

LONG LAKE CHIROPRACTIC CENTRE AND ARBOUR WELLNESS CENTRE
PANDEMIC PROCEDURE POLICY MANUAL

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PANDEMIC PROTOCOL

PANDEMIC IS ANNOUNCED

- All booked patients are promptly called, and appointments cancelled a minimum two weeks out
- Email is sent out to all patients informing them of pandemic and closure of office until further notice
- Reception staff is temporarily laid off
- Doctors to come into office daily/access from home to check messages on phone and emails, and respond as needed
 - May care for patients according to college, provincial health authority, and CDC guidelines

PHASE 1 – EMERGENT CARE ONLY

- Only doctors in office
- Messages on phone and emails are checked daily
- If emergency cases are to be seen
 - Ask appropriate screening questions when booking patient's appointment
 - Lengthen appointment time to ensure sufficient time for cleaning, billing, care, etc
 - Doctors to work in shifts to minimize cross traffic
- TRIAGE FOR THOSE WITH GREATEST NEED
 - Emergencies/MVAs/falls/accidents/etc
 - Activities of daily living are being affected
 - Can't sit/stand/sleep
 - Can't concentrate on work
 - Headache/migraine affecting ability to function
 - Worsening of chronic conditions/fibromyalgia/etc
 - TELEHEALTH CONSULTATIONS, IF POSSIBLE
- Have description of proper mask wearing visible for patients and staff
- Have description of proper hand hygiene visible for patients and staff
 - Palms, back of hands, between fingers, etc
- Keep list of non-emergent patients to be called when approval is given by licensing body
- Obtain stock of masks, gloves, and hand sanitizer

PHASE 2- GRADUAL REOPENING

- Ensure sufficient stock of masks, gloves and hand sanitizer on hand before reopening office
- Gradual return of regular, non-emergency patients to the office
 - Call non-emergent patient waiting list
 - Call patients whose appointments were cancelled due to pandemic
- Be sure to pre-screen each patient booking in to assess for COVID
- Email all patients informing them of office opening and protocols for coming into office
 - Masks to be worn
 - COVID questionnaire they will be asked on the phone and day of appointment

- Protocol if anyone has been exposed, displaying symptoms, been out of the country <14 days prior to appointment, etc)
- Work up to 50-60% of pre-pandemic workload
- Continue with telehealth consultations, when possible

BOOKING AND PRE-APPOINTMENT COMMUNICATIONS (PHASE 1 AND 2):

- COVID QUESTIONNAIRE MUST BE REVIEWED WITH EACH PATIENT (EVEN IF THEY WERE JUST IN)
 1. Do you have any of the following symptoms:
 - a. Fever (temperature of 37.8C or higher)
 - b. New or worsening cough
 - c. Shortness of breath beyond normal
 - d. Sore throat beyond normal
 - e. Hoarse voice different than normal
 - f. Difficulty swallowing
 - g. Any changes to smell or taste sensations?
 - h. Nausea/vomiting, diarrhea, abdominal pain (beyond normal)
 - i. Runny nose, sneezing or nasal congestion beyond normal
 2. Have you been around anyone who displays the previously discussed symptoms or who has been positively diagnosed as having COVID-19 during the last 14 days?
 3. Have you been outside the province or country during the last 14 days?

*any patient responding positively to the above (unless a front-line worker) will not be able to enter the office until they have isolated for 14 days
- If a frontline worker, then can take additional measures such as (is at the discretion of the treating doctor whether to see the worker or not)
 - Wearing a gown during the appointment
 - Wearing safety goggles
 - Booking the patient at a time when no one else is in the office to minimize cross-traffic
- Ask each patient to wear a cloth or medical mask to their appointment, if they have access to one
- Remind each patient that we are only accepting card methods of payment (credit/debit) and that paying with cash is not recommended to limit handling cash as much as possible
- Advise patients to arrive on time for their appointments
 - Any patients arriving early will be told to wait in their cars

DURING PHASE 1:

- Doctors are only authorized to see emergency or urgent cases at the present time
- Keep list of non-emergency patients to call back as soon as approval has been given by provincial licensing board
- Email patients weekly with updates, tips for staying healthy, mental health advice, etc

DURING PHASE 2:

- SCHEDULING TO LIMIT NUMBER OF PATIENTS AT ANY TIME TO ENSURE PHYSICAL DISTANCING
 - DC's work in shifts (alternate morning/afternoon shifts each week, or alternate days)
 - Book 30min appointments for each patient to ensure sufficient time for COVID questionnaire, treatment, and cleaning after the patient leaves
 - Offset times that doctors are seeing patients to minimize cross-traffic in the office (can be revised as time goes on to one patient every 20min or even every 15min- as long as proper cleaning can be maintained between patients)
 - Dr. Thomas book on the hour (:00) and on the :30
 - Dr. Amber book on the :20 and :50

PATIENT ARRIVAL FOR THEIR APPOINTMENTS:

- Text the front desk that they have arrived or come in front door to announce arrival
 - If self-check in is available, have patient check in and then either wait in car or in waiting room (ensuring they maintain social distancing if they wait in waiting room)
- Ideally, are to wait in their cars until a receptionist or doctor comes to retrieve them
 - Only the patient is allowed in the office
 - Any family or friends are to remain in the car during the appointment
 - Exceptions:
 - Care aids who are needed due to patient mobility issues
 - Very young children who cannot be left alone and for whom there is no daycare or babysitting options available
- Patient entering the office:
 - Patient performs hand hygiene
 - Patient dons mask, if they are not already wearing one
 - Patient reviews COVID-19 questionnaire and signs in appropriate areas
 - Patient's temperature is taken and recorded on COVID-19 form (recommended)

OFFICE LAYOUT

- PROTECTIVE BARRIERS
 - BETWEEN RECEPTION AND PTS
 - Plexiglass attached to counter between patients and receptionists
 - BETWEEN RECEPTIONISTS
 - Clear plastic sheeting between receptionists
- ADJUSTING LAYOUT TO BE MORE CONDUCTIVE TO PHYSICAL DISTANCING
 - 2m/6ft markers on floor
 - Space waiting room chairs so there is 2m/6ft between them
- REMOVE MAGAZINES AND TOYS
- POTENTIAL OFFICE SIGNAGE/DOCUMENTS
 - COVID-19 questionnaire on door at patient entrance and staff entrance
 - COVID-19 questionnaire for patients to sign

- If anyone responds positively to a sign/symptom of illness, their appointment will be rescheduled to a time when they are no longer ill (minimum 10 days from the initial point of illness)
- Proper hand hygiene techniques
- Proper mask wearing techniques
- Have pamphlet discussing various methods being used in-office to protect health and safety of patients and staff

STAFF

- TRAINING FOR NEW PROTOCOLS
 - EMAIL PROTOCOL LIST
 - DO IN-OFFICE TRAINING
- DOCTOR EXPECTATIONS
 - Practice proper hand hygiene at all times
 - Wear government-approved masks during each patient appointment
 - Replace mask as recommended previously
 - When arriving at the start of a shift, all surfaces that may be contacted will be wiped down
 - Review COVID-19 questionnaire with each patient and have them sign off on the COVID-19 form
 - Any patient who answers “yes” to a COVID question or who has a fever or any signs of illness will be rebooked 14 days later, once they have self-isolated
 - Take the patient’s temperature prior to starting the appointment
 - If the doctor displays any symptoms, they will immediately inform the staff and leave the office for the rest of the day
 - They will then self-isolate for 14 days or until COVID-19 test results come back
 - Clothing worn during the shift will be removed prior to leaving the office
 - Clothes are only to be worn once and then cleaned using regular laundry detergent

FRONT DESK EXPECTATIONS

- They will become familiar with and follow all the protocols in this policy
- Any symptoms of illness are to be reported immediately to a doctor
 - They are then to leave the office for the rest of the day
- Any sick staff are to remain at home, isolated, for 14 days or until COVID-19 testing results come back
 - Doctor and staff need to develop a policy regarding COVID sick days and wages
- Strive to maintain 2m/6ft distancing, when barriers are not present, with other staff in office

TREATMENT OF PATIENTS

- **PPE REQUIREMENTS**
- **DOCTOR MUST WEAR**
 - **MASK**
 - Ear loop or cone masks only
 - No homemade/fabric masks allowed to be worn by staff
 - New masks must be worn
 - At the start of the shift
 - After lunch
 - Any time the mask becomes wet/saturated/dirty
 - **GLOVES AND HAND HYGIENE**
 - Hand hygiene performed once the patient is in the treatment room
 - A new pair may be worn for each patient seen (at the discretion of the doctor and patient)
 - Once patient is out of the office, gloves are removed and thrown away
 - Follow glove removal protocol
 - Hand hygiene is performed again
 - **SAFETY GLASSES**
 - May be worn if the staff member chooses
 - Worn for suspected pandemic-infected patients (if choosing to care for them)
 - **GOWNS**
 - Are not required but may be worn if doctor prefers
 - May be advised while caring for frontline workers exposed to COVID-19
- **CHANGING TECHNIQUES TO MINIMIZE CLOSE CONTACT**
 - Strive to limit the amount of patient physical contact to DC hands only
- **EQUIPMENT**
 - Ideally, equipment is not to be shared between practitioners
 - If equipment must be shared, equipment must be disinfected before being used by other doctor

PAYMENT FOR SERVICES

- Direct billing procedures and touchless payment options are strongly encouraged
 - Credit card or debit payments strongly recommended
 - Cash allowed when no other payment options are available
 - If using direct billing, encourage as many patients as possible to use this option

CLEANING AND DISINFECTION

- Cleaning surfaces and equipment after each patient visit
- Overall office cleaning including type of disinfectant used (must meet CDC approval)
 - **To be cleaned by front desk staff or doctors (whoever is available):**
 - At the start of each shift, at lunch, at the end of the day
 - Chairs

- Light switches
 - Doorknobs
 - Counter surfaces where patients may have contacted
 - Phones and mice
- To be disinfected after each patient leaves
 - Point of sale machine (wrap in saran wrap to make cleaning easier)
 - Countertop in front of reception (if touched by patient)
 - Chair patient sat in (if they sat down in the waiting room)
 - Any naturopathic products the patient may have touched and put back on the shelf
 - Pens patient may have used
 - Hand sanitizer bottles (if touched by patient)
 - Clipboards (if used)
- End of day
 - Each doctor is responsible for their office garbage being disposed of into bathroom garbage at end of day
 - Each person will alternate disposing of bathroom garbage at end of day (to be organized each week according to who is on shift each day)
 - Patient chairs
 - Light switches and doorknobs
 - Front desk counters and point of sale machines
 - Bathroom sink taps, toilet flusher, counter, and doorknobs
- To be cleaned by the doctors at the start of each shift and after each patient appointment
 - Patient table
 - Chairs patient may have sat on or placed their jacket/sweater/bag/purse/ etc on
 - Any pens used
 - Any clipboards used
 - Mouse
 - Keyboard if typed on
 - Screen of iPad (if used)
 - Doorknobs (if patient touched them)
 - Anything else that may have been touched by the patient or DC while wearing dirty gloves
- X-ray room
 - All surfaces touched by the doctor are to be disinfected following use, and includes, but it not limited to, the following surfaces:
 - X-ray film cassettes
 - X-ray chair (area patient sat on, side bars, and guidance handles)
 - X-ray tube controls
 - X-ray tube handles
 - X-ray tube filters

- Bucky
- All bucky tighteners
- Alignment grid on head clamps
- Head clamps and all head clamp tighteners
- Vertex patient positioning device
- Cover of film developer
- Any other surfaces that may have been touched by the doctor or patient

Suggested cleaning and disinfecting frequencies for clinic settings:

Type of surface	Frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds	IN BETWEEN PATIENTS
2. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
3. General cleaning of procedure / exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

For electronic equipment please comply with manufacturer's instructions to not void the warrantee.

List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2} :

Agent and concentration	Uses
1. 1:100 dilution Chlorine: bleach – sodium hypochlorite (5.25%) 500 ppm solution 10 ml bleach to 990 ml water	Used for disinfecting surfaces and medical equipment (e.g. counters, door knobs, stethoscope, BP cuff). Allow surface to air dry naturally.
2. 1:50 dilution Chlorine: bleach - sodium hypochlorite (5.25%) 1,000ppm solution 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste (e.g. vomit, diarrhea, mucus, feces) (after cleaning with soap and water first). Allow surface to air dry naturally.
3. Accelerated Hydrogen Peroxide 0.5%	Used for cleaning and disinfecting surfaces and medical equipment.
4. Quaternary Ammonium Compounds (QUATs) noted as 'alkyl dimethyl ammonium chlorides' on the product label	Used for disinfecting of surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

² Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

* "Suggested cleaning..." and "List of disinfecting agents..." courtesy of the BCCDC

Daily Recommended Cleaning Schedule

Morning	Lunchtime	End of Day	Surface
			Front desk counters
			Chairs in waiting room
			Light switches
			Doorknobs
			Computer mice
			Phones
			Point of sale machine (wrapped in saran wrap)
			Bathroom taps, counters, toilet flusher, toilet lid, door knob, light switches

To Be Cleaned After Each Patient

	Surface
	Patient table (including hand rest areas, switches, knobs, buttons used)
	Patient chair
	Clipboards (if used)
	Pens used
	Computer mouse
	Computer keyboard (wrap in saran wrap to ease in cleaning)
	Doorknob
	iPad (if used)
	Other equipment that was used



Coronavirus COVID-19

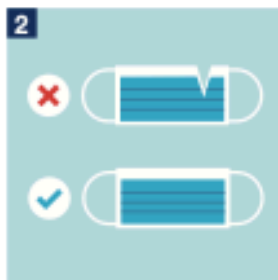
BC Centre for Disease Control | BC Ministry of Health



How to Wear a Face Mask



1 Wash your hands with soap and water for 20-30 seconds or perform hand hygiene with alcohol-based hand rub before touching the face mask.



2 Check the new mask to make sure it's not damaged.



3 Ensure colour side of the mask faces outwards.



4 Locate the metallic strip. Place it over and mold it to the nose bridge.



5 Place an ear loop around each ear or tie the top and bottom straps.



6 Cover mouth and nose fully, making sure there are no gaps. Pull the bottom of the mask to fully open and fit under your chin.



7 Press the metallic strip again to fit the shape of the nose. Perform hand hygiene.



8 Do not touch the mask while using it, if you do, perform hand hygiene.



9 Replace the mask if it gets wet or dirty and wash your hands again after putting it on. Do not reuse the mask.

Removing the Mask

1 Perform hand hygiene.

2 Do not touch the front of your mask. Lean forward, gently remove the mask from behind by holding both ear loops or ties.

3 Discard the mask in a waste container.

4 Perform hand hygiene.



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300





Coronavirus COVID-19

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Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**



**Either will clean your hands:
use soap and water if hands
are visibly soiled.**



Remove hand and wrist jewellery

HOW TO HAND WASH



1
Wet hands with warm
(not hot or cold)
running water



2
Apply liquid or foam soap



3
Lather soap covering
all surfaces of hands
for 20-30 seconds



4
Rinse thoroughly
under running water



5
Pat hands dry thoroughly
with paper towel



6
Use paper towel
to turn off the tap

HOW TO USE HAND RUB



1
Ensure hands are visibly
clean (if soiled, follow hand
washing steps)



2
Apply about a loonie-sized
amount to your hands



3
Rub all surfaces of your hand
and wrist until completely
dry (15-20 seconds)



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BC Centre for Disease Control

**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**

COVID19_H4_001



HOW TO

SAFELY REMOVE YOUR DISPOSABLE GLOVES

1



Pinch and hold the **outside** of the glove near the wrist area.

2



Peel downwards, away from the wrist, turning the glove inside-out.

3



Pull the glove away until it is removed from the hand, holding the inside-out glove with the gloved hand.

6



Continue to pull the glove down and over the inside-out glove being held in your gloved hand.

5



Peel downwards, away from the wrist, turning the glove inside out.

4



With your un-gloved hand, slide your finger/s under the wrist of the remaining glove. **Do not touch** the outer surface of the glove.

Always
Remember

Clean to Clean

A clean bare hand touches only clean areas inside the other glove.

Dirty to Dirty

Contaminated surfaces only touch other contaminated surfaces.

✗ Do not touch your face or adjust PPE with contaminated gloves

✗ Do not touch environmental surfaces – eg door handles, a keyboard, a computer mouse – with contaminated gloves

✗ Never wash or reuse disposable gloves

✓ Safely remove excess liquid beforehand

✓ Change gloves when heavily soiled or if they are torn

✓ Dispose of used gloves appropriately – in accordance with your company's policy

FURTHER RESOURCES

HEALTH CANADA

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html>

BCCDC

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters>

COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings:

[http://www.bccdc.ca/Health-Professionals-](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf)

[Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf)

WORKSAFE BC

Health Professionals: Protocols for returning to operation:

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals>

COLLEGE OF CHIROPRACTORS OF BC

Providing in-person care during COVID-19 Guidance for registrants:

<https://www.chirobc.com/ccbc/wp-content/uploads/2020/05/BCHR-Guidance-CCBC-FINAL.pdf>

COLLEGE OF NATUROPATHIC PHYSICIANS OF BC

<https://www.cnpbc.bc.ca/covid-19-nd/>