



College of Chiropodists of Ontario

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# COVID-19 Pandemic Clinical Practice Directive

Effective: *Pending*

Contents

Introduction ..... 2
Preamble ..... 3
Requirements ..... 3
Patient Screening ..... 4
Screening Questions for all Patients and Companions: ..... 4
COVID-19 Screening Results ..... 5
Hand Hygiene ..... 7
Hand hygiene is required to be performed by: ..... 7
Environment Cleaning and Disinfection ..... 8
Create a Cleaning Procedure ..... 9
Proper Disinfectant Products ..... 9
Required Clinic Environment Adaptations ..... 10
Physical Distancing ..... 10
Requirements for Managing Clinical Space: ..... 10
Managing the Clinical Schedule: ..... 11
Triage In-Office Appointments ..... 11
Screening ..... 11
Booking Practices ..... 11
Signage ..... 12
Personal Protective Equipment ..... 12
PPE Requirements ..... 12
Optimization Strategies for PPE: ..... 13
Eye Protection: ..... 13
Face Masks ..... 14
Universal Mask Use in Health Care ..... 15
Patient Provision of PPE ..... 15
Clinical Attire ..... 16
Exclusion or Work Restrictions in the Case of Staff or Member Illness ..... 17
Screening questions that must be asked with staff and Members, and a record kept: ..... 17
Resources ..... 18

# Introduction

The following document has been prepared to provide Members of the College of Chiropractors of Ontario (COCOO) guidance to transition smoothly once the province provides an update for Chiropractors and Podiatrists as part of [A Framework for Reopening our Province](#).

This directive is intended to provide Members with a framework for key considerations and Infection Prevention and Control Practices to facilitate the provision of patient care.

In response to the current environment, the circumstances and requirements asked of health providers when Members return to practice may change rapidly. Members will need to respond quickly to changes signaled from Government and the COCOCO.

This directive defines the requirements that Chiropractors and Podiatrists must currently follow to ensure safe practice with pandemic public health measures as a result of COVID-19.

This directive is an addendum to the COCOCO [Infection Prevention and Control Standard](#) and the COCOCO [Technical Review Advisory Relating to COVID-19](#) updated on April 23, 2020.

The [Technical Review Advisory Relating to COVID-19](#) and the [PPE Checklist v2](#) **MUST** be completely reviewed and applied before you can open your practice to the public.

Members are responsible to ensure that any and all staff have read and are able to ask questions regarding this directive. Staff must be trained and audited on the implementation of all policies and procedures. Auditing could involve, but is not limited to a sheet that can be signed or use of a training log, as a form of confirmation that documents were reviewed.

*Note to Chiropractors and Podiatrists: This directive is current as of the date of publication and reflects the rules and requirements for Chiropractors and Podiatrists. In the event of a discrepancy between this information and the directives of provincial public health authorities, the directives of the provincial public health authority take precedence.*

## **As regulated health professionals, Chiropractors and Podiatrists are required to:**

- 1. Follow all mandates and recommendations from Public Health and the Government of Ontario regarding your personal and professional conduct.**
  - As a regulated health professional, you have a fiduciary responsibility to follow all civil orders that originate from any level of government.
- 2. Read and adhere to all communication from the COCOCO.**
  - The COCOCO continues to consult with external stakeholders, including the Ministry of Health and the Chief Medical Officer of Health (CMOH) and will adapt this directive based on expert recommendations. The COCOCO exists to protect the public and its members, and this directive is created to ensure that the health and safety of both the public and Members while instilling patient confidence as they safely access Chiropractic and Podiatry care.

# Preamble

Since the onset of the COVID-19 Pandemic, the following updates have been provided to Members and remain in place. The following updates can also be found in [Technical Brief PPE \(V2\)](#), April 23, 2020.

- Triple screening of ALL patients (enhanced)
- Continued treatment of only patients without symptoms of COVID-19 or Acute Respiratory Infections (ARI)
- Continued use and monitoring of engineering and administrative control measures
- Continued organizational and point of care risk assessment (enhanced)
- Adapting standard precautions with additional droplet precautions (use of gloves, mask, and eye protection) at all times in consultation/treatment room
- Use of contact precautions (use of gloves, mask, gown, and eye protection) only when indicated from outcome of risk assessment
- Implementation of universal masking for patients in order to receive Chiropractic and Podiatry Care
- Continued hand hygiene by patient upon entering and exiting the practice/clinic
- Extended use of procedure/surgical masks
- Extended use and reprocessing of reusable goggles/eye wear/face shield protection

# Requirements

This directive includes requirements 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 or Member illness

## Clinic Sign-In Log

A registry of all people entering the clinic should be kept to aid in contact tracing if required.

This could be implemented by documenting caregivers/family members present for patient's appointment within the appointment scheduler.

This would include people in the clinic aside from patients who would remain in the clinic for an extended period of time (i.e. contractors, students).

This is not an open sign-in book and should be kept and managed privately by the clinic.

This registry would be kept while this directive remains in place to facilitate contact tracing in case of an outbreak.

Note: Visitor logbooks are required for facilities as part of Occupational Health & Safety.

# Patient Screening

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

Clinic staff should perform patient screening and at a minimum, the following questions should be used to screen patients for COVID-19 and can be adapted based on need/setting. People who accompany patients requiring assistance (i.e. parents, caregivers), must be screened with the same questions as the patient.

This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve.

## Screening Questions for all Patients and Companions<sup>1</sup>:

Patients and/or companions exhibiting symptoms should **NOT** receive treatment at this time and should be directed to call Public Health.

[Signage](#) indicating screening criteria should be posted in a location that is visible before entering the clinic.<sup>2</sup>

### What if...

a Member 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 Member must:

- o Establish and maintain a safe physical distance of two metres
- o Have the patient perform 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
- o Advise the patient they should self-isolate and call local Public Health immediately
- o Clean and disinfect the practice area immediately<sup>3</sup>

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

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<sup>1</sup>

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_patient\\_screening\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf)

<sup>2</sup> [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_signs\\_EN\\_patients.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_patients.pdf)

<sup>3</sup> <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/environmental-cleaning>

Members are required to call their [local Public Health Ontario](#)<sup>4</sup> unit 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. Also available is Public Health Ontario's Customer Service Centre at 416-235-6556 / 1-877-604-4567.

### COVID-19 Screening Results

If response to <b><u>ALL</u></b> of the screening questions is <b><u>NO</u></b> :	<i>COVID-19 Screen Negative</i>
If response to <b><u>ANY</u></b> of the screening questions is <b><u>YES</u></b> :	<i>COVID-19 Screen Positive</i>

COVID-19 Patient Screening Guidance Document is subject to updates. Member is encouraged to check with Ministry of Health for any changes to screening process. Latest guidance documents for screening are available at:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)

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<sup>4</sup> <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

Regular Screening Questions (current as of May 17th, 2020) (Table 1)

Q1: Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

Q2: Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

Q3: Does the person have any of the following symptoms:

- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/sneezing without other known cause

Q4: If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

# Hand Hygiene

Hand hygiene is recognized as the single most important infection prevention and control (IPAC) practice to break the chain of transmission of infectious diseases, including respiratory illness such as COVID-19.

Hand hygiene can be accomplished by either washing hands with soap and water and then drying with single use cloth or paper towels or using alcohol-based hand sanitizer. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number), with a final concentration of 60-80 percent ethanol or 60-75 percent isopropanol. When hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub.

Single use cloth towels that are used in the clinic for hand hygiene must be laundered in hot water (above 60°C) with regular laundry soap and fully dried before being used again. Staff that is handling towels should be gloved for both dirty and clean laundry processing. Staff should use new gloves when handling clean laundry.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, Members and staff must also avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with facial tissue and then disposing of the tissue immediately. When contact with the face or a tissue is made, hand hygiene must occur before resuming any activities in the clinic environment.

## Hand hygiene is required to be performed by:

### Members when:

- entering the clinic
- before contact with each patient
- before clean/aseptic procedures
- after body fluid exposure or risk of body fluid exposure
- after contact with each patient
- after contact with a patient's surroundings or belongings
- before donning PPE
- after donning PPE
- after doffing PPE
- after cleaning contaminated surfaces

### Staff when:

- entering the clinic
- before interaction with a patient
- before clean/aseptic procedures
- after body fluid exposure or risk of body fluid exposure
- after interaction with a patient
- before donning PPE
- after doffing PPE
- after cleaning contaminated surfaces
- after financial transactions or administration of paperwork involving patients

**Patients when:**

- entering the clinic
- entering the treatment area if the patient does not proceed directly to a treatment room
- before and after use of shared equipment
- prior to processing payment

## Environment Cleaning and Disinfection

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 different periods of time depending on the surfaces it is 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.

Members must read, understand, and apply the cleaning standards from the Health Canada guide on cleaning and disinfecting public spaces during COVID-19.

In addition to procedures for environmental cleaning as part of your standard [PHO Core Elements](#), environmental cleaning protocols should be reviewed due to COVID-19. This will help determine where improvements or additional cleaning may be needed.<sup>5</sup> Environmental cleaning procedures must be established and documented within your office policy and procedures book. A minimum of twice daily disinfection of high touch surfaces is required.<sup>6</sup> An organizational risk assessment is required to determine facility needs, as well as policies and procedures specific to environmental cleaning and disinfection. Special considerations and revisions should be in place when the facility is operating during the pandemic.



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<sup>5</sup> <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>

<sup>6</sup> <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/environmental-cleaning>

## Create a Cleaning Procedure<sup>7</sup>

- Operators of community settings should develop or review protocols and procedures for cleaning public spaces. This will help determine where improvements or additional cleaning may be needed.
- Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (i.e. wear gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used).
- Wash hands with soap and water or use alcohol-based hand sanitizer after removing gloves.
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air.
- Contaminated disposable cleaning items (i.e. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C). Clean and disinfect surfaces that people touch often.
- In addition to routine cleaning, surfaces that are frequently touched with hands should be cleaned and disinfected more often, as well as when visibly dirty.
- Shared spaces such as kitchens and bathrooms should also be cleaned more often.

## Proper Disinfectant Products

Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. Only products that are found on the [Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) list](#) with a viricidal 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.

Staff must 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 must be supplied with the appropriate safety equipment (gloves and surgical 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.

**Patient care/patient contact items MUST be cleaned and disinfected between each patient/use.**

Examples of patient contact items include but are not limited to:

- All clinical spaces, all contact surfaces including treatment chairs, operator chairs, etc.
- Therapeutic tools and devices (i.e. ECSWT, Laser, Ultrasound equipment)
- Diagnostic tools and devices
- Procedural work surfaces

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<sup>7</sup> <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>

Discontinue use of any permanent treatment material that cannot be cleaned and disinfected (for example, upholstered cloth waiting room chairs)

**Commonly touched areas MUST be cleaned and disinfected before and after every patient contact.**

Commonly touched areas include but are not limited to:

- light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices, phones and keyboards
- The payment machine must be cleaned after each patient encounter (contactless payment methods encouraged)
- Clipboards that patients contact must be disinfected after each patient encounter.
- Stationary used by patients must be disinfected after each patient use or be single-use only

## Required Clinic Environment Adaptations

\*these should already be in place as per the *Technical Review Advisory Relating to COVID-19*

- Books, magazines, toys and remote controls must be removed from patient areas.
- Discontinue patient-accessible literature displays and only directly dispense to patients or move to electronic distribution.
- Self-serve candy dish, baked goods and other open or unsealed consumables are not permitted.

## Physical Distancing

### Requirements for Managing Clinical Space:

- Physical distancing requirements take priority over occupancy limits.
- Walk-in patients are discouraged at this time in order to prevent crowding
- 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
  - People who live together and caregivers and companions that are required to attend with patients are exempt from this requirement
  - 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 those who must be present, including patients, patient chaperones or companions, and staff members.
- Occupancy and gathering limits include all individuals in the office, including staff.

- To aid in physical distancing, give consideration to having patients wait in vehicle until their appointment time. **It is prudent to have a contingency plan in place to avoid overcrowding.**

## Managing the Clinical Schedule:

### Triage In-Office Appointments

- Virtual practice is encouraged to continue whenever possible
- Pre-appointment triage protocols should be implemented in order to prioritize patient appointments. Patients could be screened for priority need based on a number of factors (presence/absence of pain, change in sensation, change in vascular status, history of ulcerations, comorbidities present, current signs of infection, new/suspicious lesions).
- Triage protocols will vary based on patient population seen in clinic and implementation of protocol should ensure fair and consistent booking practices.

### Screening

- Triple screening (at time of booking, passive signage, and at check in) must be followed to prevent asymptomatic but exposed (i.e. close contact with confirmed positive, recent travel) or sick patients from attending in person.
- Patients who are COVID-19 positive are NOT to be treated at this time and should be rescheduled once clearance obtained from public health.

### Booking Practices

- Ensuring that booking practices (duration of treatment visits and number of patients in the practice at any given time) comply with ongoing CMOH directives on group gatherings and occupancy limits.
- Booking practices must enable physical distancing between patients during treatment sessions and provide adequate time to clean and disinfect clinic equipment
- Protocols implemented to manage the flow of patients in and out of the practice environment can include: Staggering of appointments to ensure time for patient arrival, treatment, payment and exit as well as appropriate time for cleaning and disinfection before arrival of the next patient is required.<sup>8</sup>
- To limit contact, future appointments, receipts and payments can be procured over the phone or by electronic means. If done at reception, the 2-metre distancing must be adhered to, and proper disinfection must follow.

Refer to COCOO [COVID-19- Administrative and Engineering Controls](#)

(Updated April 23, 2020)

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<sup>8</sup> <http://cocoo.on.ca/wp-content/uploads/2020/04/Administrative-and-Engineering-Controls-April-23-FINALv2.pdf>

## Signage

- As previously mentioned, passive screening signage will be at entrance of clinic for patients/staff.
- It is recommended that infection control procedures also be posted for reassurance of the public to demonstrate that steps have been taken to ensure the safest environment possible (i.e. universal masking, hand hygiene requirements, disinfection protocols implemented)
- It is recommended that office rules highlighting any changes to regular office practices due to COVID-19 are also posted in order to better manage patient expectations (i.e. Payment types accepted, arrival on time (not early) for appointment, physical distancing)
- Signage should be available in primary languages spoken by your patient population.



## Personal Protective Equipment

Personal protective equipment (PPE) is an essential element and last line of defence in preventing the transmission of disease-causing microorganisms. If used **incorrectly**, PPE will fail to prevent transmission and may facilitate the spread of disease. Education on donning and doffing must be provided to all staff and signage for guidance on use is recommended to be posted.

### PPE requirements

- A point-of-care risk assessment (PCRA) must be performed by Chiropractor and Podiatrist before every patient interaction.
- When Member is unable to maintain 2 metres distance in treatment room and for all treatments, Member must use DROPLET precautions in addition to standard precautions: mask, eye protection (face shield and/or goggles/safety glasses), gloves
- Determine with PCRA whether CONTACT precautions also need to be followed as per COCOO Infection Prevention and Control Standard

If PPE equipment is limited, extended use of surgical masks can be done for the duration of the shift. If mask is removed at any time during the shift, the Member will need to replace it with a new mask. Masks 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 for Member use are not permitted 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 *Resources* for PHO document on donning and doffing.

It is essential that all Members 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.

IPAC and PHO Resources must be reviewed and understood before all Members and staff provide patient 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.

### **Optimization Strategies for PPE:**

Optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if members have enough supplies now but are likely to run out soon. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs.

**As PPE availability returns to normal, members should promptly resume standard practices<sup>9,10</sup>.** The following temporary measures could be considered independently or in combination, depending on the local situation:

- I. PPE extended use (using for longer periods of time than normal according to standards)
- II. Reprocessing followed by reuse (after cleaning or decontamination/sterilization) of either reusable or disposable PPE)
- III. Considering alternative items compared with the standards recommended by WHO

### **Eye Protection:**

The use of eye protection is required as part of droplet precautions as follows:

- Disposable face shields, goggles, and visors (attached to surgical masks) that are disposed after each patient interaction is the optimal choice<sup>11</sup>
- Reusable goggles, safety glasses (trauma glasses) with extensions to cover the side of the eyes, face shields (must be designed to cover the side of the face and to below the chin) that are removed after each patient treatment and reprocessed is the second choice
- Extended use of disposable face shields, goggles, and visors (attached to surgical masks)
- Alternative –local production of face shields (risk is suboptimal quality, including inadequate shape to ensure face protection)

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<sup>9</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<sup>10</sup> <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/what-we-know>

<sup>11</sup> <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/what-we-know>

### **Reprocessing of reusable eye protection:**

- The reuse of eye protection without appropriate decontamination/ sterilization is strongly discouraged.
- Clean goggles, safety glasses, face shields with soap/detergent followed by disinfection using either sodium hypochlorite 0.1% (followed by rinsing with clean water) or 70% alcohol wipes.
- Goggles, safety glasses, face shields may be cleaned immediately after removal and hand hygiene is performed OR placed in designated closed container for later cleaning and disinfection.
- Ensure cleaning of eye protection takes place on a clean surface by disinfecting the surface before cleaning of eye protection
- Appropriate contact time with disinfectant (i.e. 10 minutes when using sodium hypochlorite 0.1%) should be adhered to before reuse of goggles, safety glasses, face shields.
- After cleaning and disinfection, they must be stored in a clean area to avoid recontamination.

### **Risks of extended use and reusable eye protection:**

- The removal, storage, re-donning, and reuse of the same, potentially contaminated PPE items without adequate reprocessing is one of the principal sources of risk to health care workers.
- Extended use of goggles, safety glasses, face shields may increase the discomfort and fatigue of health care workers
- Skin tissue damage may occur to face with prolonged use

### **Removal criteria and precautions:**

- Follow the safe procedure for removal of goggles, safety glasses, face shields to prevent contamination of eyes
- Remove, reprocess, and replace if goggles, safety glasses, face shields are contaminated by splash of chemicals, infectious substances, or body fluids
- Remove, reprocess, and replace if goggles, safety glasses, face shields obstruct health care worker safety or visibility of health care environment or become loose

## **Face Masks**

### **Guiding principles of masks:**

- Wearing a mask is only one part of PPE
  - A mask is also worn as part of source control
- Masks alone do not protect all the mucous membranes of the face of the wearer (i.e. the eyes).
- Hand hygiene must be performed before putting on and after removing or otherwise handling masks

## Universal Mask Use in Health Care<sup>12</sup>

### Universal masking versus personal protective equipment (PPE)

Universal masking means wearing a mask always. Masks used as part of universal masking are used to protect others from the wearer.<sup>13</sup> Persons wearing a mask must still also ensure physical distancing of at least two metres (six feet) to prevent exposing themselves to droplets from others. Masks are to be discarded if visibly soiled, damp, damaged or difficult to breathe through. After use, masks are to be handled in a manner that minimizes the potential for cross-contamination.

### Extended use and re-use of masks:

Under extreme supply limitations, a single mask may be worn for an extended period<sup>14</sup> (i.e. donned at the beginning of the shift, and continued to be worn) as long as it is not visibly soiled, damp, damaged or difficult to breathe through. Masks are to be discarded at the end of the shift/day. The mask is to be donned when entering the facility/home and removed when eating or leaving the facility/home at the end of the shift/day.

## Patient Provision of PPE

Clinics are not required to provide surgical masks for patients. However, Members may choose to provide masks for patients. If a Member chooses to provide masks for patients, the Member or staff must educate the patient on the proper donning and doffing of masks and observe that it occurs properly. Infographic Signage is available from PHO and MOH that can be posted in the office.

### **Patients MUST wear some form of face covering during their visit to Members' facilities.**

Patients must be informed of this requirement at the time of procuring an appointment. The mask that the patient wears is NOT required to be a medical/surgical mask. Examples include: homemade masks, scarves, bandanas, etc.

Patients will be asked prior to appointment to enter clinic wearing a facial barrier (homemade mask, bandana, scarf) that covers their mouth and nose for duration of appointment. Patient will also be required to perform hand hygiene (hand sanitizer) upon entry and exit of clinic. Hand sanitizer will be readily available at entrance and exit. This information will be communicated to patients at time of booking.

**If the patient is unable or refuses to wear a mask it must be considered that the rationale for patient use of face coverings is for the Member's protection, it is well within the rights of the Member to refuse or arrange alternate care of the patient in question.**

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<sup>12</sup> <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-universal-mask-use-health-care-settings.pdf?la=en>

<sup>13</sup> <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-masking-source-control-workers-non-healthcare-settings.pdf?la=en>

<sup>14</sup> <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-universal-mask-use-health-care-settings.pdf?la=en>

## **Clinical Attire**

Clean attire must be worn by the practitioner and staff each day. Clinical attire can be an asset to minimize exposure to hazards and prevent illnesses and infection to the worker.

Members and staff are encouraged to change into and out of clinical attire upon entering and leaving the clinical facility. Members and staff involved with direct-patient care should 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.

DRAFT

# Exclusion or Work Restrictions in the Case of Staff or Member Illness

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

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

Refer to Regular Screening Questions as mentioned in document. Check for updates from [Ministry of Health](#), PHO, or COCOO regarding any updates to COVID-19 [case definitions](#) and screening questions.

As per PHO and CMOH, Members and staff who screen positive for the questions above are not eligible to work. Current requirements from PHO and MOH state that self-isolation must start, and workers must not return to work, until 14 days have passed from symptom onset (or 14 days from positive test collection date if never had symptoms), provided that the individual is afebrile and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. It is best practice to contact Public Health and ask for guidance regarding clinic requirements to reopen.

As per the CMOH, Members and staff must also immediately inform their direct supervisor at the onset of any symptoms from the screening questions. Members who become symptomatic while treating patients must stop seeing patients immediately and follow self-isolation procedures.

This requirement is subject to change and Members are directed to stay up to date with the directives of the CMOH.<sup>15</sup> Members 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 develop a workplace illness policy, as per the Government of Ontario's requirements.

Members are required to call their [local Public Health Ontario](#)<sup>16</sup> unit to receive guidance if they are aware of a staff member who has worked within their clinic within the last 14 days and is now testing (or has tested) positive for COVID-19. Also available is Public Health Ontario's Customer Service Centre at 416-235-6556 / 1-877-604-4567.

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<sup>15</sup>

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_testing\\_clearing\\_cases\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf)

<sup>16</sup> <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

# Resources

## General

[Ontario Health COVID-19 Health System Response Materials](#)  
[Government of Canada COVID-19 For Health Care Professionals](#)  
[MOH Ontario COVID-19 Guidance Essential Workplaces](#)  
[PHO COVID-19](#)  
[MOHLTC Health Services in Your Community](#)  
[MOHLTC COVID-19 Guidance for the Health Sector](#)  
[MOH COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#)

## Screening

[Ontario Ministry of Health Screening Checklist](#)  
[Passive Screening Signage-EN](#)  
[Passive Screening Signage-FR](#)

## Hand Hygiene

[Health Canada – Authorized list of hard-surface disinfectants and hand sanitizers](#)  
[PHO How to Hand rub](#)  
[PHO How to Handwash](#)

## Environmental cleaning and disinfection

[Health Canada – Authorized list of hard-surface disinfectants and hand sanitizers](#)  
[COVID-19 Public Health Ontario Environmental Cleaning](#)  
[PHO COVID-19 Cleaning and Disinfection for Public Settings](#)  
[PIDAC Best Practices for Environmental Cleaning](#)

## Infection Prevention and Control

[PIDAC Routine Practices and Additional Precautions in all Health Care Settings](#)  
[PIDAC Best Practices for Hand Hygiene in All Health Care Settings](#)  
[PIDAC Infection Prevention and Control for Clinical Office Practice](#)  
[PIDAC Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings](#)  
[COCOO COVID-19 Administrative and Engineering Controls](#)

## Personal Protective Equipment

[Ontario Health PPE Use During the COVID-19 Pandemic](#)  
[Ontario Health Optimizing the Supply of Personal Protective Equipment during the COVID-19 Pandemic](#)  
[PHO Recommended Steps for Putting On and Taking Off PPE](#)  
[PHO “Putting on a Gown and Gloves” and “Taking off a Gown and Gloves” \(videos\)](#)  
[PHO “Putting on Mask and Eye Protection” and “Taking off Mask and Eye Protection” \(videos\)](#)  
[PHO COVID-19 Droplet and Contact Precautions -Non-Acute Care Facilities](#)

## Exclusion or work restrictions during staff or Member illness

[MOH COVID-19 Guidance: Essential Workplaces](#)  
[MOH COVID-19 Self-Assessment Tool](#)  
[MOH COVID-19 Reference Documents for Symptoms](#)  
[Ministry of Labour, Training and Skills Development Workplace Exposure and Illness](#)