

SHORT COMMUNICATION

REHASPORT CLINIC PROCEDURES AND RECOMMENDATIONS DURING THE COVID-19 PANDEMIC

PROCEDURY I ZALECANIA REHASPORT CLINIC W CZASIE PANDEMII COVID-19

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ABSTRACT

Since the announcement of the COVID-19 pandemic outbreak in mid-March 2020 due to the worldwide rating of infected patients with SARS-CoV-9, there have been significant changes in orthopaedic and rehabilitation units. In the current publication we would like to present the changes implemented in Rehasport according to national recommendations, as well as the ones found in scientific literature. The aim of these changes is to reduce the risk of SARS-CoV-2 infections, as this virus leads to the development of the COVID-19 disease. We present the current guidelines and procedures enforced in our Rehasport Clinic Hospital and Outpatient Clinic as well as in our Rehabilitation Unit.

Keywords: pandemia, SARS-CoV-2, Covid-19, protocols treatment, orthopaedics and rehabilitation

STRESZCZENIE

Od połowy marca 2020 roku, wraz z ogłoszeniem pandemii, z powodu zakażenia chorych na całym świecie wirusem SARS-CoV-2 nastąpiły znaczne zmiany w pracy jednostek ortopedyczno-rehabilitacyjnych. W niniejszej pracy przedstawiamy wdrożone w Rehasport Clinic zmiany, zgodne z rekomendacjami polskimi jak i przedstawianymi w piśmiennictwie światowym, mające na celu zmniejszenie ryzyka zakażeniem wirusem SARS-CoV-2 wywołującym chorobę COVID-19. Przedstawiliśmy wytyczne, procedury zastosowane w szpitalu, na sali rehabilitacyjnej jak i w poradni, które obecnie obowiązują podczas leczenia chorych.

Słowa kluczowe: pandemia, SARS-CoV-2, Covid-19, procedury lecznicze, ortopedia i rehabilitacja

Hospital

Surgical procedures are performed only in situations where postponing a procedure would carry the risk of health deterioration of the patient or would be associated with severe

patient pain. We do not operate patients with one or more of the following criteria:

- > 65 years of age
- with pre-existing conditions

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- with a high risk of post-operative ICU supervision
- arthroplasty procedures
- requiring blood transfusion (exceptional situations decided individually)
- requiring > 24 hour hospitalisation (D'Philipo *et al.* 2020; Vannabouathong *et al.* 2020).

After being qualified for a surgical procedure by a surgeon, the patient awaits for the date of surgery minimum one week. This time is considered as a patient's voluntarily quarantine, treated as a safety measure that further increases the level of safety during the treatment process.

A medical caretaker discusses the quarantine regulations with the patient over the phone and is assured that the patient has stayed at home during the voluntary quarantine and has not had any contact with anyone other than members living under the same roof at all times.

Besides the standard diagnostic examinations, the patient needs to provide the following test results: ASAT, ALAT, creatinine kinase (CPK) (D'Philipo *et al.* 2020; Vannabouathong *et al.* 2020; Sarac *et al.* 2020).

All diagnostic examinations need to be performed 2 days prior the hospitalisation date straight after having finished a one week voluntary home quarantine. The epidemiological and medical interview is a 4-step process. Firstly, the patient is interviewed by a surgeon who qualifies the patient for a procedure. Secondly, a medical caretaker calls the patient and interviews him/her. Thirdly the medical caretaker informs the patient about the date and time of hospital admission. The final stage is an interview conducted at the moment of hospital admission (Sarac *et al.* 2020).

The patient interview consists of the following questions:

- Does the patient have any infection symptoms (cough, fever, fatigue, muscle pains)?
- Has the patient returned from abroad within the last 14 days?
- Has the patient met anyone who is SARS-CoV-2 positive?

- Is the patient currently undergoing mandatory quarantine?
- Is the patient currently under epidemiological supervision?
- Is the patient an employee of an infectious disease hospital or any other medical unit with diagnosed SARS-CoV-2 positive cases?
- Has the patient been hospitalised in any hospital within the last 2 months?

A positive answer to any of these questions disqualifies a patient from the hospital admission (Sarac *et al.* 2020; Miho *et al.* 2020).

One day before hospital admission an administrative employee verifies the patient's medical data in a national electronic health record system (e-WUŚ) to check whether the patient is undergoing mandatory quarantine. If the result is positive the patient is contacted in order to re-schedule hospital admission. Patients with a positive epidemiological interview, must undergo a mandatory PSSE quarantine and have a PCR test done afterwards. Patients and all personnel entering the hospital undergo temperature measurements and fill out an epidemiologic survey. Temperature above 37°C and/or a positive epidemiologic survey eliminates the patient from having a medical procedure.

There are also additional safety related procedures:

- hospital admission time blocks in order not to group patients in waiting rooms
- one patient in one hospital ward only
- time shifts of personnel if possible

Medical staff with infection symptoms or having had contact with a COVID-19 positive person is not allowed to work in hospital and needs to undergo a sanitary procedure (reporting to sanitary-epidemiological authorities, infectious diseases ward and undergo relevant examinations). People who work in an infectious disease hospital cannot simultaneously work for Rehasport Clinic (they need to undergo quarantine). Hospital personnel is advised not to gather in social rooms, where there can be no more than 2 people at the

same time. Each hospital personnel member must wear a surgical mask at all times.

Restrictions needed to be followed by all administrative and medical staff members when being in one room:

- contact distance – >2m; contact time – <15 min.

All hospital staff must wear face masks and gloves at all times while working.

Before coming into close contact with a patient all medical staff must disinfect both hands. Disinfectants are deployed in corridors and wards (D'Philipo *et al.* 2020; Miho *et al.* 2020; Rodriques-Pinto *et al.* 2020).

Rehabilitation facilities

Additional safety procedures during rehabilitation are undertaken:

- Physiotherapist must wear a face mask (optionally face shield) and gloves
- Patient must wear a face mask, 1 patient per 15m², masks are in disposable packaging.

No changes are referred to hand washing, physiotherapy table and equipment disinfection.

Outpatient clinic

In our outpatient clinic there is a 3-steps interview conducted:

- a call centre employee conducts an epidemiological interview while scheduling a patient visit
- a physiotherapist conducts another interview over the phone while confirming the patient's scheduled visit
- a front desk employee conducts another interview while registering the patient upon arrival in the clinic.

At the entrance to the clinic the patient has his/her body temperature measured and signs a COVID-19 statement. If the patient's body temperature is higher than 37°C the patient is not allowed into the clinic.

A patient's visit is scheduled by a Rehasport Call Center employee. The following questions are asked:

- Does the patient have any infection symptoms (cough, fever, fatigue, muscle pain)?
- Has the patient returned from abroad within the last 14 days?
- Has the patient met anyone who is SARS-CoV-2 positive?
- Is the patient currently undergoing a mandatory quarantine?

During the same call the patient is informed that if having any respiratory infections the visit must be re-scheduled. An administrative staff member verifies the patient's medical record in a national electronic health record system (e-WUŚ) to check whether the patient is undergoing a mandatory quarantine.

In our outpatient clinic we have implemented the following safety procedures:

- the facilities are to be accessed by patients only, with the exception of a guardian of underage patients or handicapped patients needing second person assistance
- the patient and guardian must wear a face mask. If the patient or guardian does not possess his/her own face mask, one is provided at the clinic
- in case of first-time patients all required written declarations are not filled out by the patient yet by a clinic staff member. In the place where the patient ought to provide a signature, the staff member writes "verbal consent".

We do not give patients any declarations nor surveys to fill out in person. If possible, we enforce time slots to separate patients from each other.

In order to limit the possibility of patient and staff infections, patients are encouraged to use the possibility of telephone consultation visits with a physician or physiotherapist. The structure of the consultation is as following: the time of the consultation is scheduled. Then the patient sends all relevant medical diagnostic test results. The way of providing test results is agreed while scheduling a telephone consultation visit. On the scheduled day and time of the visit, the physician calls the patient after

having reviewed his/her medical documentation. If needed, the physician provides the patient with necessary prescriptions and referrals for any additional procedures or tests (Miho et al. 2020; Rodriques-Pinto et al. 2020).

Conclusions

In this article we have presented the procedures implemented in Rehasport Clinic in all our medical units due to the pandemic outbreak. All procedures are constantly being evaluated taking in account their feasibility and possible adjustments resulting from new regulations. The situation described above is dated until May 31st 2020 and presents procedures implemented in Rehasport Clinic to lower the risk of possible SARS-COV-2 infections among Rehasport Clinic patients and medical staff members.

REFERENCES

- D'Philipo N.N., Larson C.M., Owen R. et al.**, (2020), 'The Orthopaedic Forum Guidelines for Ambulatory Surgery Centers for the Care of Surgically Necessery/Time – Sensitive Orthopaedic Cases During the COVID-19 Pandemic.' JBJS Express, doi 10.2106/JBJS.20.00489.
- Vannabouathong C., Devji T., Ekhtiari S. et al.**, (2020), 'Novel Coronavirus COVID-19, Current Evidence and Evolving Strategies.' JBJS,102(9), pp.734–744.
- Sarac N.J., Sarac B.A., Schoenbrunner A.R. et al.**, (2020), 'The Orthopaedic Forum A Review Of State Guidelines for Elective Orthopaedic Procedures During the Covid-19 Outbreak.' JBJS Express, doi. 10.2106/JBJS.20.00510
- Miho T., Luke O., Scott M., Berkson E.**, (2020), 'Telemedicine in the Era of Covid-19. The Virtual Orthopaedic Examination.' JBJS, 102(12), pp. e57.
- Rodriques-Pinto R., Sousa R., Oliviera A.**, (2020), 'Preparing to Perform Trauma and Orthopaedic Surgery on Patients with COVID-19.' JBJS, 102 (11), pp. 946–950.