
GUIDANCE FOR OSTEOPATHY BC MEMBERS

RETURN TO WORK - starting May 19, 2020

The Board of Osteopathy BC has produced guidance to assist with members' safe return to work. The British Columbia government has recommended that practitioners can return to work on or after May 19, 2020, provided they take the proper precautions necessary to reduce the risk of spreading COVID-19.

Please find below Osteopathy BC's guidance to help you return to work as safely as possible for your patients, for yourself, for your co-workers and for your employees if you have them.

The following protocol, if carefully followed, minimizes risk of transmission of the virus that causes COVID-19.

Your professional judgment and personal choices will determine whether and how you implement additional measures specific to your practice setting, and specific to your patients' needs.

The restoration of osteopathic services requires clear and thoughtful communication that is based on trust between an osteopathic practitioner and a patient. Trust, honesty, clear communication, and well-informed explanations for your clinical choices, will help create an environment where patients can safely receive osteopathic treatment because the risk of transmission of the virus that causes COVID-19 is minimized.

The guidance that follows should be considered as **Interim Guidance** and will be updated as needed and as new evidence becomes available. It is based on references and materials and advice from WorkSafeBC, BC Centre for Disease Control, and from Regulated Health Professions that have a similar practice risk profile to Osteopathy.

All resources agree on the following hierarchy for minimizing risk of transmission of the Virus that causes COVID-19. Below is from WorkSafeBC:

Selecting protocols for your workplace

Note that different protocols offer different protection. Wherever possible, use the protocols that offer the highest level of protection and add additional protocols as required.

First level protection (elimination): Use policies and procedures to keep people at a safe physical distance from one another. Limit the number of people in your workplace at any one time, and implement protocols to keep workers at least 2 metres from other workers, customers, and members of the public.

Second level protection (engineering controls): If you can't always maintain physical distancing, install barriers such as plexiglass to separate people.

Third level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers to not share tools, or implementing one-way doors or walkways.

Fourth level protection (PPE): If the first three levels of protection aren't enough to control the risks, supply workers with personal protective equipment (PPE), such as non-medical masks. PPE should not be used as the only control measure. It should only be used in combination with other measures.

Osteopathic Practitioners should only return to work when they have a viable plan in place and measures implemented to reduce the risk of transmission of the SARS-CoV-2 virus. Your plan must be clearly communicated to everyone associated with your practice, both patients and staff. If you have a website, it must be published there as well. The Provincial Health Order that explains this for employers is [here](#).

Excerpt:

1. post a copy of your COVID-19 Safety Plan on your website, if you have one, and at your workplace so that it is readily available for review by workers, other persons who may attend at the workplace to provide services and members of the public;

2. provide a copy of your COVID-19 Safety Plan to a health officer or a WorkSafeBC officer, on request.



Each practice location must:

1. **Assess the risks at your workplace.**
2. **Develop policies and plans to minimize these risks.**
3. **Implement procedures to reduce risk, based on these policies.**
4. **Communicate these policies clearly to everyone who has access to your workplace.**
5. **Monitor and update your plans and procedures as necessary.**

Your plan must include:

- **Screening and assessment processes for Patients and Osteopathic Practitioners and staff**
- **Physical spacing of non-treatment areas to maintain at least 6 feet of physical distancing**
- **Hygiene protocols including Hand hygiene, cleaning and disinfection, Personal Protective Equipment (PPE)**
- **Communication and consent for all policies and procedures**



PRE-SCREENING OF PATIENTS, PRACTITIONERS AND STAFF

Patient Screening Prior to Arrival

A patient, like the Osteopathic Practitioner, must not:

- Have been abroad in the last 14 days
- Have any of the following symptoms: fever, cough, difficulty breathing, diarrhea, loss of smell or taste
- Have tested positive for COVID-19 in the last month or be waiting for the results of a test
- Have been in contact with a confirmed or probable case of COVID-19 for less than 14 days

If quarantine has been required, it must have been completed.

One day prior to patient's appointment, call to connect personally with your patient to ask them to complete the [BC COVID-19 Symptom Self-Assessment](#). Tell your patient to stay home if experiencing any [symptoms of COVID-19](#) including fever, chills, cough, shortness of breath, sore throat, loss of sense of smell. If patients are experiencing these symptoms and have not been tested for COVID-19, you should recommend that they do so; they start by calling 8-1-1.

Informed consent is required. This includes ensuring that your patient understands that while you have taken measures to minimize risk of viral transmission, the nature of osteopathic treatment means that physical distancing is not possible in the treatment room. Your professional ethics, honesty and clear communication underpin the informed consent discussion. It is your responsibility to explain both the risks and the potential benefits of treatment, and to make decisions in your patient's best interests.

High Risk Patients. Some patients are at higher risk for more severe COVID-19 effects. This includes but is not limited to: Age over 70 years and people who are: diabetic, immunosuppressed, undergoing treatment for cancer, suffering from cardiovascular disease and other conditions. Assessment and explanation of the heightened risks should be part of the informed consent procedure.

Advise your patient prior to arrival at your practice about provisions you have made for personal protective equipment (PPE, see below), and your rationale. If they have a mask, ask them to bring it with them and wear it when they arrive. You may also consider booking higher risk patients at times when they are likely to encounter fewer people at your practice.

Practitioner and Staff Screening

Osteopathic Practitioners and clinic staff must use the [BC COVID-19 self-assessment tool](#) daily, and stay home/cancel appointments if experiencing COVID-19 symptoms.

Booking appointments

- 1. Book your appointments with a 15 min break between them**
 - This provides you with 15 minutes to change your clothes/mask, clean all surfaces in your treatment room and reception after your patient has left.

- 2. Stagger Your Patients and their Appointments**
 - If you are working with other practitioners, you can stagger patient's appointments so that one practitioner would start their appointment on the hour, whilst the other can start on the half hour etc.
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- 3. Cancellations due to COVID-19**
 - It is important that communication with your patients is clear and your pre-visit screening is consistent. You may need to have a more flexible cancellation policy should your patients find out they have been exposed to/have COVID-19 within the 24hour cancellation window; they should be able to cancel with no penalty.

Instructions for Patients

Patients should have clear instructions before arrival at your clinic on how they should behave at arrival. [Signage at the entrance](#) and any online information should reconfirm this.

Patient Arrival

- Patients are to either bring their own mask to your office or you provide a clean mask for them to wear on entry
- Hand sanitizer or hand washing facilities should be available on entry to your clinic with a sign instructing patients to wash/clean their hands upon arrival, and hand washing protocols. [Hand washing poster](#)
- Make sure that your patients in reception are sitting at least 2 metres apart. This may mean that you need to remove chairs from your reception so that patients do not sit together.
- If you are a solo practitioner or have a small waiting area, patients should be instructed not to enter until the previous patient leaves.

Patients come to their appointment alone

- It is common for patients to bring family members to appointments. During the COVID-19 pandemic, tell your patients to leave family members at home and come alone.
- This only differs if you are treating a minor, where one parent or guardian may need to be present or, treating someone who requires personal assistance.

Have patients arrive on time and not early

- Have instructions at time of booking and signage on the entrance asking patients not to arrive early for appointments. This makes it easier to preserve physical distancing in the waiting area.

Organisation of your office

- Remove all children's toys/literature/magazines and unnecessary items from your clinic reception.
- Place seating in reception that maintains at least 6 feet between seated patients and between patients and reception staff.
- Put up posters reminding patients of [social distancing](#) procedure and government guidelines on how to limit the spread of COVID-19.
- Place non-contact trash cans in clearly visible areas in your reception, treatment rooms and bathrooms.
- Place alcoholic disinfectant in each room for patients and staff to use.
- Make sure each water point is equipped with hand soap, hand paper and a contactless trash can.

Physical Distancing

Reception

- Clinic staff, Osteopathic Practitioners and patients must maintain 2 metres/6 feet of distance in clinic areas other than the treatment room.
- Consider creating floor/counter/wall markings showing 2 metres/6 feet of distance and create one-way traffic flow wherever possible.
- At end of treatment, accompany patient to the exit and open the door for them (using a hand towel or other sanitized barrier).
- Make use of alternate entries/exits in practice environment to assist with distancing.
- Consider a gradual re-entry to practice, to test that distancing measures put in place are sufficient, before increasing the number of patients/practitioners in the workplace at any one time. Example: If five practitioners are usually in a clinic at any one time, consider starting with two to ensure physical distancing measures can be adhered to, and increase numbers once you have determined that you can do so while maintaining physical distancing.

Shared Areas, multi-practitioner setting, e.g., kitchen, lockers, charting stations

- Have separate, distanced workstations; or require therapists to use personal devices to access scheduling and accounting programs. Do not use shared equipment including (but not limited to) computers, tables, and phones unless necessary.
- Storage/meals/coats, extra clothes, etc., will be specific to each practice setting.
- Implement staggered arrival, departure, and break times. Minimize the chances of incidental contact.
- Avoid socializing in person in the practice environment.

Treatment Room

- It is not possible to maintain physical distancing in the treatment room.
- Pre-screening, physical distancing, hand hygiene, and enhanced cleaning help reduce the risk of transmission, and enable return to practice while minimizing risk of harm.

Washroom for Patient Use

- Physical distancing in washroom for patient use will be specific to practice setting. Hygiene, sanitation, and distancing must all be considered, and clear instructions shared with patients in advance of arriving at the practice environment.

Access to the Clinic

- For example, stairs, elevators etc.
- Will be specific to practice setting similar to washrooms for patient use. Be aware of opportunities for incidental contact that violates physical distancing requirements, and place appropriate signage.

Cleaning Procedure

Clean Before Opening

- Wash your hands for a minimum of 20 seconds.
- Upon arrival of the clinic, clean all high touch surfaces: door handles, switches, chairs, clinic surfaces, electronic equipment, etc
- Install clean sheets on your treatment table.

Clean Between Patients

- Wash your hands for a minimum of 20 seconds and disinfect door handles, switches, chairs, clinic surfaces, electronic equipment etc.
- Ventilate the treatment room for a few minutes if possible.
- Disinfect your visor or glasses if you wear them.
- Remove all bedding/sheets from the treatment table and place in the dirty laundry basket
- You will need a dedicated clean laundry basket and a dirty laundry basket.
- Install clean sheets on your treatment table.
- Clean all high touch surfaces: door handles, switches, chairs, clinic surfaces, electronic equipment, etc.
- Clean the treatment table, the table adjustment levers, massage lotion bottles, other equipment, etc.
- Cleaning and disinfection [Poster](#)
- from the BC Centre for Disease Control in reception area, washroom for patient use, treatment room.

Frequently Clean

Frequently clean and disinfect common areas and high touch surfaces, at least twice a day, e.g. light switches, window coverings, cell phones, tablets, chairs, stools, table surfaces.

- Frequently clean and disinfect (at least three times per day, more if possible):
 - o handles: doors, cabinets, faucets, fridge, microwave, etc.
 - o electronic device keyboards and mice, phones,

- arm rests of chairs,
- desk and table surfaces,
- water coolers

Staff Safety

Respect a patient, staff or practitioner's individual personal boundaries and support their requests for PPE to be worn by everyone at the workplace.

Reception Staff

- If there is reception staff, they must be equipped with a mask.
- If there is a reception desk, mark on the floor where patients should stand in line while waiting to speak to the receptionist.
- The reception staff can also be protected with a plexiglass/plastic screen.

Between Staff

- Social distancing (2 meters) must be observed between staff members.
- Stagger staff lunches to maintain social distancing.
- Wash your hands for a minimum of 20 seconds before entering common rooms

Staff Safety in Appointments

- Wash your hands for a minimum of 20seconds before the appointment starts.
- If you wash your hands in another room, be careful not to touch any other door handles before you re-enter your treatment room.

Ask patients to wear a mask during their appointment if they have one, or provide them with a mask on entry.

Personal Protective Equipment (PPE)

- Masks should be worn by patients on arrival and by practitioners during treatment or whenever 6 feet of physical distancing cannot be maintained.
- N95 masks are not necessary.
- Cloth masks should be satisfactory but must be changed between patients.
- Cloth masks must be laundered after each use.
- We understand that these masks are in high demand. We recommend that you look in your local community for charity groups (such as “Sew the Curve”) that are making masks for local clinics and health workers.
- You can also make your own. Several patterns are available online. This [pleated version](#) is an example. Other examples can be found in Appendix B: PPE Suppliers document.
- Because of the close physical contact between osteopathic practitioners and patients during treatment, a gown, apron or lab coat is recommended to be worn and changed for each patient. Alternatively, practitioners can change their clothes between patients.
- Any other PPE used should be changed and/or disinfected between patients.

Professional Obligations

Osteopathic Practitioners returning to practice at multiple locations, including mobile, must be particularly conscientious about others’ safety protocols while also maintaining their own protocol.

Professional liability insurance:

- Osteopathic Practitioners in practice are required by Osteopathy BC’s Bylaws to carry professional liability insurance Full Members “Must show

proof of having public liability insurance for the practice of osteopathy and of maintaining this insurance throughout membership, in an amount determined from time to time by the board of directors.”

- The coverage terms of policies can vary.
- Osteopathic Practitioners are advised to contact their insurer to determine whether or not they are covered for claims related to COVID-19, e.g. alleged transmission of the virus.

No duty or obligation to return to practice:

- A return to practice protocol does not *require* Osteopathic Practitioners to engage in practice if they individually assess the risk of practice as one they are not prepared to take.
- The decision to return to practice is a matter of individual judgment and requires following the guidance of Osteopathy BC, WorkSafeBC and governmental authorities.

Osteopathic Practitioners who are employees of a clinic, spa, or who have employment contracts:

- Osteopathic Practitioners in this work setting must clarify their relationship with their employer.
- An Osteopathic Practitioner should consult legal counsel if needed, as Osteopathy BC cannot provide individuals with legal advice. Alternatively, if the Osteopathic Practitioner is also a member of a Regulated Health Profession, their college or association may provide advice and/or support.

Patient alleges they caught COVID-19 from Osteopathic Practitioner:

- The Osteopathic Practitioner must immediately call public health at 8-1-1 and report the alleged transmission, providing both the Osteopathic Practitioner’s name and the name and contact information of the patient.

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- The Osteopathic Practitioner must not provide any further osteopathic treatment to anyone until public health has investigated and has provided direction.
 - The Osteopathic Practitioner must immediately self-isolate until the matter has been investigated and public health direction has been provided.
 - If the Osteopathic Practitioner is working in a team setting, it is the Osteopathic Practitioner's duty to immediately inform his or her colleagues of transmission risk.