

Hello !

Here's what to expect for in person visits during PHASE 1 :

Please note you are permitted to have tele health sessions at any time. You are not required to do in person sessions. If you should want to go back to (or start) tele health sessions just let your therapist know at any time.

Please have these items available for the therapist:

- paper towels .
- liquid soap , if you do not have liquid soap , let us know so we can provide our own liquid soap .
- a specific isolated room for the therapist and patient only to work in (we prefer to do outside visits weather permitting).
- Keep all other family members out of the room and a minimum of 6 feet away; you of course can observe or be in the room if needed to assist during the session keeping the 6 foot social distance.
- any items the therapist has asked for ready for the session
- Items that the therapist will bring into the home , with your permission ,will be either dedicated just to your home or sanitized before and after using in your home.
- Disinfectant wipes or cleaner (that kills viruses) to clean the area before and after use
- Please let the therapist know prior to arrival if you do not have one or any of the requested items
- Any equipment (balls , ect) that the therapist may be using please make sure these items are properly cleaned and disinfected with a cleaner that kills viruses before and after use.

Please do the following :

- Maintain 6 foot social distancing during the entire session.
- Disinfect the area before therapist arrival a specific area (if applicable) like the table where the OT would work
- When applicable: Talk with your kids about no hugging or approaching the therapist ,and staying with you during the session (if needed) and to stay back 6 feet away from the therapist
- Lets us know before we arrive if anyone in the household is not feeling well. There will be a specific questionnaire they will ask before each visit.

Expect the following from your therapist:

- therapist will be washing their hands for 20 seconds or greater immediately upon arrival and upon departure and will use the paper towels to turn on and off the faucets.
- All therapists will wear:
 1. A surgical melt blown or N95 mask (the only 2 masks approved by the CDC that prevents exposure to the virus) to the therapist and

- 2. face shield or indirectly vented goggles(also approved by the CDC that prevent eye exposure for our therapists)**
- 3. fresh gown before they enter the home;(no gown for outdoor visits.)**

● **All therapists will do the following :**

- 1. Will remove their shoes at the outside door of ea**

Date :ch house before they enter (unless it is raining, or snowing then places just inside the door) or they will put on shoe covers – and use a new pair for each visit.

- 2. will not touch their face during the visit- if they do they will sanitize their hands.**
- 3. will not touch their cell phone during the visit**
- 4. will have their own hand sanitizer on their body at all times**
- 5. will cough or sneeze into their sleeve if needed while wearing the mask. They will sanitize their hands after .**
6. taking their temperature every morning before arriving they will **NOT** come if they have a fever equal to or greater than 100.
7. Completing a health assessment on themselves (same assessment as yours)every morning before arriving ; if they answer yes to the same first 4 questions you are asked they will not come to your home.
8. **No therapist will work if they are feeling unwell in any manner.**

Here is the example of health assessment you will be asked before each visit:

PATIENT and FAMILY HEALTH ASSESSMENT to ask for in person visits :

1. Has the patient or family or caregiver traveled outside the country or hot spot state (requiring quarantine) in the past 14 days?_____
- 2.Has the patient and or family or caregiver exhibited signs or symptoms or respiratory infection such as fever, cough , difficulty breathing , shortness of breath and /or the following : sore throat , muscle pain (body aches) and chills or new loss of taste or smell , Nausea, vomiting, diarrhea , headache, poor feeding or appetite, nasal congestion , runny nose, or general feelings of unwellness?_____
- 3.Has the patient and or family or caregiver seeked out medical care for **any reason at all in the past 14 days?_____
- 4.Within the last 14 days has the patient or family or caregiver had ***EXPOSURE** with someone with or under investigation for COVID- 19 , or who has or had a respiratory illness?_____ (if yes they will need to be quarantined and can't be seen for in person visits .until quarantine is over 14 days or per MD orders – if longer)
5. Temperature of patient (and caregiver if they are closer than 6 feet for 15 minutes or greater) was it equal to or over 100 F or has a subjective fever? Temp of pt=_____

Temp of caregiver (if applicable) = _____

**** If the answer is yes to any questions **the patient is not to be seen** unless they have been tested negative for COVID 19(using a molecular test when symptomatic) If they have a fever they cannot be seen and administration is immediately notified. **to question 4 if the medical reason is for non-Covid related Sx and routine care this will not apply and they can be seen, any questions with this contact admin

Definition of ***EXPOSURE** : was with someone who was Covid positive (typically 15 minutes or longer(unless an aerosol situation ie :cough or sneeze) and less than 6 feet away ,and you were not wearing approved PPE.(Includes eye, nose and mouth protection of CDC approved items).

1. We have screened patients that are eligible for in person visits. Please let us know if we missed a diagnosis with the patient we are seeing for in person visits. **Please see the below list for higher at risk patients** – this list is directly from Dr. Amy Acton , and if the patient has one of these diagnoses we want you to be aware there is higher risk associated with these diagnoses if exposed to Covid 19 .You as the guardian/ and or patient get to decide if you want in person treatment . The supervising therapist will talk with you in detail as well before treatment is started. **No patients will be denied treatment** .

- Smokers
- COPD
- Any lung condition
- Asthma
- Serious Heart conditions (NEW research: including high blood pressure)
- Immunocompromised
- Severe Obesity BMI of 40 or above
- Kidney disease
- Diabetes
- Liver disease
- Aging population (over age 65)
- Patients on vents or who have traches

By signing below I am giving informed consent to do in person visits , I am aware about potential risks for Covid 19 infection to occur with a person entering the home for in person visits. . I understand all items listed on the document . I will comply with all items I am requested to do. I also understand if there is any type of Covid incident I may be involved in the tracking and tracing process completed by the government.

Name of patient :

Electronic signature of patient and /or guardian if patient is a minor: