



PATIENT COVID-19 POLICIES AND PROCEDURES

Sandia Sunrise Therapy guidelines are adapted from recommendations by the CDC and NM Department of Health. Our COVID-19 policies and procedures will be regularly updated to comply with the most current public health orders.

MASK POLICY

- Adults and patients over the age of two years will be required to wear a face mask
- Masks must be worn upon arrival to the appointment and while inside the clinic
- If patient or caregiver do not have a mask, one will be provided
- Masks with vents or valves, gators, and bandanas are not permitted
- Exceptions will be made for patients under the age of two years and patients who are not able to wear a mask

TREATMENT

Checking-In

- Patients will be required to sign a consent form acknowledging the risks of COVID-19
- Call or text the office, from your car, when you have arrived for your appointment to complete a COVID-19 screening
 - If you answer "yes" to any of the questions on the questionnaire, your appointment will be canceled or rescheduled as appropriate. Follow "Quarantine and Testing Guidelines" below
 - If you answer "no" to all questions on the questionnaire, your therapist will go out to meet you
- Your therapist will walk outside to pick up/drop off patient at the start/end of the session
- Sessions will be limited to patient and only one caregiver
- Persons participating in the session must wash hands before the appointment

During the Appointment

- No outside food, drinks, or toys are allowed in the clinic
- Hand sanitizer will be made available throughout the clinic
- All equipment and items will be cleaned between every session
- The clinic will be sanitized regularly throughout the day



STAFF HEALTH SCREENING AND RESPONSIBILITIES

- Daily wellness screenings will be completed by staff to attest to wellness to work and potential COVID-19 exposure
 - Anyone with a fever of 100.4 degrees or feeling ill will not be allowed to work in the clinic
- Staff will follow quarantine/isolation recommendations and testing guidelines
- Therapist will reschedule appointments or provide telehealth if appropriate
- Therapist will wash their hands prior to each session and wear masks

QUARANTINE AND TESTING GUIDELINES

Experiencing Symptoms

- If symptoms are isolated (i.e., only a headache or only a runny nose, expect for a fever) and can be attributed to allergies, lack of sleep, etc. call our office to see if an in-person session is appropriate. Monitor symptoms and if they worsen, call the office to cancel or reschedule future appointments
- If patient is experiencing a cluster of COVID-19 symptoms, a COVID-19 test is recommended
 - If patient tests positive for COVID-19, follow “Positive COVID-19 Test” guidelines below
 - If patient tests negative for COVID-19, patient may return to therapy when they are fever-free for 24 hours without the use of medication and are no longer experiencing symptoms
 - If patient does not test, patient must wait 10 days since onset of symptoms, be fever-free for 24 hours without the use of medication, and be symptom-free before returning to therapy
 - Telehealth may be an option if patient and caregiver are feeling well enough to participate
- Testing must be completed at an approved NM DOH testing site or medical office
 - Results must include patient’s name and test date
 - At-home COVID-19 test kits will not be accepted

Positive COVID-19 Test

- Notify our office as soon as possible if patient tests positive
- Patient must isolate for five days
- Patient may return to therapy if they are symptom-free without the use of medication and can wear a medical-grade mask that will remain over their nose and mouth for the duration of the session
- If patient cannot wear a mask, they must isolate for ten days following their positive COVID-19 test results before returning to therapy
- Telehealth may be an option if patient and caregiver are feeling well enough to participate



COVID-19 Exposure

- If patient has had close contact or suspected close contact with someone with COVID-19, contact our office as soon as possible
- Patient must quarantine for ten days or have a negative COVID-19 test five days after exposure before returning to in-person services
- If patient tests positive, follow “Positive COVID-19 test” guidelines
- If patient tests negative and can wear a medical grade mask that will remain over their nose and mouth for the duration of the session, patient may return to therapy
- If patient does not test or cannot wear a mask, they must quarantine for ten days following their exposure to COVID-19 before returning to therapy
- Telehealth may be an option if patient and caregiver are feeling well enough to participate
- Testing must be completed at an approved NM DOH testing site or medical office
 - Results must include patient’s name and test date
 - At-home COVID-19 test kits will not be accepted

Vaccinated Individuals

- All individuals will be required to follow the same quarantine/isolation procedures and testing guidelines regardless of vaccination status



CORONAVIRUS/COVID-19 INFORMED WAIVER AND CONSENT FORM

I understand that the novel Coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread from person-to-person contact, and as a result, federal and state health authorities continue to recommend physical distancing and limited contacts outside of the immediate family.

I am aware that Sandia Sunrise Therapy is offering telehealth services as an alternative to in-person sessions and that this option poses a reduced risk of exposure to or contracting COVID-19.

I understand that Sandia Sunrise Therapy has preventative measures in place to reduce the spread of COVID-19 and other infectious diseases. I have read over and understand their COVID-19 policies and procedures.

I am aware that despite these preventative measures, there remains a risk of becoming infected with COVID-19 by proceeding with any in-person interaction including in-person physical therapy or occupational therapy services.

I accept this risk and would like to proceed with in-person therapy session(s):

Caregiver's Printed Name: _____

Caregiver's Signature: _____

Date: _____