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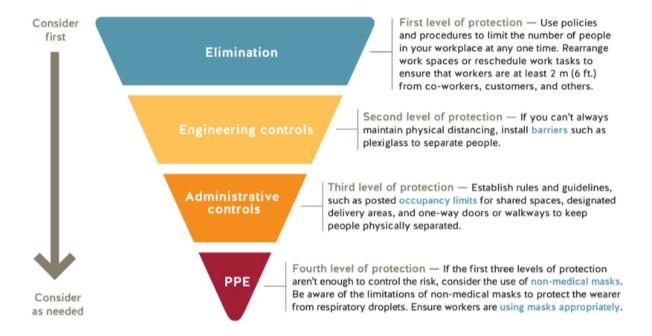
# **COVID-19 Safety Plan - Chiropractic**

"The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Reducing the risk of person-to-person transmission:" (from WorkSafeBC COVID-19 Safety Plan)https://www.worksafebc.com/en/resources/health-safety/checklist/covid-19-safety-plan



#### **GUIDELINES:**

This Policy includes guidelines regarding:

- 1. Screening
- 2. Hand Hygiene
- 3. Environmental Cleaning and Disinfection
- 4. Physical Distancing
- 5. Use of PPE
- 6. Exclusion or Work Restrictions during Staff Illness

## 1. Screening

Clinic staff and practitioners will continue pre-screening patients for risk factors at time of booking and at appointment. Patients can be advised to use the self assessment tool https://bc.thrive.health/

Clinic staff will collect simple screening information on the phone at the time of booking the appointment and the practitioners again in person at the time of patient's attendance at clinic:

- 1. Are you experiencing any of the following symptoms: fever, difficulty breathing, coughing, sore throat?
- 2. Have you travelled outside of BC within the last 14 days?
- 3. Have you been in contact with someone recently diagnosed with COVID-19?

Signage indicating screening criteria is posted at the entry door. Patients exhibiting symptoms will not receive treatment and will be directed to call Healthline 811 or their physician's office.

If a practitioner encounters a patient who has gone through the screening process and enters a treatment room yet still exhibits signs and symptoms consistent with COVID-19, the practitioner must:

- Establish and maintain a safe physical distance of two metres.
- Have the patient complete hand hygiene.
- Provide a new mask for the patient to don.
- Segregate the patient from others in the clinic.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the patient they should self-isolate and call Health Link 811.

• Clean and disinfect the practice area immediately.

Practitioners must not attempt a differential diagnosis of patients who present with signs and symptoms of COVID-19.

Practitioners are required to call Health Link (811) to receive guidance if they are aware of a patient who has visited their clinic within the last 14 days and is now testing (or has tested) positive for COVID-19.

If a patient communicates to the clinic that they have tested positive for COVID-19 after they have been in for treatment, the practitioner who treated that patient will be obligated to self-isolate for 14 days. That treatment room will immediately cease to be used until such a time that it can be completely sterilized.

## 2. Hand Hygiene

Hand hygiene is the most effective way of preventing the transmission of infections to patients and staff in clinics. All staff and practitioners shall be educated in proper hand hygiene techniques. Hand hygiene products are available for employees and patients. See Appendix A.

Hand hygiene includes washing hands with soap and water or using alcohol-based hand sanitizer. Washing hands is preferred whenever possible. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number), with a minimum of 70% alcohol. Hand hygiene shall be performed by:

- Practitioners when entering the clinic; before contact with a patient and after contact with a patient (hand wash)
- Patients when entering the clinic (hand wash and/or hand sanitizer)
- Staff when entering the clinic; before and after patient interaction (hand wash and/or hand sanitizer); before and after breaks; and after handling cash.

#### 3. Environmental Cleaning and Disinfection

The COVID-19 virus can survive for a period of time on different surfaces and objects. Frequent cleaning and disinfection is important to prevent spread of the disease. Cleaning products remove dirt, dust and oils, but don't always kill germs. Disinfectants are applied after cleaning to destroy germs. See Appendix B.

Disinfectant requirements:

- Clinical contact surfaces (e.g. chiropractic tables, therapeutic tools and devices, procedural work surfaces, clinic room seats, etc.) shall be cleaned and disinfected after each patient encounter. Allow sufficient time for the process to be effective, in accordance with manufacturer's instructions.
- For chiropractic tables, it is recommended to not use the central holding bar for the headrest paper, in order to decrease the inability to effectively clean the metal rod.
- Any materials on clinical contact surfaces that cannot be properly disinfected shall not be used (e.g. fabric coverings, unless they can be changed in between each patient encounter and properly laundered. Proper cleaning and disinfecting of the underlying surface will still be required).
- Patient contact items including the payment machine, reception counter, seating areas, doors and handles should be cleaned and disinfected after each patient encounter.
- Commonly touched areas should be cleaned and disinfected twice daily or whenever visibly soiled. Commonly touched areas include light switches, doorknobs, toilets, taps, counter tops, laundry machines, touch screens/mobile devices and keyboards. The payment machine should be cleaned and disinfected at least hourly, or ideally after each patient encounter.
- Books, magazines, and toys are removed from the waiting area.
- A regular schedule for periodic environmental cleaning shall be established, including the plexiglass barrier. See Appendix D.

Any cloth items, such as towels, sheets, headrest coverings, etc., that are used in the clinic must be laundered in hot water with regular laundry soap before being dried and used again.

#### 4. Physical Distancing

- (a) Clinical space management:
- Members of the public should be two (2) metres from each other. This includes: Treatment areas, Waiting areas (seats are spaced two (2) metres apart), Transition areas
- Employees and the public should be two (2) metres from each other. Plexiglass is installed at the reception counter.
- The treating practitioner should be two (2) metres from the public when conversing.
- Patients will be instructed to wait outside upon arrival. Once their treatment room is
  clean and ready, they will be invited in the clinic to wash their hands and proceed
  directly to their room. Gloves are not recommended for patients.

- Staff and practitioners should consider booking their high risk or immunocompromised patients first thing in the morning or during off-hours to minimize risk.
- Practitioners are changing work schedules to limit the number of people in the clinic, which also limits the reception staff.
- Appointment reminders will encourage patients to show up on time, but not too early.
   They will be advised to only bring people with them if necessary. No drop in appointments at this time.

## (b) Clinical schedule management:

- Patient appointments should be scheduled to facilitate physical distancing (staggered for chiropractic and massage as much as possible), and to ensure that no more than 4 patients are in waiting areas if physical distancing allows within the space.
- Chiropractors will ensure ample time in between patients for necessary cleaning.
- Sufficient time must be provided for the area the patient occupied to be cleaned and disinfected.
- Changes to office procedures will be available via email, website and phone.
- Patients will be encouraged to use credit or debit cards for payment. Contact will be limited by allowing patients to scan/tap/swipe their own cards. We will endeavor to limit the exchange of paper email receipts will be provided whenever possible; intake forms/questionnaires will be made available wherever possible. Additionally, Jane Payments has been implemented to allow for online invoicing and safe storage of credit card information for automatic processing.

### 5. Use of PPE

Personal protective equipment (PPE) can, in certain situations, aid in preventing the transmission of disease-causing microorganisms. If used incorrectly, PPE will fail to prevent transmission and may facilitate the spread of disease. Patients will be provided a cloth or disposable face mask if they do not already have their own. As no procedures performed in the office cause the virus to become aerosolized there will be no need for face shields or goggles. Additionally if there is to be any contact with the patient that involves more than the hands, a gown or sheet will be used as a barrier and washed between patients. Gloves will only be used in procedures normally requiring hand protection (TMJ work). PPE must be donned and doffed using the following specific sequence to prevent contamination.

### Donning mask:

- 1. Perform hand hygiene.
- 2. Put on mask. Secure ties to head or elastic loops behind ears. Mould the flexible band to the bridge of nose (if applicable). Ensure snug fit to face and below chin with no gaping or venting.

## Doffing mask:

- 1. Perform hand hygiene.
- 2. Carefully remove the mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie. Discard the mask in the garbage.
- 3. Perform hand hygiene.

More information on proper PPE use can be found at http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care

Single use gloves may be used, but are not required for most services. If gloves are used, they must be changed in between each patient encounter and be accompanied by proper hand hygiene between every glove change.

## 6. Exclusion or Work Restrictions during Staff Illness

If a practitioner or staff exhibits any symptoms of COVID-19, they must stay home or be sent home and follow the advice of public health officials before returning to work. When staff go home sick, their work areas must be cleaned and disinfected. Upon recommendation by public health officials, the practitioner or staff may return to work at the clinic. The advice of Public Health officials shall be followed regarding impact on clinic operations during these periods.

Members are encouraged to call HealthLine 811 or the Government's Business Response Team at 1-844-800-8688 if they are aware of a patient who has visited their clinic and is now testing (or has tested) positive for COVID-19. See Appendix C for self-isolation policy.

All members and staff must self-monitor for symptoms and use the self-assessment tool available on the Government of British Columbia's website. https://bc.thrive.health/

#### APPENDIX A

## Proper procedures for hand hygiene:

- (i) Procedure for washing hands with soap and water:
  - Wet hands with warm water and enough soap;
  - Apply enough soap to ensure lathering of all hand surfaces;
  - Vigorously rub all surfaces of hands and wrists, including palms, between fingers, back of hands, wrists, fingers, fingertips, and thumbs;
  - Rub hands for a minimum of 20 seconds;
  - Rinse hands under warm, running water;
  - Dry hands with disposable paper towels;
  - Avoid re-contaminating hands after washing. Turn off faucet and open doors with a paper towel;
  - Discard paper towels in a waste receptacle.
- (ii) Procedure for using alcohol-based hand sanitizer:
  - Ensure hands are not visibly soiled and are dry before use;
  - Apply an adequate amount of sanitizer to cover all hand surfaces;
  - Vigorously rub sanitizer over all surfaces of the hands and wrists, including palms, between fingers, back of hands, wrists, fingers, fingertips, and thumbs;
  - Hands should remain wet for a minimum of 15 seconds;
  - Hands should be rubbed until completely dry.

#### APPENDIX B

## Proper procedures for cleaning and disinfecting:

## Please see handout for clinic cleaning schedule.

Additional cleaning procedures:

The plexiglass barrier will require cleaning with soapy water with a micro-fibre cloth on a weekly basis. The pass through will be cleaned at least twice daily. Do not use paper towel as it may scratch the surface. Windex and other ammonia containing products will damage the plexiglass.

#### APPENDIX C

Illness policy:

Workers and others showing symptoms of COVID-19 are prohibited from the workplace. The provincial health officer and the BC CDC have issued the following guidance around self-isolation, which must be reflected in your policies:

- anyone who has had symptoms of COVID-19 in the last 10 days must self-isolate at home; symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat and new muscle aches or headache.
- anyone under the direction of the provincial health officer to self-isolate must follow those instructions
- anyone who has arrived from outside of Canada, or who is a contact of a confirmed COVID-19 case, to self-isolate for 14 days and monitor (<a href="http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation">http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation</a>) for symptoms

Workers who may start to feel ill at work should:

Report to office manager, even with mild symptoms.

Wash or sanitize their hands, provided with a mask, and isolated.