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Introduction

Effective 05/03/2020, Revised 05/05/2020

The Government of Alberta introduced plans to “Re-Open Alberta” on April 30, 2020. This directive defines the requirements chiropractors must follow to ensure safe practice with pandemic public health measures as a result of COVID-19. This directive is an addendum to Standard of Practice 4.3: Infection Prevention and Control.

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 ACAC.

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 Alberta 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 ACAC.

The ACAC continues to consult with external stakeholders, including the Ministry of Health and the Chief Medical Officer of Health (CMOH) and will adapt this directive based on expert recommendations. The ACAC 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.

Mobile Chiropractic

Mobile chiropractic during COVID-19 is permitted with compliance with the requirements of the Pandemic Practice Directive. Patient preference to receive mobile chiropractic does not mean mobile chiropractic is appropriate from a risk/benefit perspective. Considering COVID-19, the risks must be verbally disclosed to patients and how these risks are mitigated. If the risk cannot be mitigated for both patient and chiropractor, then treatment must not occur regardless of setting.

Acupuncture

Chiropractors authorized to perform the restricted activity of acupuncture by the ACAC may practice this modality at this time. Chiropractors are permitted to use acupuncture are required to continue to employ the highest standards of aseptic practice.



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

Standard of Practice 4.3 – Infection Prevention and Control, and this directive must be completely reviewed and applied before you open your practice to the public. Chiropractors and clinic owners are responsible to ensure 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.

Clinic staff should collect simple screening information at the time of booking the appointment and again 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 internationally 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 receive chiropractic treatment at this time and should be directed to call Health Link 811.

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 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 they should self-isolate, complete the online self-assessment tool and call Health Link 811.
- Clean and disinfect the practice area immediately.
- As an employer, the chiropractor must ensure a record is kept of all close contacts of the symptomatic client 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/client later tests positive symptomatic for COVID-19

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

Chiropractors are required to call Health Link (811) to receive guidance if they are aware of a patient who has visited their clinic within the last 14 days and is now testing (or has tested) positive for 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 and 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 per cent ethanol or 60-75 per cent 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 that is handling 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
 - prior to processing payment

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) or Natural Product Number (NPN) issued by Health Canada are approved for use. 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 Alberta Health Service 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 and 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 (for example, upholstered cloth treatment tables where the cloth cannot be properly disinfected must be discontinued)
 - 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 that is 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.
- 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.

Physical distancing

Requirements for managing clinical space:

- The CMOH orders on gathering size prohibits more than 15 people (for examples patients and guardians). However, this does not prohibit healthcare settings from having more than 15 staff in a workplace.
- 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.
- 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:

- Ensuring 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.

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

On April 23, 2020, Alberta Health Services announced “*Effective immediately, AHS is advising all health-care workers providing direct patient care in both AHS and community settings to 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*”.

PPE requirements

- Surgical or procedure masks are the minimum acceptable standard.
- Chiropractors and clinical staff: must be masked at all times while providing patient care.
- 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. AHS 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. Mould the flexible band to the bridge of nose (if applicable).
6. Ensure snug fit to face and below chin with no gaping or venting.

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. AHS 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 surgical masks for patients. However, chiropractors may choose to provide masks for patients. If a chiropractor chooses to provide 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 they should self-isolate, complete the online self-assessment tool and call Health Link 811.
- Clean and disinfect the practice area immediately.
- The chiropractor as an employer must ensure a record is kept of all close contacts of symptomatic client/patients. This information will be necessary for contact tracing if the patient/client later becomes symptomatic for COVID-19

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

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, staff and chiropractors must not come to the clinic.

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 internationally 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).

Per the CMOH, chiropractors and staff who screen positive for the questions above are not eligible to work. Current requirements from Alberta Health state that self-isolation must continue, and workers must not return to work, until 10 days have passed from symptom onset or until symptoms resolve, whichever is longer.

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 and follow self-isolation procedures.

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 Alberta's requirements. A link to a reference guide is included in the resource page at the back.

Chiropractors are required to call Health Link 811 to receive guidance if they are aware of a patient who has visited their clinic in the last 14 days and is now testing (or has tested) positive for COVID-19.



Resources

General

- [ACAC – Returning to practice resources for chiropractors and clinics](#)
- [Alberta Public Health Disease Management Guidelines](#)
- [ACAC– COVID-19 Information for clinics](#)
- [Standard of Practice 4.3 – Infection Prevention and Control](#)
- [Temporary Telehealth Permission](#)
- [Canadian Chiropractic Association Resource Centre](#)

Screening

- [Screening checklist](#)

Hand hygiene

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Alberta Health - [How to Use Alcohol-based Hand Rub](#)
- Alberta Health - [How to Hand Wash](#)

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](#)
- [An investigation of bacterial contamination on treatment table surfaces of chiropractors in private practice and attitudes and practices concerning table disinfection](#)

Personal Protective Equipment

- [AHS Provided: Personal Protective Equipment \(PPE\): FAQs](#)
- [AHS Provided: For Healthcare Workers: How to Wear a Mask](#)
- AHS PPE Resources
 - [Donning Poster](#)
 - [Doffing Poster](#)
 - [Donning and Doffing of PPE \(Video\)](#)
 - [For Healthcare worker: How to wear a Mask Poster](#)

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](#)
- [COVID-19 Alberta website for guidance for workplaces](#)