



NMOS COVID-19 British Columbia Return to Work Protocol

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Introduction:

The National Manual Osteopathic Society (NMOS) have provided the following protocols to guide members through the process of returning to work once your jurisdiction allows manual osteopaths to resume operations. These protocols serve as a base requirement for all members. Any additional precautions members wish to pursue are at their own discretion. Due to the rapid evolution of information, policies may change quickly to best suit the safety of our members and the public. NMOS is committed to providing up-to-date information to our members as it becomes available. If you have questions pertaining to the protocols or information regarding a safe return to work, please contact NMOS at: info@NMOS.ca or by phone at: 403-227-1496.

All members are responsible for adhering to the guidelines and statements set forth in this protocol. The protocols serve to assist in stopping the spread of COVID-19 and to protect the health and safety of all Canadians. Using these protocols, each workplace must develop their own site- specific return to work plan.

The practice of manual osteopathy is not permitted in the province of British Columbia until the Chief Medical Officer of Health (CMOH) lifts the restriction. At that time, members who are able to abide by the protocols and restrictions may resume working. Members who are unable to adhere to these protocols will not be permitted to do so. If you feel that you are not able to return to work safely and confidently, you may return at your own pace.

Together we can prevent the spread of COVID-19 and keep BC healthy.

Pre-screening and Appointment Booking:

A safe environment for both the client and the manual osteopath are the primary concern of these protocols. Safety begins before your client arrives at your workplace. Providing an initial pre- screening process with all clients prior to booking an appointment assists in ensuring the health and safety of everyone.

Pre-visit screen clients when they make an appointment by advising them that they cannot attend if they are feeling unwell the day of the appointment. The client should also be advised to use the [BC self-assessment tool](#) if they are unwell.

When a client wishes to book an appointment, he/she/they should be asked the following questions:

- Have you tested positive for COVID-19 that you have not fully recovered from?
- Are you experiencing any of the following symptoms? *(Not related to a previously documented health concern) <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
 - Fever
 - Chills
 - Cough
 - Shortness of breath
 - Sore throat and painful swallowing
 - Stuffy or runny nose
 - Loss of sense of smell
 - Headache
 - Muscle aches
 - Fatigue
 - Loss of appetite
- Have you traveled outside of Canada within the last 14 days? Have you returned from the Kearsy Lake project, near Fort McMurray, Alberta, within the last 14 days?
- Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)?

If the client answers yes to any of the above questions or if they become symptomatic at any point prior to their scheduled appointment, ask them to postpone their treatment until they are well and symptom free. They should also be advised to use the [BC self-assessment tool](#).

Clinic staff should also screen again at the time of the client's in-person visit to the clinic. People who accompany clients (if applicable), such as parents, caregivers, or companions, must be screened with the same questions as the client. Clients and/or companions exhibiting symptoms should not receive treatment at this time and be directed to use the [BC self-assessment tool](#).

Only one parent, caregiver or companion is permitted to accompany the client.

Signage indicating screening criteria should be posted in a location that is visible before entering the clinic.

A registry of all people entering the clinic should be kept to aid in contact tracing if required. This would include people in the clinic aside from clients (e.g. couriers, guardians accompanying a client, etc.). This is not an open sign-in book and should be kept and managed privately by the clinic. This registry must be kept while this directive remains in place.

Waiting Rooms and Payments

When possible, ask clients to arrive at the time of their appointment and not in advance. This allows for less contact between individuals and increases the ability to physical distance. It is important to remind clients to practice physical distancing. Proper signage should be posted at your workplace.

Adequate time between treatments is necessary to provide mandatory cleaning. (i.e. 30 minutes between each scheduled appointment).

Upon arrival, the client and any accompanying person should again be asked if they are feeling well. If they are not, they must be asked to cancel the appointment as well as to go home and complete the [BC self-assessment tool](#).

Clients and accompanying person must wash their hands or use an alcohol-based hand sanitizer upon arrival.

When a client is paying for their service, contactless payment and billing is preferable when possible. Some options for this include:

- Interac/Debit tap option
- Online payment options
- Direct billing when applicable
- Emailing the client their receipt

Wash your hands or use an alcohol-based hand sanitizer after handling payments, receipts, or money to/from a client.

Waiting and common areas should be rid of high-touch items and soft surfaces that are unable to be properly cleaned and sanitized. (magazines, brochures, shared pens, water coolers etc.)

Infection and Disease Prevention Measures:

COVID-19 is known to be spread through respiratory droplets, either from a cough, sneeze or via surface that has been contaminated by droplets. It is important to take additional measures to prevent the spread of COVID-19 within your work environment. Prior to returning to work, make sure you are up to date on COVID-19 information provided by the BC Centre for Disease Control.

The following are criteria that you must follow at your workplace:

- Develop and comply with infection prevention and control polices and procedures
- Provide infection control training to all staff members
- Meet provincial infection control guidelines for hand hygiene, environmental cleaning, and disinfecting
- Comply with provincial requirements for PPE

Cough Etiquette

Cover coughs and sneezes with a tissue. Dispose used tissues in the garbage and wash your hands or use an alcohol-based hand sanitizer immediately after or Cough/sneeze into your elbow, not your hand.

Avoid touching your eyes, nose, and mouth with unwashed hands

Hand Hygiene

Proper hand washing is recommended to stop the spread of COVID-19. Ensure that you are up to date with proper handwashing procedure and have posters available near every handwashing area.

- Wash you hands for at least 20-30 seconds using an adequate amount of soap
- Ensure you are cleaning all necessary areas including, thumbs, wrists, forearms, and elbows if necessary
- Turn off tap and dry hands with a single use towel or disposable paper towel
- Alcohol based sanitizers (70% or above) may be used when hands are not visibly soiled
- Alcohol-based hand sanitizer and/or handwashing should be available to all clients upon entry to the workplace and within all regions and treatment rooms
- The use of gloves does not substitute proper handwashing

Hand hygiene is required to be performed by:

Manual osteopath when:

- o entering the clinic
- o before contact with each client
- o before clean/aseptic procedures
- o after contact with each client
- o after contact with a client's surroundings or belongings
- o before donning PPE
- o after doffing PPE
- o after cleaning contaminated surfaces

Staff when:

- o entering the clinic
- o before interaction with a client
- o before clean/aseptic procedures
- o after interaction with a client
- o before donning PPE
- o after doffing PPE
- o after cleaning contaminated surfaces
- o after financial transactions or administration of paperwork involving clients

Clients when:

- o entering the clinic
- o entering the reception area if the client does not proceed directly to a treatment room upon entering the clinic
- o prior to processing payment

Environmental Cleaning and Disinfecting

Effective cleaning and disinfection are essential to avoid the possible spread of COVID-19, which is spread through contact with respiratory droplets or contact with contaminated surfaces. The COVID-19 virus can survive for differing periods of time depending on the surfaces it lands on. Frequent cleaning and disinfection are necessary to prevent spread of the disease.

Cleaning products remove soiling such as dirt, dust, and oils, but do not always sanitize surfaces. Disinfectants are applied after cleaning to sanitize resulting in the destruction of germs.

Read, understand, and apply the cleaning standards from the [Health Canada guide on cleaning and disinfecting public spaces during COVID-19](#).

Proper disinfectant products:

Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. During the pandemic, only the Health Canada-approved disinfectants with a virucidal claim are appropriate for the elimination of viruses in the clinic environment. The disinfectant product manufacturer's instructions must be followed for use, safety, contact time, storage and shelf life.

Alternatively, per Canada Health's hard-surface disinfectant guidelines, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

Vinegar, tea tree oil solutions, Thieves' oil, essential oils, and similar solutions are **not** proven to be effective disinfectants and cannot be used in place of Health Canada-approved disinfectants. It is a requirement that only approved disinfectants with a virucidal claim are used to limit the spread of COVID-19.

Be sure you/your staff take appropriate precautions when using chemicals for cleaning and disinfecting. This can be done by consulting the Manufacturer's Safety Data Sheets when using cleaners and disinfectants. Staff (if applicable), must be supplied with the appropriate safety equipment (gloves and masks), to protect themselves when they clean and disinfect.

The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question:

- Client care/client contact items must be cleaned and disinfected between each client/use. Examples of client contact items include but are not limited to:
 - treatment tables, all contact surfaces including pillows, and the entire headpiece/hand rests
 - procedural work surfaces

- Commonly touched areas must be cleaned and disinfected a minimum of twice daily or whenever visibly soiled. Commonly touched areas include but are not limited to:
 - Light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices, phones, and keyboards
 - Clipboards that clients contact must be disinfected after each client encounter.
 - Pens/pencils used by clients must be disinfected after each client use or be single use only
 - Shared equipment such as computers, photocopiers, fax machines should also be regularly cleaned.

- 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. Practitioners and/or staff must wash their hands after handling used soiled items and before handling clean laundry. Laundry taken offsite should be transported using separate bags, e.g., one for clean/soiled linens.

A regular schedule for periodic environmental cleaning must be established and documented.

Physical Distancing:

Requirements for managing clinical space:

- Physical distancing requirements take priority over occupancy limits.
- Members of the public must be two metres from each other. This applies in the following spaces:
 - Waiting areas - seats must be spaced to maintain two metre distance
 - Transition areas
- Non-clinical employees and the public must be two metres from each other.
 - Reception and payment area - If two metres cannot be maintained at reception/payment area, either staff must be continuously masked, or the installation of a plexiglass or plastic barrier must occur to protect reception staff
- The treating practitioner must be two metres from the public when conversing
- Restrict access to the practice environment to only those who must be present
- Occupancy and gathering limits include all individuals in the office, including staff and are not to exceed the mandatory limit provided by the CMOH
- To aid in physical distancing, give consideration to:
 - Having clients wait in vehicle until their appointment time
 - Limit of 1 guest to only those receiving treatment when able: i.e. client spouse/partner, ride etc.

Managing the clinical schedule:

Ensure that booking practices (duration of treatment visits and number of clients in the practice at any given time), comply with ongoing CMOH directives on group gatherings and occupancy limits. This includes:

- ensuring booking practices enable physical distancing between clients during treatment sessions and
- provide adequate time to clean and disinfect clinic equipment between clients ex: 30 minutes
- when possible consider as dedicated treatment space for each practitioner

When scheduling, consider dedicated and/or off hours treatment for high risk population (e.g., immune compromised, elderly, others with co-morbidities).

Staff and practitioners' breaks/mealtimes should be staggered to allow for social distancing.

Personal Protective Equipment:

Personal protective equipment (PPE) is an essential element in preventing the transmission of disease-causing microorganisms. If used **incorrectly**, PPE will fail to prevent transmission and may facilitate the spread of disease.

Practitioner and Staff PPE:

Given the highly infectious nature of the novel coronavirus, Covid-19, all healthcare workers providing direct client care **must** wear a surgical/procedure mask continuously, at all times, and in all areas of the workplace if they are involved in direct client contact or cannot maintain adequate physical distancing from clients and co-workers. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to clients and co-workers.

PPE requirements:

- For practitioners, surgical or procedure masks are the minimum acceptable standard.
- Practitioners and clinical staff who are not able to maintain the 2 metre physical distancing while

- providing client care **must** wear a mask.
- Non-clinical staff must use a **non-medical mask** when a physical distance of 2 metres cannot be maintained.
- Clients and any accompanying persons are required to wear a non-medical mask during their entire visit.

One mask may be used for the entire work shift, but 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.** Masks must be donned and doffed using the following specific sequence to prevent contamination.

The BC Centre of Disease Control has information about masks at <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/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. Mold 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

It is essential that all practitioners and staff providing services in a clinic are aware of the proper donning and doffing of PPE. The use of PPE must be precise and ordered to limit the spread of COVID-19.

Provincial PPE resources must be reviewed and understood before all manual osteopaths, and staff provide client care. Training and practice of donning and doffing PPE within your facility are essential to ensure the proper use of PPE in support of limiting the spread of COVID-19.

Supply Chain Issues:

In the event of supply chain issues related to PPE, manual osteopaths should be prepared to use non- medical grade masks. Supply chain issues could be related to Public Health orders to secure adequate supplies for the public health system, or market conditions. If non-medical grade masks are used by manual osteopaths, the mask must meet the current recommendations of Public Health at the time they are used. Public Health’s recommendations for laundering must also be met.

Client provision of PPE:

Clinics are not required to provide surgical masks for clients. However, practitioners may choose to provide **non-medical masks for clients.** If a practitioner chooses to provide these masks for clients, the practitioner or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.

If a practitioner encounters a client 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 2 metres
- Segregate the client from others in the clinic
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment
- Advise the client they should self-isolate and use the [BC self-assessment tool](#) immediately
- Clean and disinfect the practice area immediately

Ventilation and Air Purifiers

COVID-19 is transmitted through droplets activity. Once the droplets have fallen, they attach to the surface and do not become airborne in the environment. Although air purifiers can provide additional assistance in airborne diseases such as common colds or flu, they are not necessary or required for COVID-19. Any air filtration systems currently installed in your workplace should be regularly maintained in accordance with the manufacturer.

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.

Retail Store:

Items for retail sale should be kept behind a counter or in a case with only minimal handling by staff when conducting a transaction.

Waste Management:

All wastepaper bins/garbage receptacles must contain garbage bags. It is strongly recommended that the waste bins/receptacles used have a lid and foot pedal. At the end of the working day, all bins must be emptied and placed outside in a proper garbage receptacle. Staff/practitioner must thoroughly wash their hands after completing this task.

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 clients. If screening is positive, staff and practitioners cannot enter the clinic/work and use [BC self-assessment tool](#).

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

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

- Do you have current symptoms of COVID-19, such as: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
 - Fever
 - Chills
 - Cough
 - Shortness of breath
 - Sore throat and painful swallowing
 - Stuffy or runny nose
 - Loss of sense of smell
 - Headache
 - Muscle aches
 - Fatigue
 - Loss of appetite
1. Have you traveled outside of Canada within the last 14 days? Have you returned from the Kearl Lake project, near Fort McMurray, Alberta, within the last 14 days?
 2. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)?

Per the CMOH, practitioners and staff who screen positive for the questions above are not eligible to work and must contact 811 immediately. [BC self-assessment tool](#)

- If an individual is sent for testing based on having COVID-19 like symptoms, but then has a negative test, they can return to work as soon as they feel well.
- If an individual is sent for testing based on having COVID-19 like symptoms, and then has a positive test, workers must not return to work until 14 days have passed from symptom onset or until symptoms resolve, whichever is longer or until given approval by Public Health. https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards?bcgovtm=20200506_GCPE_AM_COVID_9_NOTIFICATION_BCGOV_BCGOV_EN_BC_NOTIFICATION

Per the CMOH, practitioners and staff must also immediately inform their direct supervisor at the onset of any symptoms from the screening questions. Practitioners who become symptomatic while treating clients must stop seeing clients immediately, use the [BC self-assessment tool](#) and follow self-isolation procedures.

This requirement is subject to change and practitioners are directed to stay up to date with the directives of the CMOH. Manual osteopaths are reminded that employers may also set requirements for return to work, so long as those requirements are not less stringent than those established by the CMOH.

All workplaces must adopt written policies and procedures that meet or exceed the requirements outlined in this document. All staff must be made aware of the policies and receive appropriate training (i.e. correct use of PPE). Policies may refer directly to this document but must be made applicable to the particular risk profile/details of the setting/organization.

Practitioners are responsible to operate in accordance with these protocols. Ultimately, it is the practitioner's decision to open and on doing so, assume any liability arising from their respective operations. Thank you for your ongoing commitment to the health and safety of your clients as we adjust to the realities of living with COVID-19.

Resources:

General

- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19>
- [BC Government Covid-19 Response](#)
- [BC self-assessment tool](#)

Hand hygiene

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- [BCCDC resources - How to Hand Wash](#)
- [How to Use Alcohol-based hand rub](#)

Environmental cleaning and disinfection

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- [COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities](#)

Personal Protective Equipment

- [AHS Provided: Personal Protective Equipment \(PPE\): FAQs](#)
- [WHO Donning/Doffing Mask Poster](#)

Returning to Work resources for Employers

- https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards?bcgovtm=20200506_GCPE_AM_COVID_9_NOTIFICATION_BCGOV_BCGOV_EN_BC_NOTIFICATION
- [BC COVID-19 Go-Forward Management Strategy](#)
- [BC COVID-19 Go-Forward Management Checklist](#)