10 feet physical distance if possible.
 - c. Use gloves for manual handling and make sure to dispose after every session.
 - d. Wear face shields (*aside from face mask*) when using public transportation as per DOTr Memorandum Circular Order 2020-014.

 - Equipment/Modalities/Assistive Technologies
 - a. Prepare equipment before start of therapy and bring to designated areas.
 - b. Disinfect the equipment and designated area in between each patient.
 - c. Limit personal and patient's possessions in the therapy area.
 - d. Clean, sanitize, and disinfect frequently touched surfaces (*for example, electrotherapy and hydrotherapy modalities, BP apparatus, stethoscope, playground/therapy equipment, mattresses/plinths, examination table, door handles/knobs, sink handles, drinking fountains*) multiple times per day and shared objects between use.
 - e. Avoid use of items that are not easily cleaned, sanitized, or disinfected.
 - f. Clean, wash/laundry, and disinfect regularly used clinic paraphernalia such as linens, pillows, and towels thoroughly.

 - Caregivers/Relatives
 - a. Limit people in the waiting room. Some may wait in the parking lot.
 - b. Consider limiting visitors to the facility to only those essential for the patient's physical or emotional well-being and care.
 - c. Instruct all visitors to always wear a facemask or cloth face covering while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other area designated by the facility.
 - d. Inform visitors about appropriate PPE use according to current facility visitor policy.
 - e. Use of face shields (*referring to patients and caregivers*) inside facilities will depend on local government ordinances and/or protocols of the establishment.
 - f. Wear face shields (*aside from face mask*) when using public transportation as per DOTr Memorandum Circular Order 2020-014.
3. Steps to undertake if a patient is manifesting signs and symptoms of COVID-19
- Ready referral information for testing and treatment
 - Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children and elderly are not left without adult supervision
 - a. Establish procedures for safely transporting anyone who is sick to home or referral to a healthcare facility, as appropriate.
 - b. Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality.

- c. Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
 - d. Advise sick staff members not to return until they are symptom-free and tested negative for COVID.
 - e. Inform anyone exposed to a person diagnosed with COVID-19 to stay home, self-monitor for symptoms, and to follow DOH guidance if symptoms develop.
4. Steps to undertake if a colleague/employee is manifesting signs and symptoms of COVID-19
 - Ready referral information for testing and treatment.
 - Work with administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms.
 - Establish procedures for safely transporting anyone sick home or to a healthcare facility.
 - Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality.
 - Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
 - Advise sick staff members not to return until they have met criteria to discontinue home isolation.
 - Inform those exposed to a person with COVID-19 to stay home, self-monitor for symptoms, and follow DOH guidance if symptoms develop.
 - Providers who develop signs or symptoms compatible with COVID-19 must contact their established point of contact for medical evaluation prior to returning to work. If an employee is confirmed to have the infection, the employer should inform other employees and patients who were in contact with the individual up to 48 hours before becoming symptomatic, keeping the confidentiality of the affected employee. All employees should self-monitor for symptoms and respond accordingly.
5. Things to do at the conclusion of a face-to-face PT session
 - Consider giving virtual feedback at the end of the day via professional email or phone call, to limit physical contact between individuals.
 - Notes can be provided via email instead of on their notebooks to prevent manual contact and possible contamination.
 - Orient patients AND caregiver on:
 - a. Aseptic practices to be done as soon as they get home
 - b. Home exercise program

Specific Recommendations Concerning the Resumption and Operation of Physical Therapy Services in a Community-Based Rehabilitation Setting during the COVID-19 Pandemic

Since Community-Based Rehabilitation (*CBR*) Programs are guided by principles of *human rights, participation, inclusion, and sustainability*, strategies are bound to have various activities from the program implementers such as NGOs, DPOs, POs, CSOs, government agencies, and LGUs where community involvement is highly encouraged. The key feature of an efficient and effective CBR program implementation is *partnership*. It includes extensive involvement of the partner's municipality/city, down to the barangay, then to the family – the smallest unit of the society and finally, the Person/Children with disability.

With the prevailing pandemic, CBR's dynamic community engagement activities will temporarily become very limited. The challenge is to sustain the program without compromising the health safety of both the CBR implementer and its partner.

In the Philippines, COVID-19 is considered as a Human Epidemic Hazard (*NDRRMC*). A hazard is defined as a "potentially damaging physical event, phenomenon, or human activity that may cause the loss of life or injury, property damage, social and economic disruption, or environmental degradation" (*ADPC, 2005, p.10*); such human epidemic hazard may or may not cause *disaster*. On the other hand, disaster is defined as a "serious disruption of the functioning of the community or a society causing widespread human, material, economic, or environmental losses which exceeds the ability of the affected society to cope using its own resources" (*ADPC, 2005, p. 10*); therefore, if the country is incapable to cope with this "Human Epidemic Hazard", this may lead to disaster.

For stakeholders, please refer to Figure 3 in the specific recommendation for hospitals to aid in deciding whether to resume clinic operations or not.

Recommendations:

1. Activities that can be done by the patient/partner and their family during the COVID-19 pandemic
 - It has been a long-time practice to continuously coordinate with partner PWD support group and Disabled People's Organization (*DPO*) through messaging applications such as "Messenger's group chat (*GC*) & private messaging" and direct calling (*to those who have no smartphones*) primarily for the following specific purposes:
 - a. Inform them on their schedule for home visit and center-based intervention session.
 - b. Get updates on the health condition of their child/relative with disability especially those with co-morbidities like seizure disorder, chronic pulmonary problem, cardiac problem, skin hypersensitivity, chronic kidney problem, and eye & ear infection.
 - c. Monitor the Home Management Program (*HMP*) regarding its implementation by the assigned family member as trained/instructed by the physical therapist.

- d. Get updates on the progression and regression of their child's/relative's "functioning" (*personal & instrumental ADL*) through video or voice call.
- e. Collate feedback regarding difficulty in accessing other medical needs such as laboratory exams (*as ordered by the rehab doctor or pediatrician*), medications (*esp. anti-seizure*), NGT or catheter replacement, etc.
 - o The "Messenger's GC & private messaging" and direct phone calling as a strategy for *continuous follow-up coordination* have been instrumental. It has been very advantageous during the Enhanced Community Quarantine (*ECQ*) period for it assisted in contacting families to ensure their safety and security especially the children/persons with disability amidst the COVID-19 pandemic.
 - o This strategy has also aided in linking several private donors to beneficiaries in providing food packs or grocery items during the lockdown.
 - o Managing the logistics through remote coordination such as arranging drop-off points for distribution and assigning parent-leaders who will distribute donations "house-to-house" have been done smoothly due to the cooperation of all members of the PWD support group.

2. Meeting the patient/s for the first time

- Since CBR practice is not limited to patients and caregivers, CBR PTs should be equipped with appropriate and available PPE when meeting with stakeholders and individuals at the community level. The same applies when meeting the patient or caregiver. Prepare an agenda and limit the meeting to an hour at the maximum.
- The importance of proper and thorough communication among partners is greatly valued. It is therefore recommended that meetings be held via video conferencing platforms. When doing so, make sure to schedule meetings with the participants, inform them on the platform to be used, and record the meeting for documentation purposes.
- Travelling in the community must be limited but since mobility in the community is inevitable among CBR practitioners, flexible work arrangements should be implemented (*i.e. doing house-to-house or community visits for 1 week then doing work from home for the next 2 weeks*) to minimize spread of infection.
- E-mails, short message services (*SMS*), and any other messaging applications are an acceptable form of communication. It must be ensured that these details be stipulated in the policies for communication with the clients, groups, officials, and partners. CBR PTs can also participate and assist in the efforts and activities such as:
 - a. Orienting patients AND caregivers:
 - o COVID-19: Etiology, signs, symptoms, prevention
 - o Facility infection prevention and control (*IPC*) measures
 - o Facility and PT's commitment to ensuring IPC measures
 - o Duty of patients to disclose COVID-19 status

- b. Screening recommendations:
 - With references to standard delivery, guidelines, and execution of the activities espoused by DOH/IATF.
 - Conduct an “infectious disease exposure, vulnerability, and capacity assessment” (*DIDRRM*) of the families of partner elder/adult & children with disability together with the CBR team prior to resuming operations. This will help prioritize appropriate community and face-to-face activities with the CBR partners.
 - c. Sharing of experience by video and short story writing (*through messaging applications, electronic mail, or text messaging*) of families and persons with disability regarding their challenges and coping strategies that helped them from being infected by the COVID-19 contagion.
 - d. Initiate and hold virtual meetings with administrative & management offices of the partner organization regarding IPC measures and other specific guidelines that the organization may want to practice.
 - e. Collate information prior to providing service & program through the following forms (*in accordance with RA 10173 “Data Privacy Act”*)
 - Family Profiling
 - Personal Profile of the individual partner
 - Initial Assessment (*Adapted ICF*)
 - Specific Allied Medical Professional Assessment
 - Child Protection Policy
 - Patient’s Right
 - f. Review organizational/individual partnership MOU and include an “IPC clause” to protect both parties while continuously providing holistic re/habilitative programs & services to partner persons with disability and their families.
 - Duty of patients and their family to disclose any communicable diseases esp. COVID-19 status and non-communicable health conditions esp. chronic illness.
 - g. Explore alternative modes of delivering PT services such as telerehabilitation by effective means of collaboration with the stakeholders and key players
 - May effectively work if there is a partner organization, either a PO or DPO in the community who will provide the “means” to connect the “client” to “professionals” during the tele-conferencing.
 - A partner organization is needed to implement this to better cover the expenses that will be incurred for internet connection and transportation costs.
3. IPC measures needed to consider in the community as for the following concerned:
- Patient/Children/PWD partner and their family
 - a. As stipulated in the Minimum Health Standards (*MSH*) by DOH (*Administrative Order 2020-015*), the group recommends adopting

- b. objective no. 1.c. “encourage physical activity for those with access to open spaces as long as physical distancing is practiced.”
- c. Protect mental health and general welfare of the individuals.
- d. Promote basic respiratory hygiene and cough etiquette.
- e. Provide appropriate social safety or provision of support to vulnerable groups for the duration of the COVID-19 health event.

Recommendations	Things to do:
<p>1. Ensure a good general health condition of children/adults with disability.</p>	<p>*Parents/Caregivers:</p> <ul style="list-style-type: none"> ● Must be knowledgeable on monitoring vital signs at least every other day like temperature, heart rate, and respiratory rate. Record it especially until the COVID-19 threat is still imminent and community quarantine is still being implemented. ● <i>(For Children/Adult With Disability)</i>: Observe unusual behavior like a decrease in the “usual” active routine of the child/person, unusual length of sleep pattern, loss of appetite, irregular bowel movement & bladder release, etc. as these may signal that the child/person is not feeling well or may have depression or anxiety especially those who have difficulty in communicating verbally. ● Take note of allergies and skin dermal changes. Frequent redness of their eye(s) may trigger children with disability to frequently scratch them. ● Make sure that medications are available for those who have maintenance. ● Take a lot of Vitamin C & D and plenty of water as per physician’s prescription. ● Monitor food intake, have a balanced meal despite “financial & food market” constraints over the community quarantine. ● Ensure availability and accessibility of PPE for all family members and disinfectants to prevent spread of COVID-19.

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<p>2. Prevent “sedentary” status of children/adults with disability due to limitation of home & community activities.</p>	<ul style="list-style-type: none">● Cellphone/tablet activities must be limited to a maximum of 1 hr./day only, especially for children.● Brisk walking or stair climbing within home vicinity only.● Allow participation in doing some chores to help them become more active.● Make a routine schedule esp. for children with disability e.g. time to wake up, do grooming & hygiene (<i>washing, bathing, dressing, combing</i>), chores, play, and educational activities with siblings, etc.● Ensure right amount of sleep every day. Lack or too much sleep may be a sign of stress.
<p>3. Ensure continued social opportunity despite community quarantine.</p>	<ul style="list-style-type: none">● Call or message classmates, friends, or relatives. Let them talk or do video-calls for continued social skill development and improved mental health.
<p>4. Implement primary health care prevention program at home for risk reduction of COVID-19 and other infectious diseases especially occurring during the rainy season (<i>e.g. bacterial & fungal infections</i>).</p>	<ul style="list-style-type: none">● Ensure that windows are open to allow air circulation esp. in homes with small spaces that are dense/crowded.● Proper home lighting, if possible, allow natural light to enter the house; minimal lighting allows bacteria, molds, and fungi to develop.● Check for stagnant water or damp areas in the house. It may be a place for mosquitoes to thrive (<i>for dengue prevention</i>).● Everyone must take a bath and change clothes every day, use antibacterial soap; practice proper hand washing at all times.● Mop floors with disinfecting solutions (<i>see instructions on the product for better disinfection</i>); it can also be used as a spray to disinfect on plastic materials at home.● Be mindful of food preparation esp. in homes where refrigerators are not available for better storage of food.

5. Promote general health & wellness of the family members of children/adults with disability.

- Ensure that everyone in the family is getting the right amount of sleep every day. Lack or too much sleep may be a sign of stress or it may weaken the immune system, making them susceptible to infectious diseases.
- An inclusive “informative material” about COVID-19 must be made available to each of the family members, NGOs, and professional organizations. Academe can make this initiative and can be sent to every family through social media websites, which is the most accessible media platform of communication nowadays. The material must answer the basic “What, Why, & How” of the people about COVID-19.
- Ensure availability and accessibility of PPE for all family members and disinfectants to prevent COVID-19 contagion.

- Physical Therapist
 - a. The group recommends adhering to the WHO Risk Assessment and Management of Exposure of Healthcare workers in the context of COVID-19 (<https://www.who.int/publications-detail/risk-assessment-and-management-of-exposure-of-health-care-workers-in-the-context-of-covid-19-interim-guidance>)
 - b. The group also emphasizes the MHS objectives no. 1 g. “*protect essential workforce through provision of food, PPE, and other commodities, lodging and shuttle services necessary*” and no. 1.h “*provide financial and health care support for workforce who contracted COVID 19 through transmission at work*”.
 - c. Ensure that PPEs are available and replenished regularly.
 - d. Change clothes when visiting/coordinating in the community & homes as this is deemed inevitable.
 - e. Take vitamins regularly.
 - f. Regular exercise and 8-hrs. sleep are needed to boost the immune system and mental health.
 - g. Wear face shields as mandated by Joint DOLE-DTI Memorandum Circular No. 20-04 for all employees (*managers, physical therapists, and staff*) physically reporting back to work.
 - h. When travelling and using public transportation, wearing of face shield (*aside from face mask*) is mandatory as per DOTr Memorandum Circular Order 2020-014.
 - Equipment/Modalities/Assistive Technologies
 - a. Based on the Minimum Health Standards released by DOH (*Administrative Order 2020-015*) Objective No, 2.d. “*clean and disinfect the environment regularly, every two hours for high touch areas such as toilets, doorknobs, switches, and at least once every day for workstations and other surfaces*”. This can be adopted in the equipment/modalities and assistive devices that are frequently used by the health care workers and patients.
 - Regular & frequent cleaning & disinfection using alcohol-based agents.
 - Proper storing of equipment/modalities/assistive technology
 - Keep records of who & where the equipment/modalities/assistive technologies were used (*can be part of “contact tracing strategy*).
4. Steps to undertake if a patient is manifesting signs and symptoms of COVID-19
- Adhere with the WHO Guidelines on Infection Prevention Control During Health Care when COVID 19 is suspected: [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)
 - Offices, centers, and hospitals must follow DOH and WHO’s standard safety health measures.
 - Assign a staff who will have the role of a “safety officer” – a standard OHS (*Occupational Health & Safety*) protocol for offices, who will record employees’

vital signs and refer employees who have flu-like signs & symptoms to proper referral centers as mandated by the Philippine government.

- All institutions must be knowledgeable regarding DOH’s referral pathway if an individual is at risk of having an infectious disease esp. COVID-19.
- Based on MHS Objective No 2.b: “*encourage symptomatic individuals to stay home unless there is a pressing need to go to a health facility for medical consultation, if virtual consultation is not possible*” and 2.d “*ensure rational use of PPE that is suitable for the setting , and intended user. Medical-grade protective apparel shall be observed for health care workers and other front liners, and symptomatic individuals*”.

5. Recommendations for specific patient groups (pediatric, geriatric, vulnerable groups) during treatment sessions

	Center-Based & Home-Based
Pediatrics	<ul style="list-style-type: none"> • Must be in a secured and well-disinfected place or space (<i>esp. at home, some may have NO rooms at all</i>). • Taking of vital signs is a must. • The physical therapist, the patient/partner PWD, and the assigned caregiver (<i>especially at home</i>) must wear PPE during the intervention session. • Ensure presence of proper ventilation (<i>air circulation</i>) and lighting. • Ensure that medications are taken as per schedule esp. anti-seizure meds & maintenance before treatment/intervention session. • For indigenous people who have certain cultural practice, one must be sensitive about it but should ensure that one can explain that safety against infectious diseases is a non-negotiable compromise during treatment sessions.
Geriatrics	
Clients with reversible impairment but are immunocompromised because of presence of chronic diseases e.g. DM, HPN, cardiopulmonary problem, chronic kidney problem, etc.	
Indigenous people with disability or impairment	

6. Things to do at the conclusion of a face-to-face PT session

- Orient patients AND caregiver on:
 - a. Aseptic practices
 - Aseptic practices to be done as soon as the patient/partner PWD & caregiver get home and as Physical Therapist and/or CBR staff go back to the office from a home-visit activity. If a staff is required to do home visits, have PPEs; use different clothing for home visit (*coming from the office*) and change all clothes used from community work (*going back to the office*).
 - MHS Objective No. 2 in reducing transmission

- i. Encourage frequent hand washing with soap & water and discourage the touching of eyes, nose, and mouth through appropriate information and education campaigns.
 - ii. Ensure access to basic hygiene facilities such as toilets, handwashing areas, water, soap, and alcohol/sanitizer.
 - iii. Clean and disinfect the surroundings regularly.
 - iv. Ensure proper disposal of PPEs used during the face-to-face treatment. Disinfect reusable equipment and store in clean and dry areas. Footwears should be cleaned thoroughly. Clothes used should be laundered immediately to prevent spread of infection.
 - Home exercise program
 - a. Home exercise program/home management program is a holistic approach for families to implement at home, which is used to ensure that even children/persons with disability will have the opportunity to improve their function despite having limited regular access to professionals due to lack of resources.
 - b. Clearly illustrated home exercise programs may be provided electronically. When demonstration is deemed necessary, it may be done through video or face-to-face just make sure to observe physical distancing and wearing of PPEs.
 - c. Facilitation of the home exercise program may be done by the assigned barangay health workers. CBR facilitators within the partner community should oversee if the presence of the CBR workers would not be possible due to quarantine regulations.
7. Recommendations for community education on COVID-19 and infection control measures
 - Empowered communities and CBR groups can organize virtual conferences and educational campaigns. CBR PTs can provide a recorded lecture or discussion using available and accessible platforms. They can also opt to engage in video conferencing with proper coordination from key players of the CBR program.
 - COVID-19 issues and other related topics must be given strong emphasis when teaching CBR to students, colleagues, patients, community, and family partners. It is also important to highlight how an infectious disease can be very disabling. Furthermore, with a lot of confusing information being easily available, the people should be more critical of the things that surface online. Since there is no vaccine yet nor a specific standard of treatment for this, discrimination among victims, healthcare workers, and families are evident and are also something to take note of.
 - a. Health Promotion topics
 - Communicable disease
 - Non-communicable disease
 - b. Health Prevention of illness/disability
 - Primary Health System
 - Secondary Health System
 - Tertiary Health System
 - c. Medical Services
 - Public Health: Health Frameworks

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- Management of communicable and non-communicable diseases
- Referral pathway
- d. Re/Habilitation
 - How to bridge the gap of service being inaccessible, unavailable, and unaffordable
 - Safety precaution when engaged in face-to-face interventions (as this is inevitable)
 - Ensure the area of intervention is “disinfected” at all times
 - Have guidelines in doing both home & center intervention activities
- e. Assistive Devices
 - Train PWD and their families in ensuring that assistive devices used should always be cleaned and disinfected.

Specific Recommendations Concerning the Resumption and Provision of Physical Therapy Home Health Services

This document provides specific recommendations as to how home health services can be delivered during the COVID-19 pandemic based on the practical experiences of the *ad hoc* group members and the most current available references and guidelines issued by international and local authorities. For PTs, please refer to Figure 3 in the specific recommendation for hospitals to aid in deciding whether to resume services or not.

These specific recommendations for home health physical therapists may be applied into practice to ensure protection of the health care provider, patients, and their household. However, the physical therapist is still responsible in ensuring that these recommendations are tailored to the specific needs of the patient. There should be an agreement between the physical therapist and the client's family/caregiver regarding stringent infection prevention and control measures to avoid spread of COVID-19 and other infectious diseases.

Recommendations:

1. Things to do when meeting the patient for the first time
 - The physical therapist should orient the patient, including the household, on:
 - a. Relevant information about COVID-19 such as its etiology, signs, symptoms, and prevention.
 - b. Proper Infection Prevention and Control (*IPC*) measures that should be practiced by the PT, patient, and housemates.
 - c. PT's commitment in ensuring observance of IPC measures.
 - d. Duty of patients, including their housemates, to disclose their COVID-19 status.
 - The physical therapist should conduct screening procedures of the patient and his/her housemates acting as the caregiver, if applicable.
 - Explore the possibility of incorporating alternative modes of delivering PT services (*e.g. telerehabilitation*).

2. IPC measures needed to consider before, during, and after the PT session
 - Before the PT session
 - a. Before going to the patient's residence, ask the patient if he/she or anyone in their house has any flu-like symptoms; or has anyone been exposed to confirmed or suspected COVID-19 individuals; or if he/she has any recent travel on COVID-19 affected areas.
 - b. If commuting, ensure physical distancing during mass transit.
 - c. If possible, use private vehicles or utilize single-accommodation transport such as bicycles or scooters to avoid mass transit.
 - d. The physical therapist should conduct screening procedures of the patient, and his/her housemates acting as the caregiver, if applicable.
 - e. Explore the possibility of incorporating alternative modes of delivering PT services (*e.g. telerehabilitation*).
 - f. Wear a surgical mask and face shield (*if required by the local government ordinance*) properly.

- g. Wash your hands properly with soap & water and use alcohol-based hand rub (*at least 60% alcohol*).
 - h. Ask the patient, including the caregiver, to wear a face mask and observe all precautionary measures.
 - i. Wear scrub suit or any applicable clothing that you can remove after the session.
 - j. Disinfect the area and equipment using alcohol. In low resource settings, consider these alternatives: diluted bleach, diluted chlorine powder (*WHO Guidelines: Infection Prevention Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care. Geneva*).
 - k. If applicable, ask your patient to safely restrain animal pets during visits.
 - l. When travelling and using public transportation, wearing of face shield (*aside from face mask*) is mandatory as per DOTr Memorandum Circular Order 2020-014.
- During the PT session
 - a. Wear a surgical mask and face shield (*if required by the local government ordinance*) properly.
 - b. Ask the patient, including the caregiver, to wear a face mask and observe all precautionary measures.
 - c. Avoid touching your eyes, nose, and mouth.
 - d. Ensure proper ventilation and adequate lighting in the area where treatment is done.
 - e. Use gloves, if necessary.
- After the PT session
 - a. Observe proper handwashing techniques after the session.
 - b. Disinfect the area and equipment used.
 - c. Properly discard all disposable materials used.
 - d. Remove the scrub suit and put it in a plastic bag on your way home.
 - e. Provide a home exercise program in case you are unable to come back to your patient for whatever reason.
 - f. Immediately bathe and soil clothes upon arriving home.

REFERENCES:

Introduction and General Recommendations:

- ❖ **DOH Administrative Order 2020-016: Minimum Health System Capacity Standards for COVID-19 Preparedness & Response Strategies**
<https://www.doh.gov.ph/sites/default/files/health-update/ao2020-0016.pdf>
- ❖ **RA 11058: An Act Strengthening Compliance With Occupational Safety and Health Standards and Providing Penalties For Violations thereof**
http://bwc.dole.gov.ph/images/Issuances/RA_11058_OSHLAW.pdf
- ❖ **Interim Guidelines on Workplace and Control of COVID-19**
<https://www.dole.gov.ph/news/dti-and-dole-interim-guidelines-on-workplace-prevention-and-control-of-covid-19/>
- ❖ **#PPE4PT advocacy campaign in support of access to personal protective equipment for physiotherapists:**
 - <https://world.physio/covid-19-information-hub/ppe4pt-advocacy-campaign>
 - <https://world.physio/sites/default/files/2020-07/Education-Briefing-paper-1-HEI.pdf>
- ❖ **WHO: Rights, Roles, and Responsibilities of Health Workers, including key considerations for occupational safety and health**
https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

Specific Recommendations for HOSPITALS:

- ❖ **“Interim Guidelines on Workplace Prevention and Control,”** Department of Labor and Employment (Philippines).
https://www.dole.gov.ph/php_assets/uploads/2020/05/DTI_and_DOLE_Interim_GuidelinesonWorkplacePreventionandControlofCOVID19__3.pdf
- ❖ **“Coronavirus Disease 2019 (COVID-19) - Interim Guidance for Businesses and Employers,”** Centers for Disease Control (US).
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- ❖ **“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**
- ❖ **“Workplaces Decision Tool,”** Centers for Disease Control (US).
https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/workplace-decision-tool.html?fbclid=IwAR0nFYoMEo3_2CpRqaGyubuN9PIT8oDibRd7w4PjA1BI2NMZ8K7g9vO9kYo
- ❖ **“(SIMFER)”, European Journal of Physical and Rehabilitation Medicine 2020 Mar 16 - Minerva Medica - Journals**
<https://www.minervamedica.it/en/journals/europa-medicophysica/article.php?cod=R33Y9999N00A20031601>

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Specific Recommendations for PRIVATELY-OWNED OR FREE-STANDING OUT-PATIENT PT CLINICS:

- ❖ **COVID-19 Pandemic - How to Adapt Your Practice given by APTA** (April 9, 2020)
https://www.documentcloud.org/documents/6883734-CDC-Business-Plans.html?fbclid=IwAR316la2ZFcKZEw-sZJkiGSibGqV5mL_Z9tXzolGpOOpny7Zges5yjs_Fvs
- ❖ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>
- ❖ <http://www.apta.org/PatientCare/COVID-19/PatientManagementAdult/?fbclid=IwAR0HUg-jPhk1v9J4qZ2086gnmjNxR4RUIYJe4Q7fFR1IP1mWD50KZUT9w3U>
- ❖ Report of WCPT/INPTRA Digital Physical Therapy Practice Task Force (2020)
<https://world.physio/news/report-sets-out-future-digital-physical-therapy-practice>
- ❖ **Joint Memorandum Circular No. 20-04-A Series of 2020: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19:** <https://www.officialgazette.gov.ph/downloads/2020/07jul/20200815-JOINT-MEMORANDUM-CIRCULAR-NO-20-04-A-S-2020.pdf>
- ❖ **Department of Transportation Memorandum Circular No. 2020-014** <https://dotr.gov.ph/2014-09-03-06-32-48/2014-09-03-06-44-38.html>

Specific Recommendations for COMMUNITY-BASED REHABILITATION:

- ❖ **WHO-CBR Manual**
- ❖ **Laging Handa: Community-Based Disaster Risk Reduction Management Manual**
- ❖ **ADPC 2005, 2007**
- ❖ **Minimum Health Standards (MSH)** by DOH (Administrative Order 2020-015)
- ❖ **WHO Infection Prevention and Control During Healthcare During COVID-19**
[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)
- ❖ **WHO Risk Assessment and Management of Exposure of Health Care Workers**
<https://www.who.int/publications-detail/risk-assessment-and-management-of-exposure-of-health-care-workers-in-the-context-of-covid-19-interim-guidance>
- ❖ **Joint Memorandum Circular No. 20-04-A Series of 2020: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19:** <https://www.officialgazette.gov.ph/downloads/2020/07jul/20200815-JOINT-MEMORANDUM-CIRCULAR-NO-20-04-A-S-2020.pdf>
- ❖ **Department of Transportation Memorandum Circular No. 2020-014** <https://dotr.gov.ph/2014-09-03-06-32-48/2014-09-03-06-44-38.html>

Specific Recommendations for HOME HEALTHCARE:

- ❖ **“Interim Guidelines on Workplace Prevention and Control,”** Department of Labor and Employment (Philippines).
https://www.dole.gov.ph/php_assets/uploads/2020/05/DTI_and_DOLE_InterimGuidelinesonWorkplacePreventionandControlofCOVID19__3.pdf
- ❖ **“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**

Annex 1: Personal Protective Equipment (PPE) for Physiotherapists working with confirmed COVID-19 patients

Recommendations for physiotherapists working with people with COVID-19



During the treatment of anyone with suspected or confirmed COVID-19, physiotherapists should follow **droplet protection** and wear:

- Goggles/face shield
- Surgical mask
- Fluid resistant long-sleeved gown
- Gloves

During the treatment of anyone with suspected or confirmed COVID-19 and significant respiratory illness, physiotherapists should follow **airborne protection** and wear:

- Optional hair covering
- Goggles/face shield
- N95 or FFP2 standard, or equivalent high filtration mask
- Fluid resistant long-sleeved gown
- Gloves
- Optional fluid resistant footwear

Make sure you know how to put on, and take off PPE.

If you have a beard or moustache, removing it will help make sure your face mask fits properly.

Tie your hair back and keep it covered. Check your footwear is fluid resistant and can be wiped down.

Remove any earrings, watches, lanyards, mobile phones, pagers, pens etc before you enter a clinical area and before you put on PPE.

If the PPE you are using has been reused, eg goggles, make sure they have been cleaned and disinfected before use.

Keep your PPE in place while you are exposed to any potentially contaminated areas. Do not adjust your mask or any other PPE while you are with a patient.

Check local guidelines for information on how to wash and wear your work clothes or uniform.

You must apply correct PPE, irrespective of physical isolation.

Don't share equipment. Use only single use equipment if you can.

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**The ad hoc group remains firm in mandatory wearing of hair covering when treating patients especially those in the hospitals.*

Annex 2: Droplet precautions when treating confirmed COVID-19 cases

Droplet protection when treating people with COVID-19

COVID-19 is spread through droplet transmission.

The COVID-19 droplets are relatively heavy so do not travel far and fall quickly to the ground or other surfaces.

Chlorine-based disinfectant is effective in cleaning surfaces¹.



Droplet procedures during physiotherapy may include².

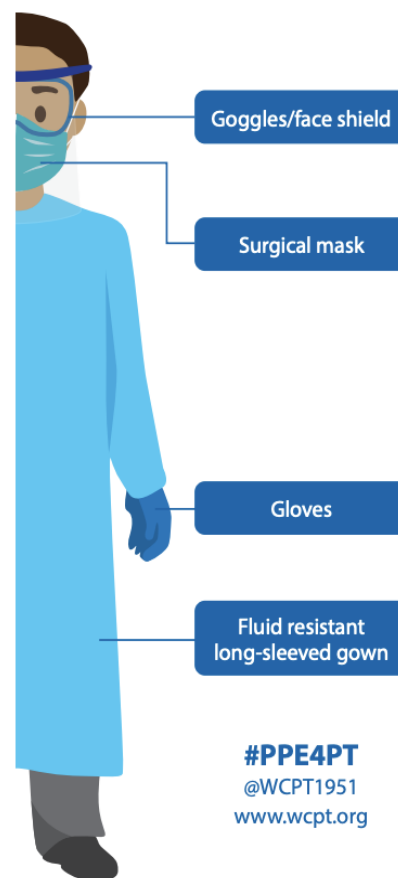
- mobilisation
- exercise and other rehabilitation interventions.

A physiotherapist is likely to be in close contact with a person with COVID-19 during these interventions, which may result in the person being treated coughing or expectorating mucous or sputum. This is when a high filtration mask (eg P2/N95) should be used.

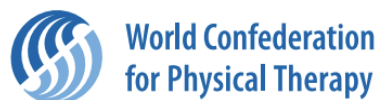
If a person with COVID-19 is being treated outside an isolation room, make sure they are wearing a surgical mask.



For droplet protection³:



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¹ <https://jamanetwork.com/journals/jama/fullarticle/2762692> Ong SWX, Tan YK, Chia PY, et al. Air, Surface Environmental, and Personal Protective Equipment Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient. JAMA. Published online March 04, 2020. doi:10.1001/jama.2020.3227

² Thomas P, Baldwin C, Bissett B, Boden I, Gosselink R, Granger CL, Hodgson C, Jones AYM, Kho ME, Moses R, Ntoumenopoulos G, Parry SM, Patman S, van der Lee L (2020): Physiotherapy management for COVID-19 in the acute hospital setting. Recommendations to guide clinical practice. https://www.wcpt.org/sites/wcpt.org/files/wcptnews/images/Physiotherapy_Guideline_COVID-19_FINAL.pdf

³ Rational use of personal protective equipment for coronavirus disease (COVID-19): interim guidance. https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPE_use-2020.2-eng.pdf

Annex 3: Adequate Equipment and Supplies for Personal Protection and Disinfection (*Section 1.6, Specific recommendations for safeguarding physical therapy services in hospital*)

- Personal protection
 - Procurement
 - Institution
 - Donation
 - Supplies
 - Alcohol, 70% ethyl
 - Face shield
 - Goggles
 - Mask (respirator)
 - Mask (surgical)
 - Impermeable disposable gown
 - Coveralls
 - Gloves (sterile)
 - Gloves (clean)
 - Head cap
 - Shoe cover
 - Noncontact infrared thermometer
 - Tissue paper
 - Detergent
 - Disinfectant concentrate

Annex 4: Proper donning and doffing of Personal Protective Equipment (PPE)

Steps to put on personal protective equipment (PPE) including coverall

1 Remove all personal items (jewelry, watches, cell phones, pens, etc.)



2 Put on scrub suit and rubber boots¹ in the changing room.

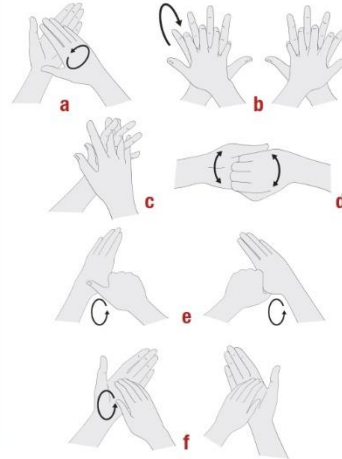


3 Move to the clean area at the entrance of the isolation unit.

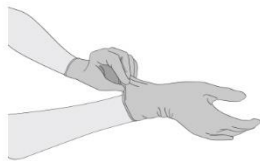
4 By visual inspection, ensure that all sizes of the PPE set are correct and the quality is appropriate.

5 Undertake the procedure of putting on PPE under the guidance and supervision of a trained observer (colleague).

6 Perform hand hygiene.



7 Put on gloves (examination, nitrile gloves).



8 Put on coverall.²



9 Put on face mask.



10 Put on face shield OR goggles.



11 Put on head and neck covering surgical bonnet covering neck and sides of the head (preferable with face shield) OR hood.



12 Put on disposable waterproof apron (if not available, use heavy duty, reusable waterproof apron).



13 Put on second pair of (preferably long cuff)² gloves over the cuff.



¹ If boots are not available, use closed shoes (slip-ons without shoelaces and fully covering the dorsum of the foot and ankles) and shoe covers (nonslip and preferably impermeable)

² Do not use adhesive tape to attach the gloves. If the gloves or the coverall sleeves are not long enough, make a thumb (or middle finger) hole in the coverall sleeve to ensure that your forearm is not exposed when making wide movements. Some coverall models have finger loops attached to sleeves.



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Steps to take off personal protective equipment (PPE) including coverall

1 Always remove PPE under the **guidance and supervision of a trained observer** (colleague). Ensure that infectious waste containers are available in the doffing area for safe disposal of PPE. Separate containers should be available for reusable items.

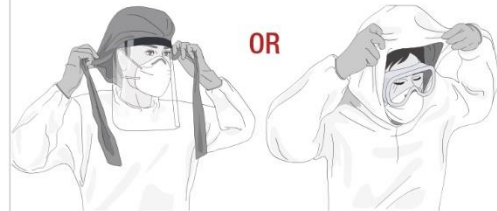
2 Perform **hand hygiene** on gloved hands.¹

3 Remove **apron** leaning forward and taking care to avoid contaminating your hands.

When removing disposable apron, tear it off at the neck and roll it down without touching the front area. Then untie the back and roll the apron forward.



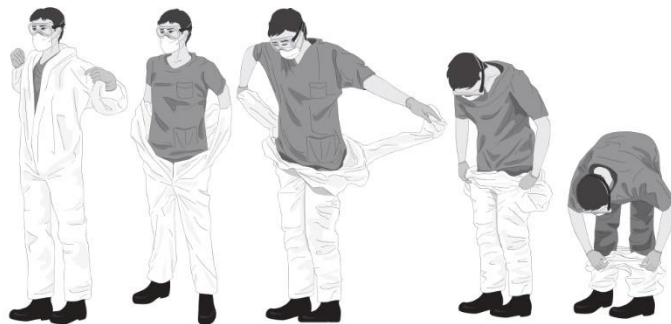
5 Remove **head and neck covering** taking care to avoid contaminating your face by starting from the bottom of the hood in the back and rolling from back to front and from inside to outside, and dispose of it safely.



6 Perform **hand hygiene** on gloved hands.

7 Remove **coverall and outer pair of gloves**:

Ideally, in front of a mirror, tilt head back to reach zipper, unzip completely without touching any skin or scrubs, and start removing coverall from top to bottom. After freeing shoulders, remove the outer gloves² while pulling the arms out of the sleeves. With inner gloves roll the coverall, from the waist down and from the inside of the coverall, down to the top of the boots. Use one boot to pull off coverall from other boot and vice versa, then step away from the coverall and dispose of it safely.



8 Perform **hand hygiene** on gloved hands.

9 Remove **eye protection** by pulling the string from behind the head and dispose of it safely.



10 Perform **hand hygiene** on gloved hands.

13 Remove **rubber boots** without touching them (or overshoes if wearing shoes). If the same boots are to be used outside of the high-risk zone, keep them on but clean and decontaminate appropriately before leaving the doffing area.³

14 Perform **hand hygiene** on gloved hands.

11 Remove the **mask** from behind the head by first untying the bottom string above the head and leaving it hanging in front; and then the top string next from behind head and dispose of it safely.



12 Perform **hand hygiene** on gloved hands.

15 Remove **gloves** carefully with appropriate technique and dispose of them safely.



16 Perform **hand hygiene**.

¹ While working in the patient care area, outer gloves should be changed between patients and prior to exiting (change after seeing the last patient)

² This technique requires properly fitted gloves. When outer gloves are too tight or inner gloves are too loose and/or hands are sweaty, the outer gloves may need to be removed separately, after removing the apron.

³ Appropriate decontamination of boots includes stepping into a footbath with 0.5% chlorine solution (and removing dirt with toilet brush if heavily soiled with mud and/or organic materials) and then wiping all sides with 0.5% chlorine solution. At least once a day boots should be disinfected by soaking in a 0.5% chlorine solution for 30 min, then rinsed and dried.