



the grove

HEALTH & WELLNESS

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

Practitioners will assess and screen patients for symptoms of COVID-19 as per the recommendations of Public Health. 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 again in person at the time of patient's attendance at clinic:

1. Are you experiencing any of the following: difficulty breathing, chest pain, fever?
2. Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?
3. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
4. Did you provide care or have close contact with a person with confirmed COVID-19?

Signage indicating screening criteria will be posted in a location that is visible before entering the clinic. Patients exhibiting symptoms will not receive treatment at this time, and will be directed to call Healthline 811 or their physician's office.

One day prior to a Registered Massage Therapy patient's appointment, the RMT practitioner will call to connect personally with their patient to ask them to complete the BC COVID-19 Symptom Self-Assessment. The patient will be asked to stay home if experiencing any symptoms of COVID-19, including fever, chills, cough, shortness of breath, sore throat, loss of sense of smell. If patients are experiencing these symptoms and have not been tested for COVID-19, they will be recommended to do so; and will start by calling 8-1-1.

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:

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

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:

- Practitioners – when enter clinic; before contact with a patient and after contact with a patient (hand wash)
- Patients - when enter clinic (hand sanitizer)
- Staff - when enter clinic; before and after patient interaction (hand sanitizer)

Note: if hand sanitizer is unavailable, hand washing is acceptable.

See “Appendix A” for proper procedures for hand washing and sanitizing.

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.

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 handrails 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, handrails, counter tops, 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, toys and remote controls should be removed from patient areas.
- A regular schedule for periodic environmental cleaning shall be established.
- 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 should be spaced to maintain two metre distance
 - Transition areas
- Employees and the public should be two (2) metres from each other.
- The treating practitioner should be two metres from the public when conversing.
- Acupuncture, Massage and Naturopathic patients will be instructed to wait in their cars upon arrival. Once their treatment room is clean and ready, they will be texted by the staff to enter the clinic and proceed directly to their room. Patients without cell phones will be instructed to wait in the waiting room upon arrival.
- Staff and practitioners should consider booking their high risk or immunocompromised patients first thing in the morning or during off-hours to minimize risk.
- 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.
- Waiting room chairs will be separated with no more than 6 people in the waiting room at any one time. Empty rooms and clinic areas will be ready for overflow.

(b) Clinical schedule management:

- Patient appointments should be scheduled to facilitate physical distancing, and to ensure that no more than 6 patients are in waiting areas if physical distancing allows within the space.
- Acupuncture and Massage will only offer 60 or 90 minute treatments, with an extra 30 minutes for turnover and cleaning.
- Chiropractors and Naturopathic Doctors will reduce booking frequency and 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.

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

In keeping with the recommendations of the Chief Medical Health Officer regarding appropriate PPE use, we will be leaving this decision to the discretion of the practitioner while taking into account patient comfort and preference.

If masks are used, they must be discarded and replaced when wet, damaged or soiled, when taking a break, and at the end of the day. N95 respirators are not required. Cloth masks are not permitted as they are not approved for healthcare settings.

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 should 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.

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/>

All workplaces must develop a workplace illness policy, as per the Government of British Columbia's requirements.

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.