



TITLE	Outpatient Therapy Services for Patients with Pending COVID-19 Test Results		
TODAY'S DATE	July 15, 2020		
SECTION	<input type="checkbox"/> Organization Wide	<input type="checkbox"/> PPE	<input type="checkbox"/> OB/GYN
	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Surgery	
	<input type="checkbox"/> Inpatient	<input checked="" type="checkbox"/> Ambulatory	
	<input type="checkbox"/> Nursing	<input type="checkbox"/> Medical staff [physicians and advance care practitioners]	

APPLICABLE LOCATIONS	<input type="checkbox"/> All Bozeman Health locations		<input type="checkbox"/> Belgrade Clinic + UrgentCare
	<input checked="" type="checkbox"/> Bozeman Health Deaconess Hospital		<input type="checkbox"/> Hillcrest Senior Living
	<input type="checkbox"/> Big Sky Medical Center		<input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare

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APPROVED BY	Incident Command, Louis Mendiola
APPROVAL DATE	July 19, 2020

PURPOSE:

The purpose of this policy is to define when patients will be cancelled or rescheduled from outpatient services such as physical therapy, occupational therapy, speech therapy, respiratory therapy, and education services.

POLICY/PROTOCOL:

Patients awaiting **diagnostic** COVID-19 test results should not receive any outpatient services while awaiting test results, regardless of symptoms, unless clinically necessary. Such patients are considered PUI and should only receive services in the Viral Triage Clinics, Emergency Department, or other designated area of the health system designed for treatment of COVID-19 confirmed or PUI patients.

Patients awaiting **surveillance** test results should be screened as any other person entering the facility and triaged appropriately.

Definitions

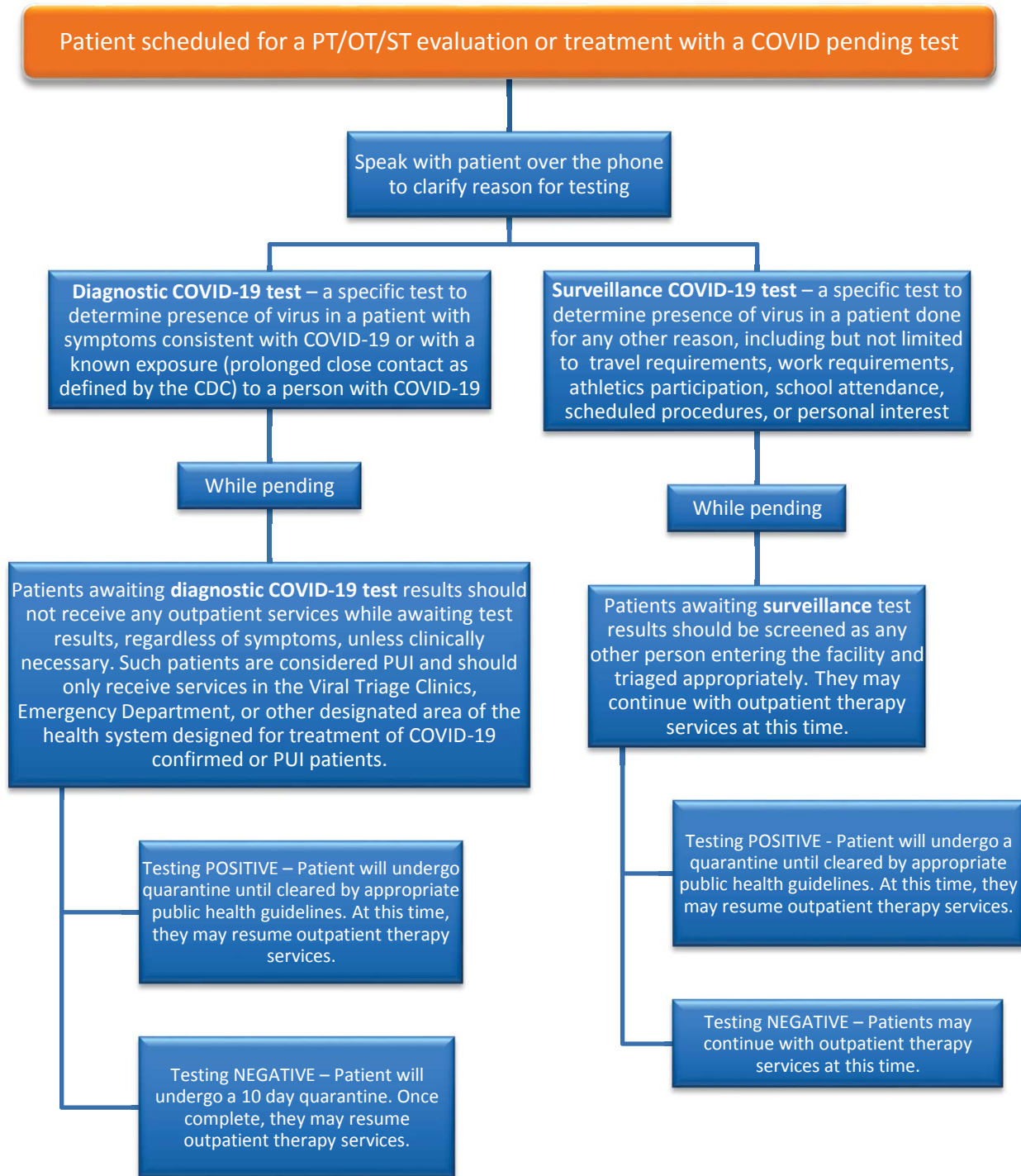
Diagnostic COVID-19 test: a specific test to determine presence of virus in a patient with symptoms consistent with COVID-19 or with a known exposure (prolonged close contact as defined by the CDC) to a person with COVID-19.

Surveillance COVID-19 test: a specific test to determine presence of virus in a patient done for any other reason, including but not limited to travel requirements, work requirements, athletics participation, school attendance, scheduled procedures, or personal interest

OTHER POLICIES/PROTOCOLS TO REFERENCE:

NOTES:

The following flow sheet will be used as a tool for staff to determine appropriateness of treatment.


SCOPE:

We anticipate these adjustments to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.