

Republic of Slovenia
**SCIENTIFIC ADVISORY COMMITTEE FOR
PHYSICAL AND REHABILITATION MEDICINE**
at Ministry of Health

In cooperation with :

SLOVENIAN SOCIETY FOR PHYSICAL AND REHABILITATION
MEDICINE
at Slovenian Medical Society

UNIVERSITY REHABILITATION INSTITUTE
of the Republic of Slovenia

**Recommendations for the provision of physical and
rehabilitation medicine (PRM) services during SARS-COV-2
epidemic (COVID-19)**

I. Recommendations for outpatient clinical activities

During the declared **epidemics**, the outpatient PRM activity is provided only for the patients with complications after implanted baclofen pump, including baclofen pump refill. Patients are treated as “possibly infected”. The team for intervention consists of a registered nurse and a PRM specialist using special protective equipment:

- surgical mask,
- protective nonadhesive glasses,
- waterproof coat and
- examination gloves.

In case that patient coming for pump refill has confirmed COVID disease, team is protected by the personal protection as required in that case:

- FFP3 mask
- Adhesive glasses or a visor with a seal on the skin.
- Extended (long) gloves
- Waterproof coat
- Protective headwear (cap)

Other Outpatient clinical activity of PRM specialist can be available as consultation by email / telephone or telerehabilitation service, to the extent allowed by the organization of work and internal instructions of each institution.

Other examinations in outpatient clinics are provided only in exceptional cases, when a PRM specialist deems it necessary. In this case all the necessary protective measures as specified in the first paragraph apply.

The following pre-existing service code list can be used for billing services:

- 11604 Specialist consultation - to account for longer consultations
- 91101 Short follow-up without the patient present - to account for shorter consultations
- 91100 Drug prescription (for each prescription)
- The provider can also record and bill another relevant code from the service code list. The code depends on the health service provided and is justified in the patient's medical record.

II. Recommendations for work in acute care wards, rehabilitation wards and natural spas

- Patient care is maintained at the level of acute and post-acute rehabilitation ONLY.
- **Acute rehabilitation** is implemented in acute hospitals / setting in accordance with the precautionary measures specified by each acute

hospital and based on established PRM guidelines for individual pathologies.

- **Post-acute rehabilitation** setting is intended for patients after surgical interventions, patients with conservatively treated acute injuries, new identified musculoskeletal, peripheral and central nervous system disorders who are incapable of discharge and living in the home environment after acute rehabilitation is finished. PRM specialist can also indicate admission to post-acute rehabilitation when patient is capable to be discharged to home, BUT a **delayed rehabilitation would lead to serious impairment of the patient's medical or functional state.**
- Admission to post-acute rehabilitation **remains based** on clinical and functional indications, which includes assessment of the patient's clinical and functional status with preserved rehabilitation potentials and confirmed patient's needs for rehabilitation on secondary or tertiary care level.
- Spa centers can admit patients from acute departments to **rehabilitation departments/units ONLY** (no accommodation in hotel facilities)
- Referral to post-acute care in a tertiary level rehabilitation facility (University Rehabilitation Institute Ljubljana) is indicated after patient is examined and evaluated by a PRM specialist from the institution where the patient is in acute care. If the institution where the patient is undergoing acute treatment does not have an PRM specialist, seek the opinion of the **nearest available PRM consultant specialist.**
- The condition for transfer to post-acute rehabilitation department is that the patient has **no positive epidemiological or clinical signs of SARS-Cov-2 infection and a negative throat/nose smear for the virus which is up to 24 hours old.**
- All newly admitted patients to the post-acute rehabilitation institution are initially admitted in a **separate ward for isolation and observation** where they remain for 6 days. If the patients don't develop clinical signs of infection within 6 days, they may be assigned to the rehabilitation ward.

- Only one patient per room is hospitalized in the observation - isolation ward.
- All therapy in a separate ward is performed in the isolation rooms where the patients are placed.
- Before entering the isolation room, staff is provided with:
 - surgical mask,
 - plastic nonadhesive glasses,
 - water repellent coat
 - examination gloves.
- Protective equipment is installed in a separate room. Protective equipment after use is considered as an infectious waste.
- After patient is transferred to regular department **as COVID free**, medical staff approach and perform rehabilitation intervention strictly with a surgical mask.

III. Management guidelines for suspected acute respiratory tract infections in rehabilitation wards and in natural spas

(Adapted from: Clinical course of a patient with acute respiratory tract infection and suspected COVID19 at the inpatient clinic of the University Rehabilitation Institute)

- In all patients with **acute respiratory tract infection symptoms** - fever, cough and shortness of breath - **SARS-Cov-2 infection is suspected**.
- A surgical mask is immediately provided for the patient. The patient is placed in an isolation room. Patients who were previously in the same room as the suspected patient are placed in separate isolation rooms.
- Personnel – nursing and therapeutic - entering the isolation room and approach the patient, use special protective equipment:
 - FFP3 mask
 - Adhesive glasses or a visor with a seal on the skin.

- Extended (long) gloves
 - Waterproof coat
 - Protective headwear (cap)
- The patient is immediately evaluated on a CRB-65 scale (see appendix). **A drop in SaO₂ below 91% is additional sign (+1) of infection.**
 - Patients with **score of 2 on 3** on the CRB-65 scale, are IMMEDIATELY (without taking nose/throat smear) **under URGENT level referred to the nearest Emergency Clinic for Covid19 patients**
 - For a patient with **score 1** on CRB-65 scale, a SARS-Cov-2 smear is taken. Until the test results are known, we take all protective measures when treating the patient.
 - The patient with a confirmed COVID19 infection and **score 1** on CRB-65 scale, is released to the home environment with instructions. In case his/her condition does not allow discharge to home environment and self isolation (most likely scenario), patient remain in ward isolation for 14 days. No therapeutic intervention is provided for time of isolation. After 14 days throat / nose smear is repeated. Medical staff approach to patient with protection:
 - FFP3 mask
 - Adhesive glasses or a visor with a seal on the skin.
 - Extended (long) gloves
 - Waterproof coat
 - Protective headwear (cap)
 - Patient's contacts, who were in the same room, remain in isolation for observation for 6 days. After 6 days of isolation SARS-Cov-2 smear is taken. If the test is negative, we repeat it after 24 hours. If the test is positive, we prolong the isolation and repeat the test on the 14th day

since the contact. We consult an on-call infectologist regarding the necessity for hospital or home isolation for 14 days.

- Health care workers who were in contact with the Covid19 positive patient **without special protective equipment** are removed from the work process to home isolation for 6 days. If they develop no signs of infection in 6 days, a 2x smear is taken at 24 hours intervals. If both smear tests are negative, the health care worker can return to the work process. If either the first or the second swab test was positive for SARS-Cov-2, the health care worker remains in self-isolating for 14 days. After 14 days swab is repeated and if the result is negative, the health care worker can return to the work process.

Appendix: CRB-65 scale

