

COVID-19 PLAN

Plan To Return To Clinical Practice With Respect To COVID-19

We are directed under the legislation of the government of British Columbia, as well as the College of Massage Therapists of British Columbia (CMTBC) to mitigate risk by creating a critically thought out plan to return to clinical practice. This plan was created with required guidelines approved by both governing bodies, and Waters Edge Massage Therapy's professional liability insurance holder, Wilson M. Beck. Upon careful consideration additional measures have also been put in place by the owner, Lisa Solanto, RMT.

The overall aim of these protocols is to reduce the potential coronavirus transmission by outlining:

- Required ongoing self-assessment for signs of COVID -19 related illness in both the patient and therapist.
- Reducing all physical, non-treatment related interactions amongst all people within the practice environment.
- Hand hygiene requirements
- Face touching avoidance
- Enhanced cleaning protocols
- Appropriate use of Personal Protective Equipment
- Professional obligations with respect to informed consent & liability insurance
- Efforts to minimize risk to all

Waters Edge Massage Therapy will adapt as needs change and new information is available. All updated policies will be added to this document and clearly outlined.

Pre-Screening Prior to Arrival

A notice of new procedures & policies that have been implemented will be available on the website. Patients will be informed of their responsibilities at the time of booking, and a COVID - 19 specific consent & waiver of liability form will be completed prior to treatment.

The therapist will conduct a self-assessment every day and commits to cancelling all appointments if symptoms that may be related to COVID-19 appear.

Three pre-screenings of the patient will be conducted prior to the treatment.

Symptoms of COVID-19 are similar to other respiratory illnesses and seasonal allergies. An appointment must be cancelled if the patient presents with symptoms that may be signs of COVID-19.

1 day prior to the booked appointment, patients will receive an email informing them of the requirement to complete the following screening questionnaire on the day before the actual session:

I confirm that I am **not** presenting any of the following symptoms of COVID-19 identified by British Columbia Centre of Disease Control:

- Fever greater than 38°C or 98.6°F
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose
- Loss of Smell or Taste
- New or Worsening Cough

Yes _____ **No** _____

I verify that:

- I am **not** currently positive for the novel coronavirus; and
- I am **not** waiting for the results of a laboratory test for the novel coronavirus; and
- I have **not** returned to British Columbia from any country outside of Canada whether by car, air, bus or train in the past 14 days. I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk

of contracting and transmitting the novel coronavirus and that the British Columbia Health Officer requires self-isolation for 14 days from the date a person has returned to Canada; and

• I have **not** been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by the British Columbia Provincial Health Officer, the BC Centre for Disease Control, or any other governmental health agency.

Yes _____ No _____

High-Risk Categories

The BC Centre for Disease Control has currently set out the following high-risk categories for COVID-19: persons over the age of 65 and/or persons with chronic health conditions, immune suppression, kidney disease, diabetes, cardiovascular disease, hypertension, obesity, lung diseases including moderate to severe asthma, being immunocompromised and/or with active malignancy. If you fall into one of these high-risk categories, please complete the following:

I confirm that I am over the age of 65, and I agree to proceed with treatment despite the increased risks with the potential transmission of COVID-19.

Yes _____ No _____

I fall into the following high-risk category. I confirm that I agree to proceed with treatment despite the increased risk of complications associated with the potential transmission of COVID-19.

Yes _____ No _____

If you have answered “YES” to all relevant screening questions, you have “PASSED” the screening.

If you answered “NO” to ANY of the above questions you have “NOT PASSED”. Please contact me for consultation. Otherwise, please cancel this appointment and call 811, or <https://bc./thrive.health> for further direction regarding your care.

- The patient will email back that day - that they have completed the screening questionnaire, and provide the result to Waters Edge Massage Therapy in this email.
- As a part of the consent & waiver of liability, patients must commit to understanding that while the therapist has taken all possible measures to minimize risk of viral transmission, the nature of massage therapy means that physical distancing is not possible in the treatment room.
- In order for massage therapy treatment to commence, the therapist and patient must agree that the therapeutic benefit of massage therapy outweighs any potential consequence of treatment, including the possibility of viral transmission.
- Patients with higher risk profiles and or weakened immune systems should consider alternatives for care and postpone treatment.
- Patients who develop even mild illness or symptoms should cancel booked appointments even without notice.
- Patient will not be charged a cancellation fee if they cancel due to illness during the COVID -

19 pandemic. This allowance is subject to change once a vaccine or an antibody becomes readily available.

Pre-Screening - Upon Arrival

The therapist will advise patients of her current self-assessment results upon their arrival at the clinic.

- Patients will be asked again to respond to the COVID-19 pre-screening questionnaire.
- If you have answered “YES” to all relevant screening questions, you have “PASSED” the screening.
- If you answered “NO” to ANY of the above questions you have “NOT PASSED”. Please contact me for consultation. Otherwise, please cancel this appointment and call 811, or <https://bc.thrive.health> for further direction regarding your care.
- If COVID-19 pre-screening questionnaire is PASSED, patient will be asked to review and to sign a COVID-19 “Consent/Waiver Form”.

Physical Distancing

- The Clinic will have distancing protocols set in place with clearly marked posters placed in each room, so that in every instance there will be no other reason to be less than 2 M (6 Feet) apart - with the only exception being during hands on assessment & treatment.
- Patients must arrive unaccompanied unless patient is a minor who requires parent/guardian, or infirm and needs assistance
- Patients will be asked to wait in their car until 5 min. before their scheduled appointment time.
- Start and end times are created so patients will not cross each other.
- Upon greeting the patient the therapist will administer the pre-screening questionnaire again with the patient. As well, give an opportunity for the patient to ask any questions. The outcome of this screening will determine if the session can go forward.
- The clinic will have decreased decorative items, there will be no clutter on the floors.
- The patient will be expected to use centre of walking areas to avoid touching walls and door frames.

Washroom for Patient Use

- Items in the washroom that will remain and be sanitized after each treatment include a poster on proper hand washing guidelines, a soap dispenser, a no touch waste bin, and a shower curtain barrier to the shower.
- All other items in the room are single use only, and must be discarded in the waste bin provided in the room.

- Hand washing protocol is posted clearly in the washroom
 - Patient must sanitize hands upon entry AND exit with either soap and water for a minimum of 20 seconds followed by thorough drying OR use the hand sanitizer provided near the entrance.
 - If hands are visibly soiled, patient must use soap and water for a minimum of 20 seconds, and if necessary, use a wipe that is provided in bathroom or treatment room.
- Therapist must wash hands with soap and water for a minimum of 20 seconds after any potential incident of contamination before touching something else.
- Payment will take place in a safe manner. E-transfer is accepted. Cheque or Cash in the exact amount will be accepted. There will be a small bin provided to place payment into to avoid cross contamination.
- All receipts will be emailed by the end of the day.

Treatment Room

- It is not possible to maintain physical distancing in the treatment room
- Preparation of the treatment room will be done before the patient arrives so that there can be minimal movement of both therapist and patient in the room.
- The therapist alone is responsible for cleaning and sanitation of the room, washroom and laundered materials.
- Conversation within the treatment room before patients gets onto table will happen on opposite ends of the room.
- Disinfecting wipes will be made available in the treatment room.
- Therapist must wash hands before and after the treatment.
- At any time the patient may ask the therapist to sanitize her hands, any object or surface at the patient's discretion

Face Touching Avoidance

- Patients and therapist will do their best to at all times be aware that avoiding touching their face reduces the risk of infection. Coronavirus can be spread by touch if a person has used their hand/s to cover a cough or sneeze. As well as any surface that may have been touched before thorough sanitization.
- Tissues will be available in the treatment room and the washroom in the event that the patient or therapist should need to address an itch or touch the face for any other reason.
- The therapist will wear a mask and possibly a face shield at all times.
- Single use masks will be available in the event the patient does not bring one with them.
- External TMJ treatments will be done with the use of gloves and must be properly donned before applying and doffed after removal. This includes hand and forearm sanitization. Intra Oral treatments will be suspended at this time.

Enhanced Cleaning

- A disinfected single use plastic bin has been placed in the treatment room. The patient will be asked to keep all of their personal belongings in this bin during the treatment.
- The cleaning and disinfectants for clinic settings poster from the BCCDC website will be laminated and hung in the washroom and treatment room.
- There will regular ventilation of the treatment room with fresh outside air.

Personal Protective Equipment (PPE)

- Therapist will outline requirements of the patient regarding PPE in confirmation email, and COVID - 19 consent & waiver of liability form.
- Before, during and after treatment the therapist will wear a medical mask that must be changed between treatments, and a freshly changed shirt/apron for every patient.
- While sanitizing and laundering, therapist will: wear a mask, have freshly washed hands, pre-cleaned laundry bins and laundry station.
- Gloves will be worn in the case that the therapist or patient has open injuries or cuts.
- The patient must wear a mask before treatment, during the treatment when face up, and, after the treatment. Mask use while prone is not necessary as there will be a newly adapted head ring protector in place. The patient may choose to wear a mask in prone if they would like.
- If patients have their own mask, they are requested to bring it. If they don't have their own mask, a single use non medical mask can be purchased for \$2.00 at the time of entering the threshold.
- Appropriate donning and doffing will take place with the use of gloves, masks, shields, & clothing.
- Therapist will make aware to the patient in COVID - 19 consent form that they may ask to enhance either the patients' PPE or the therapists' PPE at any time. Stock on hand will be; gloves, face masks, or face shield.

Professional Obligations

- The therapist has no duty or obligation to return to practice.
- The therapist must create their own return to practice protocol before providing care.
- The therapist is bound by their obligation and duty to meet the required standards set forth from the government of British Columbia, the CMTBC, and liability insurance requirements.

Liability Insurance

The therapist carries professional liability insurance through Wilson M. Beck as provided through the Registered Massage Therapist Association of BC.

In the event that a patient alleges they contracted COVID -19 from the therapist:

- The therapist will immediately call public health at 8-1-1 to report the alleged transmission, providing both the name of the RMT, and the name and contact details of the patient.
- The patient must agree to the release of this information in order to receive treatment. It will be documented in the COVID -19 consent & waiver of liability form.
- All massage therapy appointments will be cancelled and the therapist will cease to provide services until Public Health has investigated and provided direction.
- The therapist will immediately self isolate until Public Health has investigated and provided direction.

Asymptomatic Spreaders

- This is an unavoidable risk of practice until there is either an effective treatment or an effective vaccine against COVID - 19.
- We have put into place protocols to help mitigate that risk as outlined in the preceding documentation.

Informed Consent

- Any massage therapy treatment involves some risk of COVID - 19 transmission.
- The RMT is following a protocol to reduce or mitigate risk, but that risk cannot be reduced to zero.
- The patient consents to treatment despite some risk.
- The RMT will document the patient's consent in advance of every treatment.