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



Approved: May 15, 2020

Came into Force when the Ontario Government Announced Effective Date for Return to Work for Chiropractors: May 26, 2020

Amended: June 9, 2020, June 18, 2020 (amendment to June 18, 2020 version only includes minor amendments to Screening Questions 1 and 2),

August 26, 2021 (further amendments to Screening Questions)

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.

On May 26, 2020, the Ministry of Health amended [Directive #2 for Health Care Providers \(Regulated Health Professionals or Persons who operate Group Practice of Regulated Health Professionals\)](#) to restart non-essential and elective services and released the [COVID-19 Operational Requirements: Health Sector Restart Document](#). Please review these documents for directives and operational details and requirements for all regulated health professionals.

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 implementing office policies, members should continuously assess the organizational and point of care risks for infection control. In addition, members are responsible for and 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 amendment 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. It is the responsibility of the member to ensure staff working at a chiropractic office are 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 ensure there are enough supplies on hand and that supplies are replenished.

Decisions related to practice should be made using fair, inclusive and transparent processes for all patients, applying the following principles, identified by the Ministry of Health and Chief Medical Officer of Health:

- **Proportionality:** Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.
- **Minimizing Harm to Patients:** Decision should strive to limit harm to patients wherever possible. Activities that have higher implications for morbidity/mortality if delayed too long should be prioritized over those with fewer implications for morbidity/mortality if delayed too long. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.
- **Equity:** Equity requires that all persons with the same clinical needs should be treated in the same way unless relevant differences exist (e.g. different levels of clinical urgency), and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
- **Reciprocity:** Certain patients and populations will be particularly burdened as a result of our health system's limited capacity to restart services. Consequently, our health system has a reciprocal obligation to ensure that those who continue to be burdened have their health monitored, receive appropriate care, and be re-evaluated for emergent activities should they require them.

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
 - b. Passive Screening
 - 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 and essential visitors. 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.

It is expected that members are using their best clinical judgment when conducting screening procedures, reviewing all relevant clinical information and screening results in the context of the patient's overall presentation and general history. It would also be reasonable to expect members are conducting the screening process, taking into account geographical locations of patient's homes, workplaces and the clinical setting. For example, when communities may be divided by a provincial border that would otherwise be considered one community, it is likely there is no greater risk to a health care provider on one side of the border over the other. Alternatively, if a patient recently returned from a community with high COVID-19 rates to their community which may have very low rates, there might be a higher risk to health care providers, patients and staff even when no border was crossed.

Active Screening

- Conducted over the phone or through teleportal before patient/essential visitor 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 (updated as of August 26, 2021) (please refer to the Ministry of Health screening document if there are any inconsistencies with this document, as the Ministry of Health screening document continues to be updated). Regular screening questions are as follows:

Background Question

1. Did the person receive their final (or second) vaccination dose more than 14 days ago (a fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e., Johnson and Johnson))

Dispatch Question for Long-Term Care or Retirement Home (This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres)

2. Do you have a concern for a potential COVID-19 infection for the person (e.g., is there an outbreak in the facility, is the patient awaiting COVID-19 test results, etc.)?

Screening Questions

3. Does the person have any of the following symptoms?
 - Fever and/or chills
 - New onset of cough or worsening chronic cough
 - Shortness of breath
 - Decrease or loss of sense of taste or smell
 - If adult >18 years of age; unexplained fatigue/lethargy/malaise/muscle aches (myalgias)
 - If child <18 years of age: nausea/vomiting, diarrhea
4. Has the person tested positive for COVID-19 in the past 10 days or have they been told they should be isolating?

Questions 5 and 6 should only be asked if the person is not fully immunized (i.e., they answered 'No' to Question 1)

5. Did the person travel outside of Canada in the past 14 days?
6. Has the person had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

COVID-19 Screening Results

If response to **ALL** of the screening questions is **NO**: COVID Screen Negative

If response to **ANY** of the screening questions is **YES**: COVID Screen Positive

If response to **ALL** of the screening questions is **UNKNOWN**: COVID Screen Unknown

If response to **ANY** of the screening questions is **NO and UNKNOWN**: COVID Screen Unknown

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 telecare¹ 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.

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

Members may offer clinical assessment and examination to patients who screen positively **only** if they are able to follow Droplet and Contact precautions and are knowledgeable on how to properly don and doff PPE. This includes the following PPE: gloves, isolation gown, surgical/procedural mask and eye protection (goggles or face shield). Please see the [COVID-19 Operational Requirements: Health Sector Restart Document](#) sections on Positive Screening: Providing Care and Occupational Health & Safety sections for further details. Members must take enhanced measures for PPE, infection control, physical separation and cleaning and disinfection of such patients.

If a patient was in the office and later tests positive for COVID-19, the member should contact their [local public health unit](#) upon learning of this positive result, for advice on their potential exposure and implications for continuation of work

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.

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

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 suitable barrier (e.g. plexiglass) be used to protect staff and the reception area. This is required if physical distancing will be less than 2 metres. Outside of a barricaded reception area, facemasks must be worn when staff interact with patients, essential visitors and other staff within a 2 metre distance.

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 (e.g. for those patients who may have answered “yes” to any screening questions and/or may be front line/essential workers and/or at-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, exposure to other individuals and geographical location, member must be aware of the possible increased risks involved with providing home care. As such, it may be difficult to account for all safety measures when providing home care. Members may consider the suitability of providing home care, while considering all applicable risks, when appropriate safety measures can be put in place.

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. The use of lined garbage cans and those with no-touch lids (e.g. cans with a foot pedal) are preferred. 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 for both health care practitioners and staff when in close contact with patients, especially during manual procedures, consistent with the protocols of the Ministry of Health and Public Health Ontario and the [COVID-19 Operational Requirements: Health Sector Restart Document](#). This would include the requirement to use 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. Members may also want to consider the use of eye protection, such as goggles or face shield for practitioners and staff when in close contact with patients. N95 respirators are unlikely to be required for chiropractic offices, as typical chiropractic procedures do not involve aerosol generating medical procedures. Enhanced PPE (Droplet and Contact procedures and PPE including gloves, isolation gown, surgical/procedural mask and eye protection (goggles or face shield)) are required to be used when treating patients who may have provided positive responses in their screening process, such as front-line workers.

As part of the progressive opening plan, Government has communicated that members of the public wear face coverings when going out in public and physical distancing of 2 metres cannot be maintained. Therefore, members must remind patients to wear a face covering (cloth face coverings are acceptable for patients) for appointments that involve examination and treatment where physical distancing of 2 metres cannot be maintained. If a patient cannot wear a face covering (e.g. due to a health condition or difficulty breathing), the member must use their professional judgment to assess the risk of providing examination or treatment to that patient. In accordance with the [COVID-19 Operational Requirements: Health Sector Restart Document](#), members must provide a face covering to a patient when physical distancing is not possible, and if the patient is not wearing their own face covering. Members must educate patients in the proper donning and doffing of masks when providing a face covering to a patient. Members should ensure that patients do not leave their masks in the waiting area.

Single use gloves may be used but are not required for most chiropractic services, unless the member is using Droplet and Contact precautions to provide care to a patient who has answered yes to an active screening question. 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.

Please see pages 11-12 of the [COVID-19 Operational Requirements: Health Sector Restart Document](#) for further required precautions for the use of PPE in different scenarios. Please see the [Ontario Government's PPE Supplier Directory Website](#) to assist in sourcing PPE.

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 the Ministry of Health and 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:

- [COVID-19 Operational Requirements: Health Sector Restart Document](#)
- [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. For example, after every patient visit, whether the patient is symptomatic or not, patient-contact surfaces (i.e. areas within 2 metres of the patient) should be disinfected as soon as possible, before another patient is seen.

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

- 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](#)
- [Ministry of Health COVID-19: Operational Requirements: Health Sector Restart](#)
- [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, including getting tested for COVID-19. Please see the [Ministry of Health COVID-19 Provincial Testing Guidance Update](#) for further details around testing.

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. There may also be reporting requirements to the Ministry of Labour and others in these circumstances.

Appendix: Resources and Links Related to COVID-19

Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

- http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/RHPA_professionals.pdf

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.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 Operational Requirements – Health Sector Restart – June 15, 2020
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
- MOH COVID-19 Guidance for Health Sector
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx
- MOH COVID-19 Provincial Testing Guidance
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_covid_testing_guidance.pdf

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
- MOH COVID-19 Patient Screening Document
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>