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Introduction

Effective July 3, 2020

The Government of Nova Scotia introduced plans to “Re-Open Nova Scotia” on June 5, 2020. As the Government of Nova Scotia has created the Atlantic Bubble effective July 3, 2020, this directive has been updated to define the requirements chiropractors must follow to ensure safe practice with pandemic public health measures as a result of COVID-19.

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

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

As regulated health professionals, chiropractors are required to:

1. Follow all mandates and recommendations from Public Health and the Government of Nova Scotia 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 NSCC.
3. Ensure that each individual business/office creates a plan for their specific location using this guide.

The NSCC continues to consult with external stakeholders, including the Nova Scotia Department of Health and Wellness (DHW) and the Chief Medical Officer of Health (CMOH) and will adapt this directive based on expert recommendations. The NSCC exists to protect the public and its members, and this directive is created to ensure the health and safety of both the public and chiropractors while instilling patient confidence as they safely access chiropractic care.

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 chiropractor illness

This directive must be completely reviewed and applied before you open your practice to the public. Chiropractors and clinic owners are responsible to ensure that 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.

Patient screening

Chiropractors must assess and screen patients for symptoms of COVID-19 as per the requirements of Public Health. Patients exhibiting signs and symptoms consistent with COVID-19 should not present for clinical services during the pandemic. Chiropractors and clinical staff must advise patients when booking an appointment that they cannot attend if, on the day of the appointment, they have symptoms that could be COVID-19. The patient should be advised to use the 811, on-line, self-assessment if they are unwell on the day of their appointment and only attend the appointment if they are not told they need to be tested for COVID-19.

Clinic staff should collect simple screening information in-person at the time of the patient's visit to the clinic. People who accompany patients, such as parents, caregivers or companions, must be screened with the same questions as the patient.

Screening questions that must be asked of patients and companions:

1. Do you have current symptoms of COVID-19, such as:
 - a. a fever,
 - b. a new or changed chronic cough,
 - c. a sore throat that is not related to a known or preexisting condition
 - d. a runny nose that is not related to a known or preexisting condition
 - e. Nasal congestion that is not related to a known or preexisting condition
 - f. Shortness of breath that is not related to a known or preexisting condition
2. Have you traveled outside of Atlantic Canada (NS, NB, NL, PE) within the last 14 days?
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g., individuals exposed without appropriate PPE in use).

Patients and/or companions exhibiting symptoms should not enter the clinic at this time and should be directed to use the 811, on-line, self-assessment.

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



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

If a chiropractor encounters a patient who has been screened by clinical staff and enters a treatment room, yet still exhibits signs and symptoms consistent with COVID-19, the chiropractor must:

- Establish and maintain a safe physical distance of two metres.
- Have the patient complete hand hygiene.
- Provide a new mask for the patient to don.
- Segregate the patient from others in the clinic.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the patient to complete the 811, on-line, self-assessment for further instruction from Public Health
- Clean and disinfect the practice area immediately.

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

Hand hygiene

Hand hygiene is recognized as the single most important infection prevention and control (IPC) 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 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 handling these towels should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, chiropractors 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 a 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:

- Chiropractors 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 upon entering the clinic
 - before and after use of weights, exercise equipment or similar shared equipment

Environment cleaning and disinfection

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

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

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

Proper disinfectant products

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



Alternatively, per NS Dept of Health and Wellness cleaning guidelines, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

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

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

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

- 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:
 - treatment tables, all contact surfaces, and the entire headpiece/hand rests
 - discontinue use of the central holding bar for headrest paper
 - discontinue use of any permanent treatment material that cannot be cleaned and disinfected (e.g., upholstered cloth treatment tables where the cloth cannot be properly disinfected must not be used)
 - exercise equipment
 - therapeutic tools and devices
 - diagnostic tools and devices
 - procedural work surfaces
- Commonly touched areas must be cleaned and disinfected a minimum of twice daily or whenever visibly soiled. Commonly touched areas include but are not limited to:
 - light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices, phones and keyboards
 - The payment machine must be cleaned after each patient encounter.
 - Clipboards that patients contact must be disinfected after each patient encounter.
 - Pens/pencils used by patients must be disinfected after each patient use or be single-use only
- Any cloth items, such as towels, sheets, headrest coverings, etc., that are used in the clinic must be laundered in hot water (above 60°C) with regular laundry soap before being dried and used again. Staff handling these items should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

Required clinic environment adaptations

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

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- Chiropractic table surfaces with tears must be immediately repaired and then replaced as soon as reasonably possible.
 - At no time may patient care be provided on a table with exposed foam.
 - Duct tape is acceptable for emergency repair use only. It is expected that the arrangement for suitable long-term repair or replacement is initiated within two business days of the discovery of the tear.
- Cloth upholstery on furniture and treatment tables that can be properly disinfected may continue to be used.
 - If the cloth upholstery cannot be properly disinfected, it must be removed from the clinic environment.
- A regular schedule for periodic environmental cleaning must be established and documented.
- All wastepaper bins/garbage receptacles must contain garbage bags. At the end of the working day, all bins must be emptied and placed outside in a proper garbage receptacle. Staff/clinician must thoroughly wash their hands after completing this task.
- Clinics should also have a plan for contactless deliveries of materials and supplies where possible.

Physical distancing

Requirements for managing clinical space:

- Physical distancing requirements take priority over occupancy limits.
- Members of the public must be two metres from each other. This applies in the following spaces:
 - treatment areas
 - waiting areas - seats must be spaced to maintain two metre distance
 - transition areas
 - People who live together are exempt from this requirement with each other.
 - 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.
 - Using Telehealth as a substitute for in-person care as appropriate.



Managing the clinical schedule:

- Ensure 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.
- This includes ensuring booking practices enable physical distancing between patients during treatment sessions and provide adequate time to clean and disinfect clinic equipment between patients.
- When scheduling, give consideration to dedicated and/or off-hours treatment for high risk populations (e.g., immune compromised, elderly, others with co-morbidities).

Personal Protective Equipment

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

Staff and practitioner PPE

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

PPE requirements

- Surgical or procedure masks are the minimum acceptable standard.
- Chiropractors and clinical staff who are not able to maintain the 2m physical distancing while providing patient care should wear a mask.
- Non-clinical staff must be masked when a physical distance of two metres cannot be maintained.

One mask may be used for the entire work shift, but must be discarded and replaced when wet, damaged or soiled, when taking a break and at the end of the day. N95 respirators are not required. Cloth masks 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. DHW has provided further instructions for health-care workers (please refer to the reference section at the end of this document).

Donning mask:

1. Perform hand hygiene.
2. Open mask fully to cover from **nose to below chin**.
3. Put on mask.
4. Secure ties to head (top first) or elastic loops behind ears.
5. Mold the flexible band to the bridge of nose (if applicable).
6. Ensure snug fit to face and below chin with no gaping or venting.

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Doffing mask:

1. Perform hand hygiene.
2. Do not touch the front of the mask.
3. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie.
4. Discard the mask in the garbage.
5. If the mask itself is touched during doffing, perform hand hygiene.
6. **Never reuse masks.**

It is essential that all chiropractors 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. NS DHW PPE Resources must be reviewed and understood before all chiropractors, 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.

Patient provision of PPE

Clinics are not required to provide masks for patients. However, chiropractors may choose to provide non-medical cloth masks for patients, or require that the patient wear their own mask during their appointment. If a chiropractor chooses to provide cloth masks for patients, the chiropractor or staff must educate the patient on the proper donning and doffing of masks and observe that it occurs properly.

If a chiropractor 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 chiropractor must:

- Establish and maintain a safe physical distance of two metres.
- Have the patient complete hand hygiene.
- Provide a new mask for the patient to don.
- Segregate the patient from others in the clinic.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the patient to complete the 811, on-line, self-assessment for further instruction from Public Health
- Clean and disinfect the practice area immediately.

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

Supply Chain Issues with PPE

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



Clinic clothing

Clean clothes must be worn by the practitioner and staff each day.

If the practitioner and staff drive directly from their home to the clinic, no change of clothes is required. However, if they stop at other locations on their way to the clinic, then donning new clean clothes in the clinic is required.

Clothes worn in the clinic must not be worn in public afterwards. Practitioners and staff must change into different clothes at the end of their shift.

To clean clothes worn in the clinic, wash clothing in hot water (above 60°C) with regular laundry soap.

Exclusion or work restrictions in the case of staff or chiropractor illness

Staff and chiropractors must self-screen for symptoms before arrival at work with the same symptom screening questions used for patients. If screening is positive, they must not come to the clinic and should do the 811, on-line, self-assessment.

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

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

1. Do you have current symptoms of COVID-19, such as:
 - a. a fever,
 - b. a new or changed chronic cough,
 - c. a sore throat that is not related to a known or preexisting condition
 - d. a runny nose that is not related to a known or preexisting condition
 - e. Nasal congestion that is not related to a known or preexisting condition
 - f. Shortness of breath that is not related to a known or preexisting condition
2. **Have you traveled outside of Atlantic Canada (NS, NB, NL, PE) within the last 14 days?**
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use).

The Health Protection Act requires individuals who have screened positive for possible Covid-19 symptoms (that are not related to a pre-existing illness or condition) to follow the Public Health guidelines for assessment of Covid-19 (i.e., not report for work, do the 811, on-line, self-assessment and follow the directions of Public Health).

The Health Protection Act also requires individuals who have: travelled outside of Nova Scotia (within the past 14 days); tested negative for COVID-19, but had close contact with someone who has, or is suspected to have, COVID-19; or been told by Public Health that you may have been exposed and need to self-isolate, to self-isolate for 14 days.

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Per the CMOH, chiropractors and staff must also immediately inform their direct supervisor at the onset of any symptoms from the screening questions. Chiropractors who become symptomatic while treating patients must: stop seeing patients immediately; do the 811, on-line, self-assessment; follow the directions of Public Health.

This requirement is subject to change and chiropractors are directed to stay up to date with the directives of the CMOH. Chiropractors 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 Nova Scotia's requirements. A link to a reference guide is included in the resource page at the back.



Resources

General

- [Nova Scotia's Novel Coronavirus \(COVID-19\) Disease Health System Protocol](#)
- [NSCC In Person Care during COVID 19 Crisis Regulation](#)
- [NSCC Telehealth Policy](#)
- [Canadian Chiropractic Association COVID-19 Resource Centre](#)

Screening

- [Screening checklist](#)

Hand hygiene

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Nova Scotia Coronavirus Resources - [How to Hand Wash](#)
- Nova Scotia Coronavirus Keeping Hands Clean - [How to Use Alcohol-based Hand Rub](#)

Environmental cleaning and disinfection

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

Personal Protective Equipment

- [NSHA Healthcare Worker Masking Guidelines during COVID-19 Pandemic](#)
- [NSHA Covid-19: Infection Prevention and Control Guidelines for Long-Term Care Settings](#)
- [AHS Provided: Personal Protective Equipment \(PPE\): FAQs](#)
- [Nova Scotia Donning/Doffing Mask Poster](#)
- [AHS Provided: For Healthcare Workers: How to Wear a Mask](#)

Exclusion or work restrictions during staff or chiropractor illness

- [Screening checklist](#)
- [COVID-19 assessment tool for health-care workers](#)
- [COVID-19 information: Workplace Guidance for Business Owners](#)