

The Role of Physical and Occupational Therapy and Speech-Language Pathology Personnel in LTC Facilities During the COVID-19 Pandemic

This document provides guidance for therapists and therapist assistants on how long term care (LTC) facilities (including skilled nursing centers and assisted living communities) can operationalize [federal](#) and state guidance to significantly restrict visitors and non-essential personnel, as well as restrict communal activities inside LTC facilities as part of the effort to prevent COVID-19 from spreading.

When deciding if a therapist needs to enter a building (regardless of their being an employee or outside contractor), we advise LTC facilities and therapy personnel to consider the intent of the federal and state guidance. The intent is to restrict entry of as many people as possible, as each additional person entering increases the risk of COVID-19 entering. Of course, this also needs to be balanced against trying to meet the needs of the resident. That risk-benefit trade off needs to be made on a case-by-case basis but should incorporate the high morbidity and mortality associated with contracting this virus in the elderly over 80 (estimated at 15-20% or more).

As result, you may need to make therapy-specific changes which may include the following steps:

1. Review the care plan and its goals and discuss with the resident if the current rehabilitation plan needs to continue or be modified.
 - a. Some therapy plans of care can be suspended or modified focusing on essential needs, which may vary depending on the current situation in the center or with individual residents.
 - b. This should evaluate which, if any, specialized rehabilitative services are essential to meet the resident's health care needs at this time, and which should be deferred.
 - i. NOTE: If COVID-19 begins to spread in your facility and staffing levels drop, therapy professionals in a LTC facility should anticipate being asked to provide additional public health support activities within the center and therapy services may need to be suspended in order to meet other residents' basic needs.
2. Group and concurrent therapy should be discontinued, if part of the care plan.
3. Consider delivering care in individual resident rooms rather than in therapy gyms, and individualized one-on-one care should be provided in a manner to maintain social distancing as practicable.
4. Extra care should be taken following CDC guidance when cleaning therapy equipment between use.

Non-essential personnel, especially non-direct care staff (e.g., billing) should continue their work as feasible through remote communication, such as via video chat or phone calls.

There may be situations where therapy clinicians furnish care in more than one LTC facility during a single day. Movement of staff between buildings is suspected to be one mechanism of



COVID-19 spread. As such, if COVID-19 is discovered in a building, therapists should consider limiting their movement to other buildings and self-monitor for fever or respiratory symptoms.

We understand how difficult this may be, however, the threat of coronavirus to older adults and those with underlying health conditions has shown to have dire consequences, and we must do everything we can to prevent the further spread into our buildings.