ALBERTA
COLLEGE AND ASSOCIATION OF CHIROPRACTORS

ACAC Direction for providing services under eased pandemic restrictions

Adopted July 6, 2021, and effective July 8, 2021

Please note that as of July 7, 2021, all embedded links are active and accurate. As the situation evolves, links may break or no longer be up to date. If you encounter a broken link, please contact communications@albertachiro.com.

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Overview

The COVID-19 pandemic has been, and remains, an unprecedented challenge to regulated members and society at large. Over the last 16 months, chiropractors have played a critical role in addressing the health and well-being needs of Albertans. We applaud the efforts that chiropractors continue to make to serve patients and adhere to the instructions of Public Health experts.

Over the course of the pandemic, the only certainty has been uncertainty. We recognize the toll that this takes on chiropractors, the anxiety that it provokes, and the challenge that a fluid and rapidly changing situation poses to clinicians, leaders, business owners, and others involved in the delivery of chiropractic services.

The Alberta College and Association of Chiropractors (ACAC) remains committed to providing direction and guidance to help chiropractors address this challenge. When directives are received from the Chief Medical Officer of Health (CMOH) and Alberta Health, the ACAC will continue to share that information with our regulated members. As province-wide restrictions are lifted, chiropractors enter a new phase of the pandemic, one in which employers and front-line clinicians will have increased autonomy and responsibility to monitor their unique risks and emerging trends in the practice environment, and to implement the measures that they deem necessary to control those risks.

The information provided in this document is informed by the directives and orders of the CMOH, existing minimal and best practices, the Code of Ethics, and the Standards of Practice.

Guiding principles and assumptions

- All chiropractors will follow the directions provided by the CMOH and the ACAC.
- Telehealth services should be considered an option to meet the patient's care needs, when indicated by the risks associated with providing in-person services and the services required.
- Regulated members who are business/clinic owners are responsible to understand and develop biohazard risk mitigation plans for their business based on the requirements and guidance of Occupational Health and Safety.

Close Contacts

Public Health Disease Management Guidelines

Regulated members are strongly encouraged to familiarize themselves with the Alberta Health Public Health Disease Management Guidelines.

These guidelines lay out the "case management" requirements and will help regulated members make informed decisions related to their practice setting and determining both risks and precautions.

These guidelines lay out how close contacts are managed by Public Health. For example, immunization status is currently used to inform Public Health as to whether a person is required to quarantine.

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Regulated members who are deemed a close contact and who are not fully immunized (two doses) are likely to be required to self-isolate for 14 days, which may result in a loss of income with continued expenses.

The ACAC remains committed to providing guidance to help its members navigate the COVID-19 pandemic. If additional directives are received from the Chief Medical Officer of Health and Alberta Health, more information will be provided to members. Regulated members are strongly encouraged to check the COVID-19 information on the ACAC website frequently as information is subject to change.

Regulated members are encouraged to remain proactively informed on municipal requirements, as the ACAC only tracks federal and provincial requirements.

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Requirements

*Regulated members **must follow** these requirements in their practice.*

Infection Prevention Control (IPC)

Regulated members must maintain rigor in their IPC practices and are expected to comply with the ACAC Standard of Practice (SP) 4.3 "Infection Prevention and Control". ACAC SP 4.3 sets **minimal standards** that are **required** to be in place regardless of the pandemic status.

The expectations outlined in SP 4.3 are relevant and in response to COVID-19, the chiropractor is **required to**:

- Maintain the cleanliness of all spaces, equipment, and devices according to appropriate legislation, infection prevention and control standards/policies, and manufacturer's recommendations.
- Use routine practices (e.g., hand washing, risk assessment, use of personal protective equipment) to minimize or prevent the spread of acquired infections in the health-care setting.

IPC requirements apply to the following:

- Hand hygiene, including respiratory etiquette,
- Cleaning and disinfection, and
- Active screening of staff and patients.

Hand Hygiene

Hand hygiene is recognized as the single most important IPC practice to break the chain of transmission of infectious diseases. Routine, vigorous hand hygiene is a best practice that must be employed to control the spread of all infectious diseases, always, and in all patient care settings.

Hand hygiene can be completed using alcohol-based hand rub (minimum 60% alcohol content), or through hand washing using soap and water. However, when hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub.

Chiropractors are **required** to practice routine hand hygiene consistent with the World Health Organization's "5 Moments for Hand Hygiene":

- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure or risk
- After touching a patient
- After touching patient surroundings

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As part of the hand hygiene requirement, chiropractors are required to avoid touching their face and to 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. If you touch your face or practice respiratory etiquette, you must complete hand hygiene per the World Health Organization's "5 Moments for Hand Hygiene."

Hand hygiene facilities (soap and water or alcohol-based hand rub) **must** be readily available within the practice for patients to complete hand hygiene at the following times:

- Upon arrival at the practice setting
- Before and after use of weights, exercise equipment, or similar shared equipment
- After contact with touch surfaces

Cleaning and Disinfecting

Practice settings must continue their use of cleaning and disinfection practices in accordance with manufacturer's instructions for cleaning and disinfecting of equipment. These practices control biological hazards in the practice setting. Effective environmental cleaning for infectious diseases, including COVID-19, **requires** both cleaning and disinfection of surfaces within the practice environment.

- Cleaning refers to the removal of visible dirt and debris.
- Disinfection inactivates disease producing agents.

Virucidal disinfectants or diluted bleach solution must be used to complete the disinfection step of cleaning and disinfecting surfaces. Cleaning and disinfecting products must be used according to manufacturer's directions for application and contact time.

- Chiropractors are directed to check the Health Canada database to confirm that the virucide in use is effective against COVID-19.
- If using bleach, follow label directions for proper dilution ratios.

Cleaning products that do not have a DIN or are not bleach (e.g., vinegar, tea tree oil) must not be used in clinical practice as they are not proven effective nor approved for clinical use.

Frequency of Cleaning and Disinfection

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 are **required** to be cleaned and disinfected between each patient/use. Examples include but are not limited to:
    - Treatment beds
    - Diagnostic and therapeutic tools
    - Exercise equipment

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    - Goniometers and reflex hammers
    - Pin pads used to process payment
- High touch and non-patient care items are **required** be cleaned and disinfected twice a day, and more frequently as use and circumstances warrant. Examples include but are not limited to:
    - Doorknobs and light switches
    - Hydrocollator handles
    - Washrooms, sinks/faucets and hand sanitizer dispensers
    - Treatment area counter tops, staff room desktops, clipboards, pens, and shared computers
    - Telephones, keyboards, and mobile devices
- Other surfaces in the practice environment can be a potential reservoir for infectious agents. Cleaning and disinfection of these surfaces **must** occur regularly and at any time when visibly soiled. Examples include but are not limited to:
    - Legs and undersides of treatment beds
    - Curtains separating treatment areas
- Items that cannot be effectively cleaned and disinfected between use **must not be present** in the clinic environment (e.g., magazines or toys in waiting areas). This includes but is not limited to exercise equipment if it cannot be properly disinfected, items with porous fabric upholstery, and treatment beds with torn surfaces or patched with tape.
- Occupational Health and Safety **requires** chiropractors who are business owners to establish clear responsibilities and accountabilities for staff involved in cleaning and disinfection activities and allocate PPE (gloves and masks) for use during cleaning and disinfecting activities, according to product specifications, to protect workers engaged in these activities. These **requirements** should be in the Occupational Health and Safety Plan for the business/clinic, and staff must have had an opportunity to review the plan, ask questions and be trained.

Active Screening

Chiropractors are reminded that individuals (staff and patients) with even mild symptoms of COVID-19 are legally required to self-isolate and must not be in the practice setting, regardless of their vaccination status.

Active screening involves directly questioning patients regarding signs and symptoms, travel history, and close contacts at the time of booking and upon the patient's arrival at the practice site. Passive screening involves posting signage asking patients to defer their appointment if they are experiencing signs and symptoms or have other risk factors for COVID-19.

Chiropractors working in community health settings (e.g., private practice clinics, mobile practice settings), are **required** to continue to engage in active screening of both patients and staff prior to their admittance to the practice environment.

Chiropractors are advised to make themselves aware of the current isolation and quarantine rules for individuals who are fully or partially vaccinated, unvaccinated, and/or who are identified as a close contact to an individual diagnosed with COVID-19. Similarly, chiropractors are advised to monitor the

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rules related to quarantine following international travel for individuals who are fully, partially or unvaccinated.

Due to the multiple considerations that may affect the direction an individual may receive regarding the requirement to quarantine, chiropractors are advised to use the following questions in their active screening:

1. **Have you been directed by Alberta Health Services or the Canadian Border Services Agency to quarantine**?
    a. **Individuals who have been directed to quarantine must not be in the practice setting at any time, as that is a violation of their quarantine requirements.**
2. Do you have these symptoms currently?
    a. A fever
    b. A new or changed chronic cough
    c. A sore throat that is not related to a known or pre-existing condition
    d. A runny nose that is not related to a known or pre-existing condition
    e. Nasal congestion that is not related to a known or pre-existing condition
    f. Shortness of breath that is not related to a known or pre-existing condition
    g. A recent loss of sense of smell or taste
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)?

A 'yes' to any of these questions would require that the patient delay care until they are confirmed negative for COVID-19 or have not been directed to self-isolate or quarantine.

Occupational Health and Safety (OHS)

COVID-19 and other respiratory illnesses represent a biological hazard in workplaces. As such, regulated members who are employers must make efforts to:

1. Eliminate the hazard where possible.
2. Control the hazard when elimination is not possible.
3. Provide for proper use of PPE when the hazard cannot be controlled.

Patient services should be postponed if risks cannot be appropriately managed/controlled. Controlling the hazard may include maintenance of physical distancing, barriers, rigorous infection prevention control practices and/or the use of PPE. Employers must have clear workplace guidelines on work attendance when practitioners and employees screen symptomatic.

Additional information about OHS requirements and legislation can be found at https://www.alberta.ca/occupational-health-safety.aspx.

Regulated members who are employees must also follow their employer policies and guidance related to COVID-19 and OHS.

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Recommendations

Regulated members may use their professional judgment in the application of a recommendation. The expectation is that regulated members develop policy that reflects the adoption of recommendations at a minimally acceptable standard.

Immunization and Immunization Status

Regulated members are encouraged to follow Public Health recommendations to receive the COVID-19 immunization against COVID-19. Regulated members who are a close contact and who are not fully immunized are likely to be quarantined for 14 days, which may result in a loss of income with continued expenses.

Regulated members are expected to comply with ACAC's position statement: "Vaccination and Immunization".

Regulated members may respond to direct questions from a patient regarding your vaccine status, however you are under no obligation to do so.

A truthful response of "yes", "no", "not yet", or a "I decline to provide personal health information", is appropriate.

Regardless of the response to a patient, a regulated member must not provide their opinion, discussion, or commentary on vaccines. Regulated members should respond to questions from patients on COVID-19 immunization by directing all patient questions, consultation, and education regarding immunization and vaccination to the appropriate public health authorities and/or health professional whose scope of practice includes vaccination.

Regulated members should not promote their vaccination status in any marketing, including but not limited to websites, social media, or in-office signage/materials which states if the regulated member and/or their employees have or have not received a COVID-19 vaccination. If a regulated member has any marketing which includes this information, the regulated member is required to remove it as soon as possible.

Personal Protective Equipment (PPE)

Chiropractors are advised not to consider a patient's vaccine status when making PPE determinations as this may create a false sense of security for the practitioner or the patient.

Each chiropractor will need to consider their individual risk tolerance when determining the personal protective equipment to employ when engaging in direct patient care activities.

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Chiropractor/Clinical Staff Use of Masks

A continuous masking requirement is required in AHS and Covenant Health community facilities (e.g. COVID-19 testing centres, vaccination clinics, and labs).

At this time, the ACAC **strongly recommends** chiropractors in all practice settings continue to always wear medical grade surgical or procedure masks and in all areas of the workplace **if they are either providing direct patient care** or **cannot maintain a two-metre distance from patients and co-workers**. This recommendation is consistent with the guidance on use of masks contained in the Alberta Public Health Disease Management Guidelines: Coronavirus – COVID-19.

The further rationale for ongoing mask use is as follows:

- Data suggests that although the B1.1.7 variant is currently the dominant strain of COVID-19 in Alberta, the B1.617 variant (also known as the delta variant) is increasing in prevalence.
- The delta variant is more transmissible than the original virus or prior variants.
- Some data suggests that a single dose of vaccine is not sufficient to prevent illness from the delta variant.
- There is a lack of data regarding whether an asymptomatic, fully vaccinated person, can transmit COVID-19 to others whom they come in close contact with.
- Many patients accessing community health settings will not have had the opportunity to receive both vaccine doses at the time of Stage 3 Open for Summer.

Vaccination status should not be used as criteria on whether to use masks or other PPE. Preliminary research indicates even those fully vaccinated can still acquire, carry, and transmit COVID-19.

Chiropractors are reminded that employers can establish higher expectations and requirements than those of the ACAC. As such, an employer may establish a requirement for continuous masking in a community health setting to fulfill their responsibilities under OHS legislation and requirements and to mitigate the risks of a known biohazards such as COVID-19 within the work environment.

Patient Use of Masks

At this time, patient use of masks in community health settings has not been mandated by the CMOH. As such, chiropractors may question whether they can require masking as a condition of service.

The ACAC is recommending that Chiropractors adopt the guidance of the College of Physician and Surgeons of Alberta (CPSA) to guide in decision making when caring for patients who are not masked: In the absence of a provincial or municipal mask mandate, chiropractors and clinic staff can recommend mask use to patients while in the clinic. The decision to treat unmasked patients is the purview of the practitioner providing care. **Chiropractors** can take proven steps to reduce risk, such as:

- Ensuring that the patient is actively screened prior to entering the clinic environment
- Performing pre-screening and point-of-care risk assessments

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- Making appointments (as opposed to walk-in care) whenever possible
- Using transparent barriers such as face shield to cover the face
- Maintaining physical distancing in waiting rooms and throughout the care space
- Limiting the time spent interacting with an unmasked patient
- Enhancing hand hygiene
- Having clinic staff wear masks and other PPE
- Designating clinic space and specific times for unmasked patient consultation and treatment

Eye Protection

Currently the ACAC **strongly recommends** chiropractors and staff in all practice settings continue to utilize eye protection **if they are providing direct patient care within two metres.** This recommendation is consistent with the guidance on use of eye protection when two metres of physical distance cannot be maintained as cited in the Alberta Public Health Disease Management Guidelines: Coronavirus – COVID-19.

Eye protection is intended to protect the regulated member from potential COVID-19 exposures arising from interactions with patients who had symptoms that were not recognized to be COVID-19 at the time of their appointment (e.g., due to patient confusion).

Examples of appropriate eye protection include safety glasses, reusable goggles, face shields or face masks with built-in eye shields. Vision correcting eyeglasses are not classified as eye protection and do not address PPE recommendations.

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Practitioner Discretion

These items represent decision points at the discretion of regulated members. When considering these decision points, OHS requirements must be considered over practitioner preference.

- Additional measures, such as maintaining physical distance in waiting areas and in gym or treatment spaces, use of physical barriers such as plexiglass between patients and reception staff, and tracking of individuals onsite for contact tracing purposes, remain recommended practices.
    - Decision points include:
        - Plexiglass barriers between staff and patients.
        - Physical distancing management in your clinic space
        - Clinic schedule management
        - Tracking of individuals for contact tracing.
- The use of high temperature laundry (over 60 degrees Celsius) is at the determination of each chiropractor or business/clinic owner. The use of gloves to handle soiled and clean laundry should become part of the OHS plan that each employer develops.
    - Decision points include:
        - Gloves for handling laundry (review your OHS obligations)
- Practitioners may choose whether they wear the clothes they treat into public areas, or the clothes they have worn in public areas into treatment areas.

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Summary of Current Actions and Practitioner Decisions

Requirements

- Hand Hygiene
- Cleaning and Disinfecting
- Active screening of staff and patients
- OHS response plan (OHS requirement)

Recommendations

- Immunization for COVID-19 per Public Health recommendation.
- Continued use of Practitioner and Staff PPE including
    - Face masks **if providing direct patient care** or **cannot maintain two-metre distance from patients and co-workers.**
    - Eye protection **if providing direct patient care where two-metre distance is not maintained.**
- Patient mask use

Practitioner Discretion

Please note that strong consideration should be made by clinic owners to OHS requirements when developing your policies that guide these decisions.

- Plexiglass barriers between staff and patients.
- Physical distancing management in your clinic space
- Clinic schedule management
- Tracking of individuals for contact tracing.
- Clothes worn in public can be worn in the clinic, and clothes worn for treatment can be worn in public.
- Gloves for handling laundry (review your OHS obligations)

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