YNHHS Rehab Services (PT/OT/SLP) and Mobility Guidelines for COVID-19

**Scope:** Adult COVID + inpatients in YNHHS who may require evaluation by inpatient rehab services (PT/OT/SLP)

**Background:**

1) Rehab services provides essential evaluations and treatments for many inpatients. However, much of this work puts therapists at high risk for COVID-19 exposure and transmission.

2) Appropriate clinical care should be delivered when critical, while minimizing risks to staff.

**Leadership and Decision Making:**

1) YNHHS Adult Inpatient PT/OT/SLP leadership, Medical leadership, and Nursing.

**PT/OT Evaluation and Treatment Consultations**

1) Patients will be screened by PT/OT for medical stability and appropriateness for evaluation
   a. Patients with objective assessment indicating potential to improve mobility/functional status, and affect disposition to home vs STR, will be prioritized.
   b. Patients who are showing signs of ICU-acquired weakness will be prioritized
   c. Clinically necessary and/or discharge dependent evaluations will also be prioritized

2) Therapists will use their clinical judgment based on patient presentation to determine treatment plan, in conjunction with treatment team

3) Therapy frequency recommendation – 3 – 5 times per week, or more often if patient nearing discharge, and if more frequent treatment may improve discharge disposition (home vs facility/SNF).
   a. Mobility assessments will adhere to established Infection Prevention protocols.
   b. Focus of assessments will be on essential components for safety and objective disposition assessment, and on patient education for continued self-treatment, as well as creation of a customized plan of care

4) PPE for treatment of all COVID + patients (including intubated patients) is N95 (or equivalent) mask, face shield, gown and gloves

5) Reasons to hold or defer therapy intervention:
   a. Escalating COVID symptoms/clinical course; increasing O2 requirements
   b. Awaiting COVID virology results if COVID status is unknown

**SLP Evaluation and Treatment Consultations:**

1) Routine, non-emergent SLP in person consults will be deferred
   i) SLPs will remain available for phone consultation, or virtual assessments where appropriate
      (1) SLP will discuss case with medical/surgical team, provide risk/benefit guidance on oral vs. non-oral means of nutrition/hydration/means of medicating
   ii) Routine Fiberoptic Endoscopic Evaluations of Swallowing (FEES) and Modified Barium Swallow (MBS) studies will be deferred entirely at this time.

2) Emergent SLP consults in person will remain available for patients
   i) SLP will review case/clinical scenario with medical/surgical team prior to in person evaluation
   ii) Emergent bedside consults, MBS, or FEES will require approval by SLP manager/rehab manager in concert with medical director or physician partner. Emergent MBS will also require approval from Radiology