

COVID-19 SAFETY PLAN

Phase 2 Risk Reduction Protocols:

1. Pre-screening for COVID-19 symptoms or risks via telephone interview must be done prior to the booking of an appointment for in-person treatment. Forms that can be used for this are available. Interview will/should be noted in the patient's file.
2. Only one patient/client will be permitted in the clinic reception area at a time. *No guests, visitors or family will be allowed to accompany the patient to the clinic during the treatment (exceptions may be made for minors or small family groups receiving counselling as physical distancing in the consultation/treatment room allows).*
3. Patients to wait outside the clinic premises (e.g. in their cars) until their appointment time or 5 minutes before if intake paperwork needs to be completed (if not done beforehand online).
4. Patients to text their practitioner once they have arrived or may wait outside front entrance as long as 2 metre/6 feet distancing is maintained.
5. Front door will be kept locked and staff/practitioner will be required to allow patient entry (to reduce contact/touching of surfaces such as door knobs). Reception or the individual practitioner will come to open the front door to greet client at front entry at the client's appointment time and escort the client immediately to the treatment room if possible. No one should sit in the waiting room if it can be avoided.
6. Hand sanitizer will be offered and used upon entry, even if the patient is wearing gloves. A disposable surgical mask will also be offered if the patient has not brought their own (cloth or disposable is acceptable). Note: mask use by clients is not mandatory but is strongly encouraged.
7. COVID-19 screening questionnaire should be completed by the patient, (single-use pen that patient keeps or is wiped down with disinfectant after use). Clipboard and all surfaces contacted by client to be wiped down after client.
8. Reception or the practitioner will walk/escort clients to the respective treatment room. Physical distancing should be maintained in hallways and as much as possible in the treatment rooms.
9. Hand sanitizer will again be offered/used as the patient exits the building.
10. All contact surfaces such as door knobs, light switches, counter tops, POS machine, bathroom (if used), treatment tables, chairs, and so on should be cleaned with medical grade disinfectant, thoroughly saturating the surface and/or wiped with a saturated disinfectant wipe and allowed to air dry wherever possible or dried with a one-time use paper towel if necessary as soon as the patient leaves.

11. Disposable gloves and a disposable surgical mask/fitted cloth mask with changeable filter to be used by practitioners and staff at all times that there is physical patient contact, or if there is less than 2m / 6ft distancing. The exterior surface of gloves can be re-sanitized but should be changed out if compromised in any way or in order to eat, use the toilet facilities, etc. Proper removal techniques should be employed and all surfaces of your hands thoroughly washed with soap and warm water for at least 20 seconds after removal and before putting on fresh gloves.
12. Plexiglass barrier, phones, computer keyboard, desktops, light switches, door knobs etc. should be cleaned again at the end of the shift. Kitchen countertops, tap handles, washer/dryer, kettles, and bathrooms should also be disinfected daily at the end of the shift (or after any use by a client).

Phase 2 Risk Reduction Clinic Policies:

1. Conduct appointments virtually where clinically appropriate.
2. All clients/patients must be screened for COVID-19 before they book appointments and again when they check in for appointments (questionnaires available). Clients that respond in a positive manner should not be booked or permitted entry and/or should be asked to leave and reschedule the appointment when deemed clinically appropriate.
3. Contact with the front desk such as exchange of papers and printing of receipts should be minimized. Patients may pre-pay for appointments online or through e-transfer directly to the practitioner. Tap-enabled POS machine may also be used. Use of cash or cheques should be minimized. Receipts may be emailed.
4. Plexiglass barrier at the front reception desk will be installed as soon as materials are available.
5. Use of PPE as appropriate is encouraged. Mask, gloves and scrub tops dedicated for work will be provided for staff/employees.
6. Practitioners should source their own PPE. Clothes and cloth masks used in the clinic should be reserved for work only and washed after wearing.
7. Practitioners are encouraged to use clinic jackets, lab coats or scrub tops as much as possible. Additional obligations around PPE and clinical care as prescribed by each practitioner's professional college must be adhered to.
8. Medical grade disinfectant will be provided but practitioners should provide their own 1 litre spray bottle and disinfectant wipes. Practitioners are expected to provide anything else they may require such as disposable masks for patients, disposable sheets, no-touch garbage bins and so on as per their College directives.
9. Physical distancing should be maintained in the reception area, hallways and as much as possible in the treatment rooms. (Note: room furniture may need to be rearranged to accommodate this). All soft surfaces that cannot be disinfected should be removed as well as cushions, magazines, toys, candy, beverages. Make note of every surface that the patient has touched during the course of the interaction and their time in the clinic including door handles, light switches, tables, use of the rest room and disinfect accordingly.
10. Hand sanitizer should be provided in each treatment room and offered to each client (to encourage use). Use of masks should also be encouraged. Disposable surgical masks will be available at the front desk but practitioners should encourage patients to bring and use their own. Each practitioner should source their own supply (or speak to Stacey if you haven't or have been unable to do so).

11. Practitioners should avoid sharing equipment or treatment rooms wherever possible. Towels, sheets and any other items contacting a client should be washed at the end of each shift. Garbages must be emptied in shared rooms at the end of EVERY practitioner's shift and all surfaces contacted by the practitioner and/or patient wiped down with appropriate disinfectant. Cleaning/disinfecting of individual treatment rooms (other than light dusting and vacuuming once a week) is the SOLE responsibility of the practitioner(s) using it.
12. Practitioners and staff are reminded that if they are exhibiting signs of COVID-19 or respiratory illness, including but not limited to a fever, a new cough, a worsening chronic cough, shortness of breath or difficulty breathing, sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell/taste, chills, headaches, unexplained fatigue/malaise, rash, diarrhea, abdominal pain, or nausea/vomiting, they **MUST NOT** provide in-person care and should not be in attendance at clinics or other practice settings where other staff and/or patients are present. You will be expected to self-isolate and follow guidelines for primary care assessment and testing and not return to work until symptoms have resolved and it is safe to return to work.
13. Adherence to the above clinic policies does not exempt you from any other directives or restrictions imposed or recommended by PHO, BCCDC, WorkSafe BC or your regulatory body.

I have read and understand the above policies and procedures and will do my best to comply in their entirety.

Signature

Date