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# **GUIDANCE FOR RETURN TO PRACTICE FOR CCO MEMBERS WHEN AUTHORIZED BY GOVERNMENT (DURING COVID-19 PANDEMIC)**



**Version Date; May 15, 2020**

**To Come into Force when the Ontario Government Announces Effective Date for Return to Work for Chiropractors**

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*Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

## **Introduction**

The intent of this document is to provide guidance to members in returning to work as the Ontario Government allows for businesses to reopen and for chiropractic care to be delivered to all patients.

The Government of Ontario has outlined a framework for reopening businesses in Ontario that takes a gradual, staged approach. Through all stages, public health and safety will be the number one concern, while balancing the needs of patients and businesses.

As regulated health professionals, members are required to review and follow the directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health and other authoritative bodies regarding practices during COVID-19. In addition, members are expected to prioritize the safety of their patients, staff, colleagues and others visiting their practice. CCO publications, including this document, provide authoritative guidance on how to achieve this overarching duty. Of course, chiropractors are expected to use professional judgment. Some of the guidance may not apply in some circumstances (e.g., the spacing of chairs in the waiting area may not be necessary if patients are required to wait outside (perhaps in their cars) before being called in) and in other circumstances the guidance may be insufficient to meet your duty of safety (e.g., for patients with concurrent conditions that require additional safeguards).

This guidance document is current as of the date of publication and will continue to be updated as directives from the Ontario Government change. To the extent that directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health and other authoritative bodies regarding practices during COVID-19 and this guidance document differ, chiropractors should apply the higher standard. Staff working at a chiropractic office should be appropriately trained in proper practices related to patient interactions, hygiene and cleaning and disinfection. As well, members should ensure they have protocols in place to replenish supplies.

Please see the Appendix of this document for links to additional resources from authoritative bodies regarding COVID-19.

## Overview of Interactions with Patients

1. Initial Screening Procedures
  - a. Active Screening
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  - c. Keeping a register for contact tracing
2. Conducting In-person Appointments
  - a. Physical Distancing
  - b. Hygiene
  - c. Use of Personal Protective Equipment (PPE)
  - d. Cleaning and Disinfection
3. Monitoring for Symptoms for Members and Staff

### 1. Initial Screening Procedures

All members must undertake active and passive screening before any in-person interactions with patients. Ideally, screening should take place over the phone or through a secure teleportal (e.g. via an online screening questionnaire). A member should also conduct this screening with staff prior to attending the office in person. Any in office screening should maintain physical distancing of at least 2 metres.

#### Active Screening

- Conducted over the phone or through teleportal before patient interaction.
- When possible, upon entry at office.

#### Passive Screening

- Appropriate signage at points of entry of the office and at reception in a location that is visible before entering the clinic:  
(Examples of signage for visitors for health care settings provided by Ministry of Health – members should use signs appropriate to their setting of care)
  - [English](#)
  - [French](#)
- Screening messages communicated on office websites and voicemail.

Members should follow the patient [screening guidance document](#) from the Ontario Ministry of Health.

Regular screening questions are as follows:

1. Is the person presenting with fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?
2. Did the person have close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?
3. Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

4. Does the person have two (2) or more of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting? Please see the [following link](#) for the Ministry of Health COVID-19 Reference Document for Symptoms of COVID-19?
5. If the person is over 65 years of age, are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?

If a patient has answered yes to any of these questions, they should be advised to:

- not attend in person at the member's office for at least 14 days;
- complete the [Ontario Government's self-assessment](#); and
- contact an appropriate authority such as their family physician, [local medical officer of health](#) or [Telehealth Ontario](#).

Members must document the screening of patients as part of the record of personal health information as well as keep documentation of screening of staff.

Please note: patients who have screened positive is not equivalent to a confirmed diagnosis of COVID-19.

A member who forms the opinion that a person has or may have COVID-19 is required to report this to the medical officer of health of the health unit in which the professional services are provided, in accordance with section 25(1) of the *Health Protection and Promotion Act, 1990* and Standard of Practice S-004: Reporting of Designated Diseases.

In conducting screening, a member should consider whether in-person treatment is the most advisable one taking into consideration the patient's other conditions and whether they fall into a high-risk group. When appropriate a member is encouraged to consider telecare<sup>1</sup> as an option.

If a member encounters a patient or staff who exhibits signs and symptoms consistent with the COVID-19, the member must:

- Establish and maintain a safe distance of two metres;
- Have the patient complete hand hygiene;
- Provide a new mask for the patient to don;
- Separate the patient from others in the clinic;
- Explain the concern to the patient that they are symptomatic, discontinue treatment and reschedule the appointment;
- Advise the patient to self-isolate for at least 14 days, complete the online self-assessment and contact their local medical officer of health;
- Clean and disinfect the practice area immediately; and
- Keep a record of all close contacts of the symptomatic patient and other visitors and staff in the clinic at the time of the visit. This information will be necessary for contact tracing if the patient later tests positive for COVID-19.

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<sup>1</sup> Please see [President's Message](#) from Friday, April 17, 2020

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

### **Keeping a Register for Contact Tracing**

A register of all people entering the setting should be kept to help in contact tracing, if required. This would include people in the clinic aside from patients/clients (e.g. couriers, guardians accompanying a patient/client, etc). The register should include name and telephone number. This is not an open sign-in book and should be kept and managed privately by the clinic. This registry should be kept until further notice. Explain to visitors that this information will be used for contact tracing only, should someone who visited the setting later be diagnosed with COVID-19, and that visitors can refuse to provide their name and telephone number.

## **2. Conducting In-Person Appointments**

### ***Physical Distancing***

Members, office staff, patients and other individuals should remain **two metres** away from each other within the office whenever possible, including in:

- waiting areas,
- transition areas and hallways,
- reception and payment areas, and
- treatment areas.

It is recommended that a plexiglass barrier be used to protect staff and the reception area.

Member should take practical measures to ensure physical distancing, such as reconfiguring clinical spaces and waiting rooms, having patients wait outside until their appointment time, removing waiting room chairs, adjusting staff and patient schedules to reduce the number of patients in the office, restricting access to practice environments to those who must be present (including patients, patient chaperones, staff) and consideration of off hour appointments for high-risk populations. Special considerations to accommodate appropriate physical distancing should be put in place (e.g. one patient at a time) when providing care in an open concept treatment space.

Patients should be encouraged to use credit card or debit cards for payment. Limit contact by allowing patients to scan/tap/swipe their own credits cards and limit the exchange of paper whenever possible (e.g., use email receipts).

Please note: Due to the number of variables related to possible transmission, cleaning and disinfecting, PPE and exposure to other individuals, it is recommended that members do not conduct home visits until further guidance is communicated.

### ***Hygiene***

Hand hygiene is the most effective way of preventing the transmission of infections to patients and staff in clinics. Members and staff should be educated in proper hand hygiene practices. Members, staff and patients should wash their hands with soap and water or hand sanitizer when appropriate, including:

- after arriving and entering the clinic
- before and after each patient interaction
- before and after use of diagnostic or therapeutic equipment
- before and after changing a mask or other Personal Protective Equipment
- before and after processing any payments wens contactless payment is not possible
- before and after leaving the clinic
- when hands are visibly soiled
- before and after cleaning/disinfection procedures

Members, staff and patients should avoid touching their faces and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and 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.

Please see the [following resources](#) for hand washing directives from Public Health Ontario.

### ***Use of Personal Protective Equipment (PPE)***

Despite screening procedures, it is important to remember that individuals may carry COVID-19 and not demonstrate symptoms. Therefore, for proper contact/droplet precautions, members must be familiar with and implement the use of appropriate PPE when in close contact with patients, especially during manual procedures, consistent with the protocols of the Ministry of Health and Public Health Ontario. This would include the use of a surgical/procedural mask (cloth masks not appropriate for health care practitioners) when treating patients within a physical distance of two metres. Members should avoid touching or adjusting masks while they are being worn. N95 respirators (required for Aerosol Generating Medical Procedures), eye protection and gowns are unlikely to be required for chiropractic offices.

It is recommended that members advise patients to bring and use their own facemasks when attending the office. Members are not required to provide masks to patients but may choose to do so and must educate patients in the proper donning and doffing of masks if doing so. Single use gloves may be used but are not required for most chiropractic services. If gloves are used, members should not touch their face when wearing gloves, gloves should be changed in between each patient encounter and be accompanied by proper hand hygiene between every glove change.

The following procedures should be followed for donning and doffing masks:

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 mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first and then undo the top tie. Discard the mask in the garbage.
3. Perform hand hygiene.

Members, staff and patients should be aware of and follow the proper donning, doffing and use of PPE, specifically masks. Members should review and apply the resources from Public Health Ontario related to the use of masks. One mask may be used for multiple patients (possibly an entire shift), but must be discarded and replaced when wet, damaged or soiled, exposed to bodily fluids, when taking a break and at the end of the day. The use of PPE must be precise and ordered to limit the spread of COVID-19.

Members and staff should practice in clean clothes that have not been worn in public places or with exposure to other individuals.

Please see the following resources for use of PPE from Public Health Ontario:

- [Public Health Ontario Resources](#)
- [Public Ontario Guide for PPE](#)
- [Public Ontario Guide for Universal Mask Use](#)
- [Public Services Health & Safety Association: Health and Safety Guidance During COVID-19 for Physician and Primary Care Provider Employers](#)

### ***Cleaning and Disinfection***

Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned. Use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.

Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label. Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses). Alternatively, use a bleach-water solution with 100 ml of bleach to 900 ml water. Health Canada has approved several [hard-surface disinfectants](#) and [hand sanitizers](#) for use against COVID-19. Use these lists to look up the DIN number of the product you are using or to find an approved product. Make sure to follow instructions on the product label to disinfect effectively.

Members should schedule patient appointments to allow for a suitable time for proper cleaning and disinfection in the office. The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question. Members should follow the cleaning and disinfection protocols from Public Health Ontario.

The following is a list (not exhaustive) of areas that will need to be addressed as part of the cleaning and disinfection protocols:

- Chiropractic adjusting tables
- Diagnostic and therapeutic tools and devices
- Diagnostic and therapeutic surfaces such as any exercise or rehabilitation equipment

- All surfaces in treatment rooms
- Computers, telephone and other devices in reception area
- Entry, reception, waiting, washroom and transition areas such as hallways, doorways etc. as well as any furniture in those areas
- Staff rooms and furniture in those areas
- Other touch surfaces as identified in the clinic, such as light switches, doorknobs, toilets, taps, handrails, countertops, touch screens, mobile devices, phones, keyboards, payment machines, clipboards, pens.

Cleaning and disinfecting protocols:

- Clinical contact surfaces should be cleaned and disinfected after each patient encounter.
- Any materials on clinical contact surfaces that cannot be properly disinfected shall not be used.
- Patient contact items such as payment machines, reception counter, seating areas, door and handrails should be cleaned and disinfected after each patient encounter.
- Books, magazines, toys, etc. should be removed from patient areas.
- A regular schedule for periodic environmental cleaning should be established and documented.
- Members should use single-use equipment instead of shared high touch equipment whenever possible.
- Any areas or equipment that patients occupy should be regularly cleaned and disinfected, particularly high touch surfaces.
- Any cloth items, such as towels, sheets, and headrest coverings that are used in the clinic, must be laundered in hot water (above 60 degrees Celsius). Staff that are handling these items should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

Please see the [following resources](#) from Public Health Ontario for further guidance on cleaning and disinfection.

### 3. Monitoring for Symptoms for Members and Staff

#### Guidance for employers

Employers have a legal duty under Ontario's *Occupational Health and Safety Act* to take every reasonable action to protect the health and safety of workers. This duty is particularly important in the context of COVID-19, where there is a need to protect workers and the public from contracting the virus.

Employers should carefully review the sector specific guidelines highlighted below and make reasonable efforts to implement the recommended actions. Otherwise, they could face charges and prosecution under the *Occupational Health and Safety Act*, and employees have the right to refuse work if employers do not take the recommended precautions.

The guidance documents currently available are listed below, by sector or practice setting. Keep in mind that guidance is likely to evolve as the pandemic evolves. It is important to refer back to the links below regularly:

- [Ministry of Health guidance for the healthcare sector](#)
- [Sector-specific guidance for employers from the Public Services Health and Safety Association](#)
- [Sector-specific guidance from the Ministry of Labour](#)

Members and staff must self-screen for COVID-19 before attending in person at the clinic, using the same screening questions used for patients.

If member or staff screens positive and/or 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 employees go home sick, their work areas must be cleaned and disinfected. Upon recommendation by public health officials, the member 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.

## **Appendix: Resources and Links Related to COVID-19**

### ***How Ontario is Responding to COVID-19***

- <https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-0>

### ***Ontario Government: Health and Safety Association Guidance Documents for Workplaces During the COVID-19 Outbreak***

- [https://www.news.ontario.ca/opo/en/2020/04/health-and-safety-association-guidance-documents-for-workplaces-during-the-covid-19-outbreak.html?\\_ga=2.201752599.76004541.1588429546-1834799787.1584580203](https://www.news.ontario.ca/opo/en/2020/04/health-and-safety-association-guidance-documents-for-workplaces-during-the-covid-19-outbreak.html?_ga=2.201752599.76004541.1588429546-1834799787.1584580203)
- [https://www.ontario.ca/page/resources-prevent-covid-19-workplace?\\_ga=2.258073421.652386584.1589286222-295529957.1588594081](https://www.ontario.ca/page/resources-prevent-covid-19-workplace?_ga=2.258073421.652386584.1589286222-295529957.1588594081)

### ***Ontario Ministry of Health COVID-19 Guidance for the Health Sector***

- MOH COVID-19 Guidance for Health Sector  
[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)

### ***Ontario Ministry of Health COVID-19 Reference Documents for Symptoms, Patient Screening and Self Assessment***

- MOH COVID-19 Reference Document for Symptoms  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_reference\\_doc\\_symptoms.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf)
- MOH COVID-19 Patient Screening Document  
[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)
- Ontario Government COVID-19 Self-Assessment <https://covid-19.ontario.ca/self-assessment/>

### ***Public Health Ontario COVID-19 Health Care Resources***

- Public Health Ontario COVID-19 Health Care Resources  
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/health-care-resources>

- Public Health Ontario Recommended Steps for Putting on Personal Protective Equipment  
<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>

***Public Health and Services Safety Association: Health and Safety Guidance During COVID-19 for Physician and Primary Care Provider Employers and Acute Care***

- <https://www.pshsa.ca/resources/health-and-safety-guidance-during-covid-19-for-physician-and-primary-care-provider-employers>