

COVID-19 Pandemic Practice Directive - Sparwood Chiropractic and Wellness

Public Health Measures

Mass Gatherings

The Provincial Health Officer's Order for Mass Gatherings continues to prohibit gatherings and events of people in excess of 50 people, however, there can be more than 50 people in a clinic if they are not all in one area and if they are actively engaged in physical distancing.

Case Finding, Contact Tracing and Outbreak Management

Active testing of people with mild COVID-19 like symptoms (case finding) helps identify cases early in the course of their disease, determine whether others in close contact with them are at risk for infection (contact tracing), and ensure they get appropriate care and follow-up. Should a COVID-19 positive person be identified by public health staff, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe in the workplace.

Self-Isolation and Quarantine

Health care providers and staff with common-cold, influenza, or COVID-19 like symptoms should be encouraged to stay home, be assessed by their health care provider and tested for COVID-19. When someone is symptomatic, they should self-isolate and follow directions provided by their health care provider. Self-isolation is also advised for those who are considered a close contact of a confirmed case and are waiting to see if they develop COVID-19 illness. Quarantine is a term typically reserved for persons who return from travel outside the country are at risk of developing COVID-19.

If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. They will also ensure that person has access to health care providers and that appropriate supports are in place.

Environmental Measures

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Clinic spaces should be cleaned and disinfected in accordance with the BCCDC's Environmental Cleaning and Disinfectants for Clinic Settings document.

- Patient care/patient contact items must be cleaned and disinfected **between patients**. Practitioners will be responsible for cleaning these items in their treatment rooms and in the

communal rehab space after every patient. Examples of patient contact items include but are not limited to:

- treatment tables, all contact surfaces, and the entire headpiece and hand rests
- exercise equipment
- therapeutic tools and devices (ie/ US/IFC combo, Shockwave)
- diagnostic tools and devices
- procedural work surfaces

• Commonly touched areas should be cleaned and disinfected at least **twice a day** or whenever visibly soiled. Front desk staff are responsible for cleaning and disinfecting these areas as required. Commonly touched areas include but are not limited to:

- Door knobs, light switches, telephones, keyboards, mice, cell phones, and all hard surfaces in bathrooms such as sinks, faucets, paper towel dispensers, and soap dispensers
- Credit/debit machine machine must be cleaned after each patient encounter
- Clipboards that patients contact must be cleaned after each patient encounter
- Pens/pencils used by patients must be disinfected after each patient use

- Any visibly dirty surface will be cleaned and disinfected
- Alcohol wipes are to be used on Shockwave and IFC/US Combo Units
- Spray bottles with Health Canada approved disinfectant and green microfibre cloth will be placed in every treatment room as well as the common rehab and reception/waiting area to be used for disinfecting
- You may use 1 microfibre green cloth per day unless it becomes visibly dirty/soiled. Please dispose of the cloth in the laundry at the end of the day.
- When using the disinfectant please spray all necessary areas and gently wipe with disinfectant dampened cloth so that all contact areas are visibly wet and allow to dry.
- All cloth chairs and other fabric items in the clinic will be removed or replaced with ones that have an easily wipeable surface
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids, for example, runny nose, vomit, stool, urine.
- Perform hand hygiene before wearing and after removing gloves.

• Any cloth items, such as towels, sheets, headrest coverings, etc., that are used in the clinic must be laundered in hot water (above 60°C) with regular laundry soap before being dried and used again. Staff that is handling these items should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

There is no evidence that the COVID-19 virus is transmitted via paper or other paper-based products. As such, there is no need to limit the distribution of paper resources, such as leaflets, to patients because of COVID-19.

Physical Changes to the Clinic

- Potential patient contact items in the waiting room that cannot be easily cleaned such as magazines, toys, candy, and business cards have been removed.
- Chairs have been removed in the waiting room to allow space for social distancing
- All cloth chairs that can not be appropriately disinfected are to be removed or replaced with vinyl wipeable chairs
- Alcohol-based hand rubs (ABHR) with 70% alcohol have been placed at the reception counter, front and rear entrances, and in treatment rooms with signage to indicate where they are.
- Procedure/exam rooms will include only necessary equipment required to perform services; for example, minimize decorative accents or non-clinical items
- Minimal supplies will be located in procedure/exam rooms. Extra supplies will be kept in closed cabinets/containers to minimize the risk of contamination. These supplies can be found in the front hallway cabinet, break room cabinet, laundry room, or rehab storage
- The doors between the front/back portions of the clinic will remain open when appropriate to avoid recurrent contamination of doorknobs and high touch contact points as well as to aid in social distancing.
- Installation of plexiglass at reception counter to limit interaction between patients and front desk staff

- Signage has been placed in the clinic regarding:
 - Hand sanitization stations
 - Social distancing
 - Proper hand hygiene posted near all sinks.
 - Pre-appointment screening guidelines
 - Up-to-date information regarding COVID-19
 - Proper donning/doffing of surgical masks

Administrative Measures

Physical Distancing and Minimizing Physical Contact

Physical distancing means maintaining a distance of 2 metres between two or more people. This applies in the following spaces:

- treatment areas
- waiting areas
- transition areas

People who live together are exempt from this requirement with each other. Caregivers and companions that are required to attend with patients are also exempt from this requirement.

The following physical distancing strategies have been implemented in the clinic:

- Avoid close greetings (e.g., handshakes, hugs).
- Staggering appointment start/finish times between practitioners
- Staggering break and lunch times for staff/practitioners
- Limiting patient companions to only required caregivers and parents
- Directing patients to remain in their vehicle until the time of their appointment
- When possible emailing required paperwork to complete at home or bringing it to their vehicle to limit time in the waiting room
- Keeping doors between front/back/hallway sections of clinic open to improve visibility and limit unnecessary interactions
- Using alternative exits for patients to leave after appointments
- Virtual appointments are also currently available for physiotherapy patients. This allows higher risk patients to stay home and limit possible exposure as well as decreasing patient numbers in the clinic to help promote social distancing protocols.

Pre-visit Screening

Practitioners and staff must assess and screen patients for symptoms of COVID-19 as per the requirements of Public Health. Patients exhibiting signs and symptoms consistent with COVID-19, should not present for clinical services during the pandemic.

Clinic staff will screen patients at the time of booking the appointment and again in-person at the time of the patient's visit to the clinic. People who accompany patients, such as parents, caregivers or companions, must be screened with the same questions as the patient.

Screening questions that must be asked of patients and companions:

1. Do you have current symptoms of COVID-19, such as:
 - a. a fever,
 - b. a new or changed chronic cough,
 - c. a sore throat that is not related to a known or preexisting condition
 - d. a runny nose that is not related to a known or preexisting condition
 - e. Nasal congestion that is not related to a known or preexisting condition
 - f. Shortness of breath that is not related to a known or preexisting condition
2. Have you traveled internationally within the last 14 days?
3. Have you had close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19
4. Are you currently required to self-isolate?

Patients and/or companions exhibiting symptoms should not receive treatment at this time and should be directed to *call Health Link 811 or contact the primary care doctor or nurse practitioner.*

A record of the screening questions for each patient, companion, staff member and practitioner is kept and initialed for each day that they are present in the clinic.

Signage indicating screening criteria is posted at the front door before entering the clinic.

A registry of contact information for all people entering the clinic will be kept to aid in contact tracing if required. This includes people in the clinic aside from patients (e.g. couriers, guardians accompanying a patient, etc), practitioners and staff. This is not an open sign-in book and will be kept and managed privately by the clinic. Information on staff and patients for each day is available on the MRX clinic management system.

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.

Considerations for Special Populations

Older Patients or those with Chronic Illnesses

- If an in-person appointment is required for an older patient or patient with a chronic illness, Attempts will be made to schedule these as the first appointments of the day or at the end
- Suggest patients who live alone arrange for a friend to check in on them in the event that they fall ill.
- Virtual telehealth appointments are available when deemed appropriate to mitigate risks for older patients or those with chronic illness

Personal Measures

Stay Home When Sick

- All staff who have symptoms of COVID-19 OR travelled outside Canada in the last 14 days OR were identified as a close contact of a confirmed case must stay home and self-isolate.
- Staff must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to entering the clinic.
- Those unsure of if they should self-isolate should be directed to use the BC COVID-19 SelfAssessment Tool.

If concerned, they can be advised to contact 8-1-1 or the local public health unit to seek further input.

See the BCCDC's Exposures and Return to Work for Healthcare Workers guidance on healthcare workers exposed to COVID-19 while at work, what to do if a staff member becomes ill, and criteria for return to work for those with symptoms.

Hand Hygiene

Rigorous hand hygiene with plain soap and water or alcohol-based hand rub (ABHR) is the most effective way to reduce the spread of illness. Both staff and patients/clients can pick up and spread germs easily, from objects, surfaces, food and people. Everyone should practice diligent hand hygiene.

How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
- If sinks are not available, use alcohol-based hand rub containing at least 70% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
- To learn about how to perform hand hygiene, please refer to the BCCDC's hand hygiene poster posted in both of the clinic bathrooms.

Strategies to ensure diligent hand hygiene:

- Hand hygiene stations with 70% alcohol based hand sanitizer have been set up at the clinic entrance, the rear exit, at the front desk and in all of the treatment rooms.
- Hand washing is possible in both the front and back washrooms with directions on proper hand washing technique posted in those areas.
- Paper towels should be disposed of in non-touch waste-baskets lined with a garbage bag.

For **Practitioners**, hand hygiene should be performed:

- On entering the clinic;
- On entering the examination/procedure room;
- On leaving the examination/procedure room;
- After using the washroom;
- After using a tissue for their face; and
- After coughing or sneezing.
- Before and after contact with patient or the patient care environment;
- Before and after breaks;
- Before clean or sterile procedures;
- After risk of body fluid exposure;
- Before donning PPE; and
- In between each step when doffing PPE.
- Before and after use of weights, exercise, or rehab equipment

For **Staff** hand hygiene should be performed:

- On entering the clinic;
- On entering the examination/procedure room;
- On leaving the examination/procedure room;
- After using the washroom;
- After using a tissue for their face; and
- After coughing or sneezing.
- Before and after contact with patient or the patient care environment;
- Before and after breaks;
- Before clean or sterile procedures;
- After risk of body fluid exposure;
- Before donning PPE; and
- In between each step when doffing PPE.
- After financial transactions or administration of paperwork involving patients

For **Patients/Clients**, hand hygiene should be performed:

- On entering the clinic;
- On entering the examination/procedure room;
- On leaving the examination/procedure room;
- After using the washroom;
- After using a tissue for their face; and
- After coughing or sneezing.
- Before and after use of weights, exercise, or rehab equipment
- Prior to processing payment

Respiratory Etiquette

Patients, staff, and practitioners should:

- Cough or sneeze into their elbow sleeve or a tissue;
- Throw away used tissues and immediately perform hand hygiene;
- Refrain from touching their eyes, nose or mouth with unwashed hands; and
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Clinic clothing

- Clean clothes must be worn by the practitioner and staff each day.
- If the practitioner and staff drive directly from their home to the clinic, no change of clothes is required. However, if they stop at other locations on their way to the clinic, then donning new clean clothes in the clinic is required.
- Clothes worn in the clinic must not be worn in public afterwards. Practitioners and staff must change into different clothes at the end of their shift.
- To clean clothes worn in the clinic, wash clothing in hot water (above 60°C) with regular laundry soap.

Personal Protective Equipment

PPE Guidance

Where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for normal precautions is not required.

Point-of-care risk assessment (PCRA) for COVID-19

Prior to any patient interaction, all health care providers have a responsibility to assess the infectious risks posed to themselves, other health care workers, other patients and visitors from a patient, situation or procedure. The PCRA is based on the health care provider's professional judgment about the clinical situation, as well as up-to-date information on how the specific health care facility has designed and implemented physical (engineering) and administrative controls, and the use and availability of PPE.

Performing a PCRA to determine whether PPE is necessary is also important to avoid over-reliance on PPE, misuse or waste. Over-reliance on PPE may result in a false sense of security. Incorrect use and doffing of PPE can expose clinicians and staff to infectious agents and contaminate the environment.

Key Points:

Always follow routine practices and conduct a PCRA prior to any patient interaction.

- Practitioners are required to wear a surgical mask during the course of all patient interactions where a distance of 2 meters cannot be maintained.
- Front desk staff is not required providing they stay in the reception office space. If leaving that area to interact with patients at a distance of less than 2 meters they are required to wear a surgical mask.

When wearing PPE:

- Avoid touching your mask unnecessarily. If you must touch or adjust your mask, perform hand hygiene immediately.
- If you see a colleague touch or adjust their mask, remind them to perform hand hygiene.
- Use extreme care when doffing/removing PPE and always perform hand hygiene when finished.
- Consider having a spotter to guide you during the donning and doffing procedure.
- Proper donning and doffing of PPE should be practised prior to the treatment of any patients. Posters explaining these procedures are placed in multiple communal areas in the clinic.
- Hand hygiene is required before donning and after doffing PPE.
- When doffing, resist the urge to touch your clothes, skin, hair or face with your hands until after the final hand washing.
- One mask may be used for the entire work shift, but must be discarded and replaced when wet, damaged or soiled.

- N95 respirators are not required. Cloth masks are not permitted for staff and practitioners as they are not approved for health-care settings.

PPE masks must be donned and doffed using the following specific sequence to prevent contamination. See posted instructions in the break/common areas for instruction on donning/doffing masks.

Donning mask:

1. Perform hand hygiene.
2. Open mask fully to cover from nose to below chin.
3. Put on mask.
4. Secure ties to head (top first) or elastic loops behind ears.
5. Mould the flexible band to the bridge of nose (if applicable).
6. Ensure snug fit to face and below chin with no gaping or venting.

Doffing mask:

1. Perform hand hygiene.
2. Do not touch the front of the mask.
3. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie.
4. Discard the mask in the garbage.
5. If the mask itself is touched during doffing, perform hand hygiene.

Patient provision of PPE

Clinics are not required to provide surgical masks for patients. However, we are currently recommending or mandating masks for patients based on practitioner preference. Patients may choose to bring a mask of their own or they may be provided with a surgical mask by the clinic if they do not have their own. When providing masks for patients, the practitioner or staff must educate the patient on the proper donning and doffing of masks and observe that it occurs properly.

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 surgical 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.

Office Management

Clinic Response Planning, Organization and Ethical Decision Making

COVID-19 Practice Lead

• Dr. Ryan Hoetmer will serve as the lead for the purposes of mounting a coordinated response to COVID-19 at the practice level. He will be responsible for coordinating staff responsibilities, information gathering and dissemination, and develop a preparedness plan for the clinic.

Staff Education and Communication

- All staff and practitioner contact information including email, phone numbers, and emergency contact information has been updated.
- Regular communication of the latest information on COVID-19 will be distributed to all practitioners and staff as it becomes available.
- Staff have been given guidelines for communicating new policies with patients/clients and will be updated when there are any changes.
- Any health and safety concerns are to be reported to the office manager, Michelle Gallinger or the owner, Dr. Ryan Hoetmer
- All staff and practitioners have been provided with a copy of the new protocols as well as verbal instructions on new protocols.

Psychosocial Support

It is important to support the psychosocial well-being of health care providers and staff during the COVID-19 pandemic. Open communication is key to this objective.

- Staff will be provided with access to up-to-date information on COVID-19, including how to protect against infection and transmission.
- Staff and practitioners will be permitted to take unpaid sick-leave required to support self-isolation and recover if they become sick
- For more information please see:
<http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19-Psychosocial-Supports-HCW.pdf>

Exclusion or work restrictions in the case of staff or practitioner illness

Staff and practitioners must self-screen for symptoms before arrival at work with the same symptom screening questions used for patients. If screening is positive, staff and practitioners must not come to the clinic.

Staff and practitioners must complete a recorded formal screening upon arrival at work. This screening history will be kept while this directive remains in place.

Screening questions that must be asked with staff and practitioners, and a record kept:

1. Do you have current symptoms of COVID-19, such as: a. a fever,
b. a new or changed chronic cough,

- c. a sore throat that is not related to a known or preexisting condition
- d. a runny nose that is not related to a known or preexisting condition
- e. Nasal congestion that is not related to a known or preexisting condition
- f. Shortness of breath that is not related to a known or preexisting condition

2. Have you traveled internationally within the last 14 days?

3. Have you had close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19

Practitioners and staff who screen positive for the questions above are not eligible to work. Current requirements state that self-isolation must continue, and workers must not return to work, until 10 days have passed from symptom onset or until symptoms resolve, whichever is longer. They will be asked to contact their primary care provider to seek out testing when they display any COVID-19 symptoms. If a negative result is obtained and they have no remaining symptoms except for a dry cough and they have not travelled outside of Canada in the last 14 days they will be allowed to return to work providing they follow outlined PPE and hand hygiene protocols. If a positive result is obtained then staff/practitioners will be required to follow self isolation protocols as prescribed by their primary care provider.

Practitioners and staff must also immediately inform the clinic manager and/or director at the onset of any symptoms from the screening questions. Practitioners who become symptomatic while treating patients must stop seeing patients immediately and follow self-isolation procedures.

For any practitioners that are required to self-isolate their patients will be rescheduled with other practitioners when possible or to when the practitioner is able to safely return to work. When any staff is required to self-isolate the front desk schedule will be altered to allow them to to have the necessary time off.