

Precautions and Procedure Recommendations for Manual Therapy When Reopening after COVID-19

Section 1: Cleaning & Disinfection:

These steps should be taken between each client and/or when anyone enters/exits the facility.

1. Therapist & Client Cleanliness:

Hands: Therapists & Clients should wash hands for a minimum of 20 seconds using soap and water. Therapists should be washing hands or using a hand sanitizer in front of the client upon entering the treatment room and again before leaving the treatment room. Clients should be asked to wash their hands or use a hand sanitizer upon entering the treatment room as well.

*Signage regarding required hand washing with instructions should be posted at hand-washing stations.

MT's clothing: Therapists should consider changing clothing between clients or wearing a protective layer (disposable lab coat or washable smock or lab jacket) on top of clothing and changing this between clients. If using head protection/bandana it should also be changed between clients. Therapists should consider keeping hair up throughout the entire work shift to help minimize risk of contamination.

2. Facility & Treatment Rooms:

Hard Surfaces: Cleaning and disinfecting of all hard surfaces should be done in reception, office, shared spaces, and restrooms on a regular schedule throughout the day and also be completed between every client.

Massage tables and face cradles need to be completely clear before cleaning and disinfecting after every client. This also includes bolsters, massage lubricant containers, tools, rolling stools, and any other surface the client or therapist has contact with during a massage.

*Clean all surfaces using soap and water ESPECIALLY high contact areas.

*Disinfect using EPA recommended disinfectant, BE SURE to follow label instructions for the length of time needed for disinfecting to occur before wiping off. (There is a list of recommended disinfectants in the Sources Section.)

*There are also options to use bleach cleaner or make homemade solutions. Be sure to read up on the length of efficacy for homemade solutions as each mixture will only remain a valid disinfectant for a limited amount of time.

Linens and Cloth Surfaces: Laundering and cleaning of all linens and cloth surfaces includes, but is not limited to, all sheets, blankets, face cradle covers, towels, pillows, fleece pads, and therapist's clothing.

*CDC recommendations for Laundry Protocol:

- Use warmest water setting available
- Use high heat to dry
- Wear disposable gloves to handle laundry from a sick person
- Clean & disinfect hampers after use
 - a. ALL linens, including blankets and towels, sheets, face cradle covers, pillow cases, etc. need to be changed between every client.
 - b. Table warmers/fleece pads/cushions/layers: consider using a plastic mattress cover to have a surface that can be sanitized between clients. If the surface isn't able to be sanitized, all soft fabric layers must be laundered between every client.
 - c. Storage: make sure none of the linens/towels/pillows you use will be exposed to open air/germs. Anything in the treatment room exposed to open air should be cleaned between each client.
 - d. Pillows: consider using plastic pillow covers under cloth pillow cases, this way pillows can be sanitized after each use. An alternative would be to put the pillow in the dryer on high heat.
 - e. Because of difficulty in sanitizing or laundering surface of eye pillows, heat packs, neck wraps, hydrocollator packs it is recommended that these products not be used at this time. If these are available as a one time use only it would be acceptable.

****Biggest change and take home regarding linens:** All soft surfaces must be changed/launched between clients. Be considerate of other soft surfaces such as furniture, drapery, carpets, as these surfaces also need to be disinfected as best as possible.

Section 2: Client Communications and Assessment for Treatment

1. Pre-Appointment Assessments and Screening:

New protocol: Pre-session communication within 24-hours of appointment time may be completely new to your practice, especially with repeat clients. It takes extra time and energy to do this. However, this could save you a lot of extra cleaning, save your client's undue travel when you can't safely work on them. It will help build client rapport and the therapeutic relationship to express to your clients the extra care and concern you are taking to address COVID-19.

It is important to communicate with clients about their risk and comfort level before they come for their session. Once someone is in your treatment room, they can contaminate it.

Things to consider are both the level of exposure clients have as well as the level of risk they have to contract COVID-19 or to fight off COVID-19.

a.Pre-Appointment communication: develop and email, text message, or phone-call protocol to discuss with clients before they arrive. Ask questions about their exposure levels and risk levels. Ask client to take temperature before they leave home.

Per CDC recommendations for healthcare providers practitioners should stay home if and when:

- You are experiencing any symptoms of COVID-19.
- You are not feeling well for any other reason.
- You have been in close contact with someone who is suspected to have, or was diagnosed with, COVID-19.
- You recently traveled to an area deemed high risk.
- You are a high-risk individual. (see definitions below).

Advise patients to not come into your clinic if they:

- Are experiencing any symptoms of COVID-19.
- Are not feeling well for any other reason.
- Have been in close contact with someone who is suspected to have, or was diagnosed with, COVID-19.
- Recently traveled to an area deemed high risk.
- Are in the high-risk category (see definitions below).

Develop a clear list of changes you have made at your business for the safety of your clients and yourself, share this list with the client.

Clearly explain your new cancellation policy (and update on website) to let clients know that if they cancel due to illness no fees will be charged.

b. Pre-Appointment Intake upon arrival: Guidelines for non-emergent healthcare from CMS recommend having an area outside of the treatment room or facility to use as staging area for COVID-19 symptom questionnaire and for taking temperatures of patients and employees. Consider using a COVID-19 intake form at each session to guide your intake, have the client acknowledge potential risk and agree they are putting you at minimal risk.

(Recommended per CMS release “Opening America Again: CMS Recommendations for Re-Opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1”
<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

c. Be open and honest, this is a discussion of risk to you and to the client.

Section 3: During the Session

1. During the session, PPE's:

OSHA guidelines for medium-risk providers:

- Install or use physical barriers as possible.
- Offer face-masks to all workers and customers to provide physical barrier.

”Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer’s hazard assessment, and the types of exposures workers have on the job.”

What this means for manual therapy...

As the massage therapist it is your ethical obligation to take responsibility for safety in your treatment room. For this reason it is not recommended to ask your client what PPE's they would like you to use, but to tell them what you will be wearing and what you require from them.

During the session:

*It is recommended that both the client and the massage therapist wear a face mask for the duration of the treatment and while in the treatment space.

*Optional recommendations to change clothing or wear new gown like covering for each client.

*Optional recommendations to wear head covering.

*Optional recommendations to wear face shield and/or eye protection.

Will your level of PPE change based on the risk level of the client?

*Base your decision to treat and to take extra precautions off of a risk assessment questionnaire. This questionnaire should address both the client's potential exposures and their potential risk level for contraction of COVID-19.

Section 4: Overall Office Operating Procedures

1. Guidelines for preparing office for in-person visits pertinent to manual therapists:

a. Evaluate treatment space and waiting area:

- Remove all possible contaminated surfaces that are not needed (magazines, books, decorations, pens, tissues, hangers, etc).
- Remove all possible soft surfaces, if this is not possible cover or bag items that will be exposed to multiple people.
- Carpet cannot be cleaned between clients; take note of this and minimize people touching or placing things on the floor.
- Create space for people to stay 6-feet apart in waiting area (this may mean spacing clients if not enough room is available).
- Eliminate all areas of self serve water/tea/snacks/etc.
- Use trash can with lid to avoid touching and contamination.
- Open windows or consider purchasing HEPA air filter.
- Clean all hard surfaces and high-touch zones with EPA approved cleaner.
- Provide hand sanitizer for clients to use.

2. Single-person practice:

- Current CDC guidelines and CMS guidelines recommend wearing a surgical face mask continually when at your place of work. The risk of contamination when removing and replacing the mask is a

concern. Place the mask on before entering space and keep on until the client has left and linens are laundered. If N-95 masks are available consider wearing this to further minimize your risk.

3. Shared space or multiple therapist practice:

- Have a meeting or debriefing on new office and space procedures.
- Be sure to review new protocols as well as how to properly use any cleaning products available.
- Create clear and concise signage to assure the same safety practices are being taken by all people sharing the space.

Terminology:

Gating criteria: Metrics used by each state to decide which phase of the plan to re-open is appropriate. These are the criteria which need to be met to continue.

Wisconsin's Gating Criteria:

SYMPTOMS: Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period AND downward trajectory of COVID-19-like syndromic cases reported within a 14-day period

CASES: Downward trajectory of positive tests as a percent of total tests within a 14-day period

HOSPITALS: Treat all patients without crisis care AND Robust testing programs in place for at-risk healthcare workers, with decreasing numbers of infected healthcare workers

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

CDC Risk categories for health care practitioners (HCP):

High-risk exposures refer to HCP who have had prolonged close contact with patients with COVID-19 (beginning 48 hours before onset of symptoms) who were not wearing a cloth face covering or facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19

(beginning 48 hours before onset of symptoms) when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 (beginning 48 hours before onset of symptoms) who were wearing a cloth face covering or facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection, and a facemask (instead of a respirator) during an aerosol generating procedure would be considered to have a medium-risk exposure. If an AGP had not been performed, they would have been considered *low-risk*. See Table 1 for additional examples.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 (beginning 48 hours before onset of symptoms) or prolonged close contact with patients (beginning 48 hours before onset of symptoms) who were wearing a cloth face covering or facemask for source control while HCP were wearing a face-mask or respirator. Use of eye protection in addition to a face-mask or respirator would further lower the risk of exposure.

People at *High-Risk* for Contracting COVID-19 (CDC):

Older adults, people with asthma, people with HIV/AIDS, chronic lung disease, serious heart conditions, chronic kidney disease, severe obesity, people 65 years or older, liver disease, immunocompromised, people in senior living facilities.

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