ORDRE DES CHIROPRATICIENS DU QUÉBEC

COVID-19

Summary guidelines and recommendations for a complete return to practise of chiropractors in the context of a pandemic

ORDRE DES CHIROPRATICIENS DU QUÉBEC

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IMPORTANT NOTICE

This document was finalized shortly after the decision by the government of Quebec on May 19, 2020 (Order in Council no. 530-2020), to hand down measures aimed at protecting public health in light of the COVID-19 pandemic.

Through this order in council, the government of Quebec lifted the suspension of certain workplace activities under Order in Council no. 223-2020 of March 24, 2020, including chiropractic care, which, until then, were limited to emergency services. **These directives and recommendations are aimed at supporting chiropractic practice in the context of a full return to practice.**

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DEFINITIONS

In this guide, unless the context implies a different meaning, the following definitions will apply:

Confirmed case: a case confirmed through laboratory testing or epidemiological link.

Confirmed case through epidemiological link: a person who developed symptoms following high-risk contact with a case confirmed through laboratory testing.

Recovered confirmed COVID-19 case: a case confirmed through laboratory testing or epidemiological link who was in isolation for at least 10 days (or at least 28 days for a confirmed case, if the person is immunosuppressed), who has had an absence of fever for at least 48 hours and no longer has any acute COVID-19 symptoms (excluding a residual cough and loss of sense of smell or taste) for at least 24 hours.

Suspected case: a person who has had high- or moderate-risk contact and does not meet the criteria for a case confirmed through epidemiological link. The person must have:

- one of the following symptoms: fever, recent or chronic cough that has gotten worse, difficulty breathing, or loss of sense of smell without nasal congestion, with or without loss of sense of taste;
- or at least two of the following symptoms: general symptoms (muscle pain, headache, severe fatigue or major loss of appetite).

Protective shield: a physical barrier that prevents the spread of respiratory droplets from person to person. It is most often made of clear glass, polycarbonate or acrylic (plexiglass) to allow people to interact.

Respiratory etiquette: a series of measures aimed at minimizing the dispersion of respiratory secretions to limit the spread of pathogens in public places. These measures are as follows:

1) Cover your mouth and nose with a mask, cough or sneeze into a tissue or the bend of an elbow, turn your head away from others and maintain physical distancing of at least two metres.

2) Use disposable tissues to contain respiratory secretions and dispose of them as soon as possible in a waste container with a contactless opening.

3) Wash your hands often for 20 seconds with soap and water or an alcohol-based hand sanitizer, and dry your hands with a single-use towel.

4) Avoid touching your mouth or eyes.

High-risk exposure: refers to a person who is subject to one of the following types of exposure:

- A person living with a confirmed case
- The intimate partner of a confirmed case

- A person delivering personal care in a non-medical setting (e.g., at home) to a confirmed case
- A person who has had direct contact with infectious biological fluids

Moderate-risk exposure: refers to a person who is subject to one of the following types of exposure:

- A person who is not subject to high-risk exposure, but who was less than two metres from a confirmed case who did not follow the mandatory measures (isolation, wearing a mask) for at least 15 minutes (cumulative or continuous)

Low-risk exposure: refers to a person who is not subject to high- or moderate-risk exposure

Hand hygiene: all actions taken to eliminate microorganisms on hands, whether by washing with soap and water or using an alcohol-based hand sanitizer.

Medical mask: a surgical mask (ties behind the head) or a procedural mask (loops behind the ears) that was laboratory tested and meets American Society for Testing and Materials (ASTM) standards. There are three types (levels 1, 2 and 3), all of which are appropriate for chiropractic clinic activities. Masks that comply with standard EN14683 or that have gone through the same testing with equally satisfying results are also appropriate.

Non-medical mask: a non-certified mask, either commercial or homemade, also referred to as a face covering. It must be made of at least two layers of fabric, cover the nose and chin completely and tie at the back of head or be secured behind the ears. This type of mask can help limit the dispersion of respiratory droplets in the environment, but is generally not laboratory tested.

Patient admitted without direct contact with staff: a patient who, during his or her appointment, will not have any direct contact with staff (e.g., a patient coming in to pay an outstanding balance, pick up an insurance form or buy a product).

Person under investigation: a symptomatic person who was advised to undergo a diagnostic test and/or is awaiting a test result.

Staff: anyone who, unless otherwise specified in the text, works at the clinic, whether as a healthcare professional or as a member of the administrative or other support staff.

Protective eyewear: a physical barrier (e.g., protective glasses or face shield) used to prevent a person’s droplets from contaminating the person wearing the protection.

Work shift: variable number of consecutive hours worked at a chiropractic clinic by a staff member, without outside contact (e.g., restaurant, store or other location). For example, a chiropractor who works from 12:00 to 6:00 p.m. works one shift, while a chiropractor who works from 9:00 a.m. to 12:00 p.m. and 3:00 to 6:00 p.m., with a break to go out for lunch, works two shifts.

Protective overgarment: additional item of clothing worn over regular clothes (e.g., smock or gown).

1. CONTEXT AND OBJECTIVES

The current COVID-19 pandemic presents a variety of challenges and has led to a number of changes in practice for all healthcare professionals, including chiropractors. Chiropractors must be able to provide appropriate and safe care, while limiting the risk of spreading the virus as much as possible, and protecting their patients and clinic staff.

The health measures set out in this document are considered necessary in order to mitigate the risk of COVID-19 contagion in chiropractic clinics. Clinic managers must adapt the environment and clinical activities to the health situation that has been ongoing since March 2020.

This document provides a variety of information that has already been conveyed to the Ordre des chiropraticiens du Québec (OCQ), as well as new recommendations and directives related to changes in procedures affecting chiropractors' professional activities. It is based on best practices and the evidence available up to the time of writing, as well as on recommendations from provincial, national and international organizations with expertise in this area. This document will be updated as the situation evolves.

This procedure guide adopted by the OCQ aligns with its obligations with regard to professional liability and the safeguard of patients and the public at large. As first contact healthcare professionals, chiropractors have a duty to see patients in a safe environment. In the particular context of the COVID-19 pandemic, chiropractors are cooperating with various government authorities by complying with and promoting high-quality standards of practice.

2. GENERAL ADMINISTRATIVE MEASURES

2.1 Reduction and adaptation of clinical activities

- Open the clinic only if it is possible to comply with measures to control and prevent infection.

- Adapt clinical activities so that physical distancing of at least two metres between people is respected at all times, except when providing a service that requires physical proximity.

    - For example, note-taking, clinical interviews and all types of assessment that can be effectively carried out at a distance of two metres must be performed in accordance with this measure.

- Establish a clinic's maximum capacity according to its size, available staff, configuration of facilities (e.g., three patients at a time based on your configuration and on-site staff).

- Whenever possible, encourage appointment scheduling for all services provided or transactions completed at the clinic (e.g., exams, treatment, payment).

- Consider establishing specific time slots for at-risk (e.g., immunosuppressed) or elderly patients.

- Put in place a telephone or online screening system (see Section 3.1 Contact with patients and telephone or online screening prior to clinic appointments and Appendix 1: COVID-19 screening questionnaire). Screening should have two objectives:
    - Prevent a patient with confirmed or suspected COVID-19 from entering the clinic before having met the conditions for being considered recovered and/or having completed the recommended isolation periods (see Appendix 2: Official references for managing isolation measures).
    - Give priority to scheduled appointments to ensure care for people with the greatest needs, given the time required to apply the measures set out in this guide.

Telephone screening allows chiropractors to give priority to in-person appointments. Priority should always be given to the most urgent cases and symptomatic patients whose professional and day-to-day activities are limited as a result of their condition. Patients with less acute chronic, recurring or neuromusculoskeletal conditions will follow in order of priority. In the current context of gradual lockdown lifting, it is important to limit appointments for preventive care and asymptomatic patients so that patients with more critical needs can benefit from the care that they desperately require.

- Encourage work through teleconsultation whenever possible.
    - See the OCQ's adapted rules for teleconsultation for more information on the topic.

- Avoid unnecessary in-person visits (e.g., e-transfer payments or payment by phone, electronic receipts).

- Reduce or space out appointments to minimize the number of people at the clinic at a given time.

- It is recommended that the sale of products be carried out by appointment to limit the amount of time spent at the clinic, and that payment by card, e-transfer or phone be encouraged. A delivery system can be made available to patients whenever possible.

- Update the clinic's website (or other social media) to facilitate patients' access to information on any changes made. A sign can be posted at the entrance to the clinic to remind patients of these changes.

2.2 Management of staff

- Train staff in infection prevention and control:
    - Hand hygiene (see Appendix 3: Hand hygiene poster)
    - Respiratory etiquette (See Appendix 4: Respiratory hygiene poster)
    - Putting on and taking off personal protective equipment (see Appendix 5: How to put on a mask and Appendix 6: Putting on and taking off personal protective equipment)
    - Disinfection protocols

- Promote the creation of work teams whenever possible:
    - The same staff members always work on a given team, alternating with the other teams.
    - This approach limits the number of people who have to withdraw from the work environment if someone becomes infected.

- If possible, prevent employees from moving from one work area to the next:
    - e.g., the person at the reception area stays at the reception area

- Assign people to be in charge of different measures whenever possible (e.g., disinfection of surfaces in common areas).

- Monitor the health status of staff members:
    - Remind staff to avoid reporting to work if they have a fever, cough or respiratory symptoms.
    - Have staff fill out the screening questionnaire on a daily basis (see Appendix 1: COVID-19 screening questionnaire).

- If a staff member has or is suspected of having COVID-19, refer him or her to public health authorities. If the first signs and symptoms appear at work, isolate the person in a room designated for that purpose. The person can leave once it is

safe to do so. An isolation protocol must be applied (see Appendix 2: Official resources for managing isolation measures).

2.3 Arrival and departure of staff

- Follow hand hygiene measures when arriving at and leaving the clinic.
- Staff must change clothes when arriving at and leaving the clinic.
- Work clothes must be changed after each work shift.
- Clothes should be washed in hot water, if possible. Place soiled clothes in a cloth or plastic bag if they are not being washed immediately and place the bag near the washing machine. Avoid shaking the clothing or laundry basket when placing the clothing items in the washing machine. Avoid having skin or clothing come into contact with the contaminated clothing. The clothing can, however, be washed with the clothing of other members of the household, using regular laundry detergent.
- Disinfect the work station in the reception area (e.g., telephone, counter, payment terminal, alarm system panel).
- It is recommended that a log be kept for monitoring workers in the event of an epidemiological investigation following a positive COVID-19 diagnosis to facilitate public health measures.

2.4 Staff dress code

- Avoid wearing accessories such as ties, watches, jewelry and belts. They are potential vectors for contamination and difficult to disinfect.
- Long hair should be tied back.
- Consider wearing clothing that is easily washable or designed for healthcare workers (scrubs), or a smock that can be washed on a daily basis.

3. SPECIFIC MESURES FOR EACH OF THE CLINIC'S AREAS OF ACTIVITY

3.1 Contact with patients and telephone or online screening prior to clinic appointments

- Do telephone or online screening with questions for patients to determine whether a face-to-face meeting can take place. The healthcare professional will ultimately decide whether or not to have a patient come to the clinic.

- All patients who are planning an in-person appointment must complete the COVID-19 questionnaire (see Appendix 1: COVID-19 screening questionnaire) during the telephone or online interview, with information written to the file:
    - Recommend that patients suspected of having COVID-19 (positive questionnaire) contact public health authorities, if they have not already done so.
    - Refuse access to the clinic to all patients suspected of having COVID-19 or who have not completed their quarantine, in accordance with public health measures, and suggest a teleconsultation or refer them to an appropriate healthcare professional, depending on their situation.
- Avoid overloading the schedule in order to comply with the measures for each of the clinic's areas of activity.

3.2 Reception and screening area

Who does/wears what	
Person	**Measure**
Staff members	Mandatory: medical mask and hand hygiene Also mandatory: distancing of two metres, protective shield or protective eyewear
All patients	Mandatory: hand hygiene when entering the screening area, mask (medical or non-medical[1])

During regular business hours, it is recommended that a person assigned to screening and controlling access to the clinic be posted at the entrance at all times. This person can also work in the reception area, but must make reporting to the screening area a priority.

- Have patients complete the COVID-19 questionnaire verbally (see Appendix 1: COVID-19 screening questionnaire) or repeat the questionnaire previously administered by phone, with information written to the file:
    - Recommend that patients suspected of having COVID-19 (positive questionnaire) contact public health authorities, if they have not already done so.
    - Refuse access to the clinic to all patients suspected of having COVID-19, and suggest a teleconsultation or refer them to an appropriate healthcare professional, depending on their situation.
- Keep a distance of two metres from patients. It is strongly recommended that a protective shield be installed between staff and patients if distancing of two

[1]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

metres is impossible. In the absence of a physical barrier, the use of protective eyewear and a medical mask is mandatory.

- Have the person assigned to screening ensure compliance with the rules limiting the number of people in the clinic.

- Remind patients about respiratory hygiene and ensure that patients entering the clinic follow hand hygiene measures. In addition, ask patients to wear a mask if they are not already wearing one. Provide patients with a mask if they do not have one of their own. If a patient who is not exempt from wearing a mask refuses to wear one, ask the patient to leave the premises; otherwise, you risk fines of between $400 and $6,000.[2]

- Direct patients to the appropriate area (e.g., treatment room, rehabilitation area, X-ray laboratory or waiting room), and ask them to bring all their personal belongings with them, with the exception of boots or shoes, which can be left at the entrance.

- Put up the following posters:
    - Hand hygiene (see Appendix 3: Hand hygiene)
    - Respiratory etiquette (see Appendix 4: Respiratory hygiene)
    - How to put on a mask (see Appendix 5: How to put on a mask)
    - Coronavirus (COVID-19) information (see Appendix 7: Coronavirus (COVID-19) information poster)

- Consider floor markings to ensure that distancing measures of two metres between people are followed.

- For chiropractors working in clinics without staff, be sure to clearly convey the procedures to follow to patients BEFORE they arrive at the clinic. Moreover, inform patients to come to the clinic by appointment only, at the scheduled time, whether to receive a treatment, pay a fee, pick up an item, or for any other reason. Indications at the clinic (e.g., markings, posters) must be clear so that patients who show up at the clinic while you are busy know exactly what they can and cannot do. They must:
    - Follow hand hygiene measures when they arrive
    - Wear a mask[3]

[2]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

[3]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

- Avoid handling objects
- Wait for you in a designated area
- Avoid moving around the clinic

- **Optional:** Check the patient's temperature with a contactless infrared thermometer and record the information in the patient's file. Read the thermometer's instruction manual for the correct procedure to follow. In case of doubt on the reliability of the reading, take a second reading (possibly on a part of the body other than the forehead). Do not take the patient's temperature through a protective shield.

- It is recommended that a log be kept for patients and companions, if applicable, in the event of an epidemiological investigation following a positive COVID-19 diagnosis to facilitate public health measures. If your agenda allows you to obtain this information, it is not necessary to keep a log.

3.3 Reception and administrative area

Who does/wears what	
Person	**Measure**
Staff members	Mandatory: distancing of two metres between staff members, protective shield between staff and patients Protective eyewear and medical mask, if physical barrier or distancing is impossible Optional when distancing is possible or a protective shield is used: mask (medical or non-medical)
Patients	Mandatory: hand hygiene, mask (medical or non-medical[4])

- Employees assigned to the reception area must follow distancing measures of two metres. Workstations should be adjusted accordingly, as needed. If distancing of two metres is impossible between employees, it is strongly suggested that protective shields be installed between workstations. Otherwise, staff must wear protective eyewear and a medical mask.

- It is strongly suggested that protective shields be installed between staff and patients because distancing of two metres is often impossible. Otherwise, staff must wear protective eyewear and a medical mask. The advantage of installing a shield is that it also protects the staff's work surface.

[4]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

- Declutter all countertops, keeping only what is absolutely necessary.
- The reception counter and the potential areas of contact for patients must be frequently disinfected, even between patients, if possible.
- With regard to payment, promote the use of contactless methods as much as possible.
- Disinfect employees' workstations (e.g., chair, desk, telephone, computer, mouse, keyboard, pens) at least at the beginning and end of each work shift.
- Consider floor markings to ensure that distancing measures of two metres between people are followed.

3.4 Waiting room

Who does/wears what	
Person	**Measure**
Patients	Mandatory: hand hygiene, mask (medical or non medical[5])
Staff members	Mandatory: hand hygiene, protective eyewear and medical mask if physical barrier or physical distancing is impossible

- Encourage patients to wait in treatment rooms whenever possible.
- Make one or more handwashing stations available.
- Provide disposable tissues and nearby waste containers with either a contactless opening or lid.
- Follow distancing measures of at least two metres between people (remove, turn over or cordon off chairs as needed).
- Declutter all tables (e.g., remove magazines), keeping only what is absolutely necessary.
- Disinfect all patient chairs after use.
- Consider replacing upholstered furniture with furniture that can be more easily disinfected, such as vinyl or plastic.

[5]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

- Entertainment area (if applicable):
  - Remove books and removable games.
  - Block access to wall-mounted games if possible.
  - Ensure more frequent disinfection of this area, including floors.

3.5 Exam and treatment room

3.5.1 General measures

Who does/wears what	
Person	**Measure**
Patients	Mandatory: hand hygiene, mask (medical or non-medical[6])
Non-chiropractic staff **Chiropractors**	Mandatory: medical mask, hand hygiene, protective eyewear if distancing is impossible Mandatory: medical mask, hand hygiene, protective eyewear, gloves (if mouth treatment or treatment around the anus is involved) Optional: protective overgarment, whether or not treatment interaction involves physical contact between the healthcare professional's clothes and the patient

- Both the patient and the chiropractor must practise hand hygiene before entering the treatment room.
- The chiropractor must wear a medical mask. The patient must also wear a mask, whether medical or non-medical.[7]
- Diagnostic and treatment instruments (e.g., tuning fork, stethoscope, reflex hammer, percussion devices, soft tissue instruments, complementary therapy tools) must be disinfected following contact with patients.
- The treatment table (including arm rests), chair, door handle and any other object touched during treatment must be disinfected.

[6]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

[7]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

3.5.2 Special cases

It is contraindicated for some people to wear a mask, whether medical or non-medical. Some patients will therefore be exempt from wearing a mask in the clinic, namely:

- Children under age 2 and those who are unable to keep a mask in place without touching it
- Children aged 2 to 11 (not mandatory, but recommended)
- Patients with a significant decrease in lung capacity (e.g., with chronic obstructive pulmonary disease)
- Patients with another condition that makes wearing a mask uncomfortable
- Patients for whom wearing a mask prevents a chiropractor from performing certain essential acts
- Patients unable to remove the mask without another person's help

Prior to receiving mouth treatment, after removing his or her mask, the patient must use a 1.5% hydrogen peroxide-based mouthwash.

- Have patients rinse for 60 seconds (ideally) or twice for 30 seconds.
- For children aged 0 to 2, the use of a mouthwash is not required, and they can rinse their mouth by drinking a liquid.
- For children aged 3 to 5 and patients at risk of swallowing the mouthwash, ideally use a 4 x 4 mouthwash-soaked gauze pad to wipe the inside of the patient's mouth, or ask the patient to rinse with water.
- After rinsing, ask the patient to let the mouthwash drip back into the cup. Avoid having the patient spit.
- The following mouthwashes are effective:
  - Peroxyl
  - Denta peroxide
  - A solution of one part water and one part 3% hydrogen peroxide. This type of mouthwash is unstable and effective for only half a day.
- Once the mouth treatment is complete, the patient puts his or her mask back on correctly, and practises hand hygiene before continuing the appointment.

3.6 Rehabilitation room

Who does/wears what	
Person	**Measure**
Patients	Mandatory: hand hygiene, mask (medical or non-medical[8])
Non chiropractic staff members **Chiropractors**	Mandatory: medical mask, hand hygiene, protective eyewear if distancing is impossible Mandatory: medical mask, hand hygiene, protective eyewear Optional: protective overgarment, whether or not treatment interaction involves physical contact between the healthcare professional's clothes and the patient

- Practise hand hygiene before handling rehabilitation tools (e.g., exercise ball, free weights, elastic training bands).
- Disinfect rehabilitation tools after use. If disinfection is not possible, cover the tool with a material that can be disinfected.
- Ensure that patient users maintain a distance of two metres from each other (possible heavy breathing on exertion, and sweating).
- Floor markings indicating spacing of two metres are strongly recommended.
- Wash the floors and/or floor mats after the room is used.
- After each use, disinfect rehabilitation tables, chairs, benches, exercise machines and door handles.

3.7 X-ray laboratory

Who does/wears what	
Person	**Measure**
Patients	Mandatory: hand hygiene, mask (medical or non-medical[9])
Non-chiropractic staff members **Chiropractors**	Mandatory: medical mask, hand hygiene, protective eyewear if distancing is impossible

[8]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

[9]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

	Mandatory: medical mask, hand hygiene, protective eyewear Optional: protective overgarment, whether or not treatment interaction involves physical contact between the healthcare professional's clothes and the patient

- Disinfect the X-ray room after each use.
- Disinfect the control panels of the X-ray machine and the material used for X-rays (e.g., markers, lead apron, bucky and cassette).
- Disinfect the furniture if necessary (e.g., chair, stool) and door handles after each use.

3.8 Employee room, kitchen

- Organize the staff space to ensure distancing of two metres.
- Ensure that staff comply with the distancing measures of two metres, if possible.
- If space is limited and distancing of two metres is not possible, and since wearing a mask is not possible while eating, consider limiting access to one person at a time, asking staff to eat at their workstations or another similar measure to minimize close contact.
- Regularly disinfect and clean surfaces and areas where there is frequent contact.
- Wash dishes immediately after use.
- Consider spacing out meal schedules.

3.9 Bathrooms

- Regularly disinfect and clean surfaces and areas where there is frequent contact.
- Practise hand hygiene before and after using the bathroom.
- Put up the hand hygiene poster.
- Clean the bathroom after each work shift and disinfect it daily.

3.10 Management of visitors/companions

- Prohibit companions, unless absolutely necessary (e.g., parent accompanying a child, person accompanying someone with special needs).

- All companions who are admitted are subject to the same measures as the patients.

3.11 Homecare

- Home visits are permitted.

- In such cases, you will have to adapt the hygiene measures set out in this guide to the environment in which you are providing the care. These measures are all the more important since you cannot control the patient's home environment in the same way as your clinical environment. In particular, you will have to:

    - Bring your own bottle of alcohol-based hand sanitizer

    - Practise hand hygiene when you arrive at the patient's home, after administering treatment and before you leave, and ensure that the patient does likewise

    - Strongly recommend that the patient wear a mask. Provide the patient with a mask if he or she does not have one[10]

    - Ensure distancing of two metres between you and the people other than the patient receiving treatment

    - Disinfect all the material that you use before AND after the home visit

    - Improve air circulation in the room where treatment will be administered by opening the window or outside door, if possible

    - Wear a protective overgarment, a medical mask and protective eyewear during the home visit

    - Remove the protective overgarment, medical mask and protective eyewear after leaving the patient's home, and place the material in a plastic bag BEFORE heading back so that it can eventually be washed and disinfected

[10]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

4. ENVIRONMENTAL RECOMMENDATIONS

4.1 General environmental recommendations

- Ensure that the clinic's ventilation system is in good working order, if applicable.
- Whenever possible, the use of natural ventilation (opening windows or doors) can help reduce the risk of contamination.
- Alcohol-based hand sanitizer pumps must be checked, filled and disinfected regularly if they require manual contact.
- Install trash cans with contactless openings.
- Clearly identify the areas of the clinic that are off limits to patients and block off these areas if necessary.

4.2 Disinfectants

- Several regularly used cleansers and disinfectants are effective against the virus that causes COVID-19. To ensure that the product used works against the virus, visit the Health Canada website, which is regularly updated. Enter the Drug Identification Number (DIN) of a given product to find out if it is on Health Canada's list.
- Examples of effective products:
    - Bleach (0.1% to 0.5% sodium hypochlorite solution). Prepare a 0.5% bleach solution by combining one part bleach and nine parts water, on a daily basis. Store in an opaque and hermetically sealed plastic container. Wear gloves when preparing the solution. Corrosive product.
    - Ethanol (62-71%)
    - Hydrogen peroxide (0.5%)
    - Thymox (Safeblend brand; non-corrosive)
- It is critical to follow the manufacturers' instructions, in particular with regard to the duration of action, and to avoid mixing two different products, which can release irritating and/or toxic vapours.
- When using a spray bottle, it is important to choose a more direct stream to limit the creation of droplets in the air.

- Dispose of or wash whatever you use to spread the disinfectant after each use.

4.3 Disinfecting treatment tables

- Treatment tables must be covered with a washable material to facilitate disinfection. Upholstered tables and any other tools used during the course of treatment, such as cloth-covered cushions, are prohibited, unless they have covers that can be changed or easily disinfected after each patient.

- Table coverings must be free of rips or tears to avoid becoming vectors for transmission as a result of incomplete disinfection.

- Avoid using the central metal bar of the headrest to install the paper to facilitate disinfection.

- Washable and reusable headrest covers must be handled the same way as protective overgarments. For proper disposal after use and safe washing instructions, see subsection 5.2 Protective overgarments.

- Table cushions, handles and levers must be disinfected after each patient. Pay particular attention to the headrest, armrests and chest cushion.

5. PERSONAL PROTECTIVE EQUIPMENT (PPE)

5.1 Mask

5.1.1 Medical mask

- A medical mask is either a surgical mask (ties behind the head) or a procedural mask (loops behind the ears) that was laboratory tested and meets American Society for Testing and Materials (ASTM) standards. There are three types (levels 1, 2 and 3), all of which are appropriate for procedures in a chiropractic clinic. Masks that comply with standard EN14683 or that have gone through the same testing with equally satisfying results are also appropriate.

- Ideally, when there is no shortage, masks should be changed after each patient (see below, 5. 1. 3 Alternatives to consider in the event of a shortage).

- Always follow the measures for putting on, wearing and taking off a mask (see Appendix 5: How to put on a mask and Appendix 6: Putting on and taking off personal protective equipment).

- Dispose of any mask that is visibly soiled, wet or damaged, or that causes major respiratory difficulties.

- Avoid touching your mask when wearing it. If you accidentally touch the mask, proceed with hand hygiene (or, if you are wearing gloves, remove the gloves and proceed with hand hygiene).

- N95 respirators are not recommended in chiropractic clinics. They are reserved for healthcare workers who perform aerosol-generating procedures (i.e., intubations), which does not apply to chiropractic clinics.

5.1.2 Non-medical mask and face covering

- See complete details on the Health Canada website:
    - For healthcare workers, the use of non-medical homemade masks is not recommended, and that is why medical masks are required for staff.

    - Patients must also wear a mask. A face covering is considered sufficient in green or yellow zones. A medical mask is suggested in orange zones and recommended in red zones. If a medical mask is not worn, a face covering is mandatory.

    - A non-medical mask or face covering must:
        - Be made of at least two layers of fabric (such as cotton or linen)

        - Completely cover the nose and mouth, without gaping

        - Fit securely to the head with ties or ear loops

        - Allow for easy breathing

        - Be comfortable and not require frequent adjustment

        - Be changed as soon as possible if damp or dirty

        - Maintain their shape after washing and drying

5.1.3 Alternatives to consider in the event of a shortage

- Anticipated shortage:
    - The suggested maximum duration of use of a medical mask is four hours.

        - In the context of an anticipated shortage, it is preferable to wear the same mask for an extended period of time rather than to reuse a mask that was already worn and removed.

    - It is possible to consider using masks beyond their expiry date, provided their integrity is not compromised (e.g., integrity of elastics).

    - Limit the use of medical masks among patients. Opt instead for non-medical masks or face coverings.

- Actual shortage:
    - If reuse of a mask by the same healthcare worker (being careful to remove it between patients or after administering treatment to a given group) is being considered:
        - Dispose of any mask that is visibly soiled, wet or damaged or that causes difficulty breathing.

        - Fold the mask so that the outside is folded in on itself, and place it in a paper bag or a non-hermetic container, identified and dated.

        - Wait a week before reusing it.

5.1.4 Wearing of non-medical masks or face coverings by patients

Since chiropractors spend more than 15 minutes a day less than two metres from their patients, they are particularly at risk of contracting the coronavirus. Some people, however, are not required to wear a mask. To know more, see Section 3.5.2 Special cases.

In the context of a pandemic, chiropractors are not obliged to see patients who are not wearing a mask for a clinic treatment. They have several options:

- Refuse to see the patient at the clinic and recommend a teleconsultation instead
- Refuse to see the patient at the clinic and postpone the appointment until further notice
- See the patient, while ensuring strict distancing measures with other patients and clinic staff, and wearing appropriate personal protective equipment under the circumstances: mask (already required), protective eyewear (already required), protective overgarments
- Refer the patient to another chiropractor who is comfortable seeing the patient and will apply the above-mentioned measures

5.2 Protective overgarments

- When staff interaction involves distancing of less than two metres with patients, wearing a protective overgarment is optional.

- Protective overgarments can be washed, preferably in hot water. After use, place them in a cloth or plastic bag if they are not being washed immediately. Place these bags near the washing machine. Avoid shaking the overgarments or the laundry basket when placing the items in the washing machine. Avoid having your skin or clothing come into contact with the contaminated protective overgarments. They can also be washed with the clothing of other members of the household, using regular laundry detergent.

5.3 Gloves

- Wearing gloves is not recommended in a context of general protection against the spread of COVID-19, and can even result in the contamination of the person wearing them when they are removed.

- Wearing gloves is, however, mandatory for certain types of exams and treatments, such as those involving the temporomandibular joint or internal coccyx adjustments. Pay special attention when performing these techniques, since they pose a high risk for viral transmission, given the contact with mucous membranes and body fluids.

- Gloves must be single use, non sterile (ideally nitrile, or vinyl or latex, although allergic reactions are possible).

- Change gloves after each patient, or if they had to be removed or came into contact with non-disinfected material.

- Avoid touching your face, mouth or eyes when wearing gloves.

- Single-use gloves cannot be washed or disinfected, since this may compromise their integrity.

- Avoid wearing jewelry or long nails.

- Follow measures for putting on and taking off gloves (see Appendix 6: Putting on and taking off personal protective equipment).

- Practise hand hygiene after removing gloves.

5.4 Protective eyewear

- The use of protective eyewear protects healthcare workers and staff from possible contamination of the conjunctiva.

- Protective eyewear can be worn over prescription glasses, which are not considered appropriate protection.

- Two types of protective eyewear are appropriate for chiropractic clinic activities:
    - Splashproof design or with lateral protection. Example with lateral protection here
    - Protective face shield with headband. Example here

- A worker can reuse the same protective glasses if they are assigned specifically to that worker.

- Disinfect the protective eyewear (inside and outside) immediately after removal and between patients, using appropriate disinfectant. If soiled, clean with soap and water before disinfecting.

- If the integrity or visibility of the glasses is compromised, use another pair.

SUMMARY SHEET

Clinic setup

	Required	Recommended
Marking of two-metre distancing in common areas		X
Installation of a protective shield in places where distancing is impossible		X[11]
Removal of all items that are likely to be handled by patients (e.g., magazines, brochures)	X	
Use of direction markers or establishment of measures to follow to limit the risk of running into other patients, staff or healthcare professionals when moving around the clinic		X
Establishment of a patient entry protocol	X	
Implementation of hand hygiene measures and wearing of a mask	X	
Safe management of patients awaiting treatment: ideally in the treatment room, with their personal belongings, or in the waiting room, with distancing measures	X	
Establishment of a patient exit protocol, including access to the reception area when it is free	X	
Implementation of measures for safely disposing of disposable masks in a trash can upon exiting, without contact and with appropriate hand hygiene	X	

[11]In the absence of a protective shield, staff who are less than two metres from another person must wear a medical mask and protective eyewear.

SUMMARY SHEET

Required material and equipment

	Required	Recommended
Medical mask for staff (in situations involving distancing of less than two metres)	X	
Medical or non-medical mask for patients (if they do not have their own face covering)	X[12]	
Protective eyewear for staff (in situations involving distancing of less than two metres and in the absence of a protective shield)	X	
Protective overgarment for the chiropractor when in contact with a patient		X
Separate sets of clothing for working and exiting the clinic for staff	X	
Wearing of gloves in treatment rooms (for internal mouth treatment and coccyx adjustments) and appropriate mouthwash for mouth treatment (Section 3.5)	X	
Protective shield for the reception area and waiting room		X
Display the following posters for staff and patients: • Hand hygiene (Appendix 3) • Respiratory hygiene (Appendix 4) Display the following posters for staff: • Putting on and taking off personal protective equipment (Appendix 5: How to put on a mask and Appendix 6: Putting on and taking off personal protective equipment) • COVID-19 screening questionnaire (Appendix 1)	X	
Alcohol-based solution available at the entrance to the clinic (or handwashing before entering the clinic) and in the treatment rooms	X	
Disinfectant (virucide) available in each area of the clinic	X	

[12]For more information regarding the wearing of masks by patients, see subsections 3.5.2 Special cases, 5.1.2 Non-medical mask and face covering and 5.1.4 Wearing of non-medical masks or face coverings by patients.

FREQUENTLY ASKED QUESTIONS (FAQs)

Question	Answer
Can a patient visit the clinic if he or she does not have a mask or personal protective equipment?	No. It is prohibited to offer services to patients without personal protective equipment or clinical adaptations.
Is it recommended that chiropractors wear a face shield?	According to the INSPQ and the CNESST, chiropractors must wear protective eyewear as part of their professional activities. This also applies to staff when physical distancing is not possible and in the absence of a physical barrier (e.g., plexiglass).
Is it necessary to shave when wearing a procedural or surgical mask?	No. Shaving is not necessary when wearing a procedural or surgical mask. Shaving is necessary only when wearing an N95 respirator.
Is it necessary for chiropractors or other staff members to wear N95 respirators at the clinic?	No. N95 respirators are not recommended and should be used only for healthcare professionals in establishments who perform aerosol-generating procedures.
Can surgical masks be reused?	Generally, no. However, when there are equipment shortages, the following measures can be considered: ▪ In the case of an anticipated shortage, it is not recommended that the same worker reuse the same mask. Instead, it is recommended that the same mask be worn for an extended period of time (suggested maximum of four hours). ▪ In the case of an actual shortage, if reuse is being considered: fold the mask so that the outside is folded in on itself, and place it in a paper bag or a non-hermetic container, identified and dated. Wait a week before reusing it.
Are there special recommendations regarding waste management at the clinic?	There are no official recommendations regarding waste management at the clinic. All potentially contaminated material must be placed in a container lined with a plastic bag that can be replaced on a regular basis. It is preferable to use contactless trash cans.

What are the recommendations for patients aged 70 or over?	For now, there are no official recommendations for patients aged 70 or over. Teleconsultation is encouraged. Given the higher risk of morbidity related to COVID-19 among that segment of the population, chiropractors could choose to adapt their schedule or approach to offer a specific time slot (e.g., time slot in the morning) to elderly patients, as is the case with other essential services offered to that population. This is entirely at the discretion of healthcare professionals, since there is no consensus on the effectiveness of such an approach in reducing the chances of spreading the virus. It is important to follow public health measures.
What are the recommendations for chiropractors aged 70 or over?	There are no official recommendations for chiropractors aged 70 or over. The same precautions are indicated with regard to personal protective equipment required to practise. However, known risk factors involving a greater risk of complications from COVID-19 should be considered when deciding whether or not to resume professional activities (including, but not limited to, diabetes, high blood pressure, heart disease, obesity and smoking).
In a small clinic where it is impossible to maintain a functional screening station, can the same person manage screening and reception duties?	Yes, but only if the precautionary measures that apply to both areas are followed. If it is impossible to have a person on duty at the entrance to the clinic, keep the door locked (or adopt another similar measure) to control patients' entry, or ask patients to wait outside the clinic or in their cars until they are asked to enter.
Is a patient who has recovered from COVID-19 considered a COVID-19 suspect?	In accordance to public health standards or further to the opinion of a healthcare professional, a patient who has recovered from COVID-19 must complete the questionnaire and go through the screening process like any other patient. If the result is negative, he or she can be seen at the clinic, provided all the other measures are followed.
Should patients avoid handling their phones or personal belongings (e.g., purses, books, keys)?	Since personal belongings can be vectors for transmission, they should be handled as little as possible after entering the clinic. Patients should practise hand hygiene after handling personal belongings. Consider posting signs to that effect in the screening area and waiting room.

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APPENDIX 1: COVID-19 SCREENING QUESTIONNAIRE

	Questions	Yes	No
1	Have you felt feverish, had flu-like chills or had a fever with a temperature taken by mouth equal to or greater than 38°C (100.4°F)?		
2	Do you have a recent or chronic cough that has recently gotten worse?		
3	Do you have difficulty breathing or are you short of breath?		
4	Have you had a sudden loss of sense of smell (with or without a loss of taste)?		
5	Have you travelled outside Canada in the past 14 days?[13]		
6	Are you waiting for a COVID-19 test result?		
7	Are you in mandatory self-isolation (preventive or non-preventive)?		
8	Were you in close contact (at least 15 minutes, at a distance of less than 2 metres) with a person with confirmed or suspected COVID-19, without wearing appropriate personal protective equipment in the past 14 days?		
A	Do you have one or more of the following general symptoms: • Unusual severe fatigue for no obvious reason • Unusual muscle pain or soreness for no obvious reason • Unusual headaches • Loss of appetite		
B	Have you had nausea, vomiting or diarrhea in the past 12 hours?		
C	Do you have a sore throat for no obvious reason?		

Patients who answered "yes" to question 1, 2, 3, 4, 5, 6, 7 or 8, or who answered "yes" to two of questions A, B or C cannot be seen at the clinic. They can be offered a teleconsultation or be referred to the most appropriate healthcare professional, based on their condition.

Explanation of symptoms
Fever ➢ An intermittent fever, namely one that comes and goes, meets this criterion. A one-time temperature measurement taken by mouth equal to or greater than 38°C also meets this criterion.
Cough ➢ Some people, such as long-time smokers, can have a chronic cough. A usual cough does not meet this criterion, but a change in cough (e.g., increase in cough frequency or the appearance of sputum) meets this criterion.
Difficulty breathing ➢ Some people, such as asthmatics, can have reasons related to their condition and not related to COVID-19 that explain their difficulty breathing. Any difficulty breathing other than for obvious reasons meets this criterion.
Sudden loss of sense of smell or taste ➢ A loss of sense of smell without nasal congestion, with or without a loss of sense of taste, meets this criterion, whether isolated or combined with other symptoms.

[13] People who are exempt from mandatory isolation and can therefore be seen at the clinic include those who:

- do necessary medical deliveries that are required for patient care
- work in the trade and transportation sector and are important for the movement of goods and people, such as truck drivers and crews on ships and planes
- cross the border regularly for work
- cross the border to provide or receive essential services

For more details, go to the following website: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html.
Note that the government of Quebec does not impose isolation measures on people arriving from other provinces.

APPENDIX 2: OFFICIAL REFERENCES FOR MANAGING ISOLATION MEASURES

NOTE: The content of this appendix is based on documents produced by the Institut national de santé publique du Québec. If you receive a public health notice that differs from the content of this appendix, the public health notice takes precedence.

Given the frequent changes made to the documents produced by the Institut national de santé publique du Québec (INSPQ), as well as the colour-coded regional alert system introduced by the Quebec government, it is impossible for the OCQ to keep its guide up to date and to answer all its members' questions regarding isolation measures. This appendix brings together the INSPQ documents that could help guide chiropractors in their decisions regarding isolation measures and the lifting of these measures. These documents replace previous Appendices 2, 7, 9 and 10,[14] which were removed from the guide.

It is understood that the documents below will have to be consulted and read regularly, and that they will serve as official references for managing isolation. If you are unable to find the answers to your questions or you have doubts about the information provided in any of the documents, contact Public Health in your area at the appopriate number. Directly contacting Public Health in your area will ensure that you obtain the information that corresponds to your profession.

If one of your patients has symptoms of COVID-19 or wishes to obtain more information on the procedure to follow in case of contact with a patient with confirmed or suspected COVID-19, refer your patient to one of the following numbers, according to your area:

418-644-4545	**819-644-4545**
450-644-4545	**1-877-644-4545**
514-644-4545	**811**

In the following documents, chiropractors are considered healthcare workers. This means that the isolation measures to be taken are different from those for the general public. If you decide to contact Public Health, you must mention to the operator that you are a healthcare worker so that you will be given the correct procedure to follow.

To help make the documents easier to read, it is recommended that you refer to the definitions provided on pages 6 to 8 of the guide.

1. Recommendations on lifting isolation measures for healthcare workers

In this document, chiropractors can learn more about the lifting of isolation measures for healthcare workers. Chiropractors should refer to the column in the table "All

[14]The checklist for monitoring COVID-19 symptoms (former Appendix 10) is still available in the member zone, COVID-19 section.

healthcare workers in general." This document will allow you to determine the procedure to follow based on the contact that you have had with a positive COVID-19 case.

https://www.inspq.qc.ca/sites/default/files/publications/2904-levee-mesuresisolement-travailleurs-sante-covid19.pdf

2. Management of healthcare workers in healthcare settings

The aim of this document is to identify the factors to be taken into account following exposure to a COVID-29 case. It specifies the various factors to take into account if you were exposed to a positive case. Section 1 of the document provides a worker assessment diagram based on degree of exposure to a positive COVID-19 case, and the subsequent sections indicate the various measures based on the type of isolation.

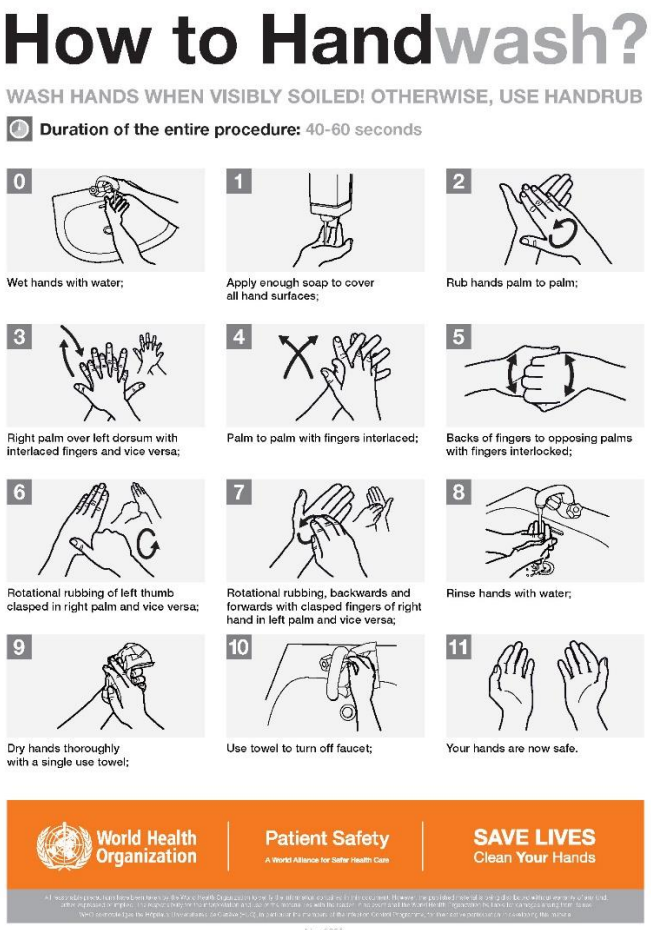
https://www.inspq.qc.ca/sites/default/files/covid/2905-prise-charge-travailleurs-santemilieux-soins.pdf

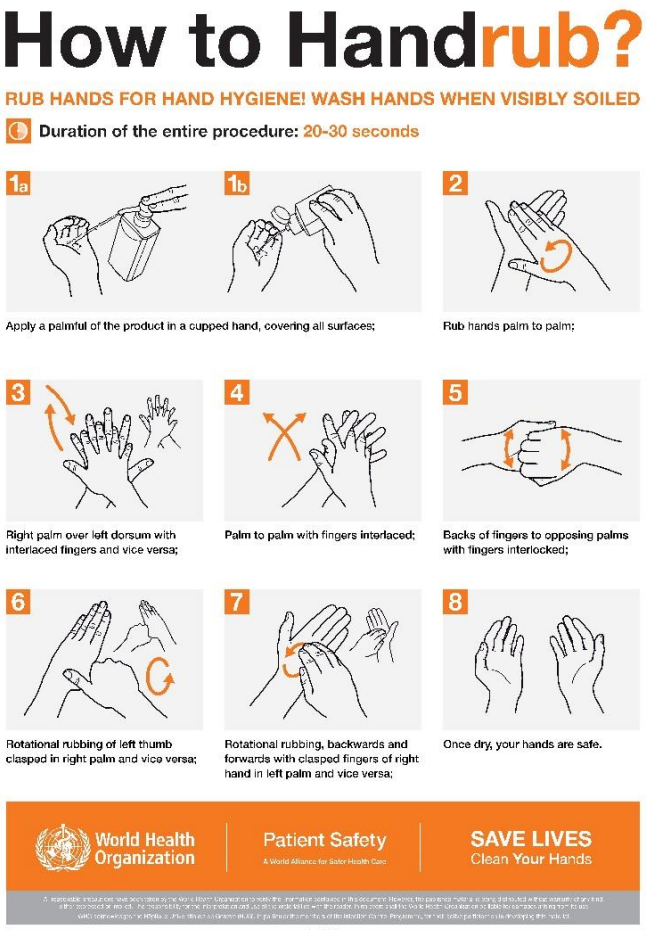
3. Measures for managing community cases and contacts: interim recommendations

This document provides various information (definitions, procedure) on isolation measures, and assessing the degree of risk of contact with a positive COVID-19 case.

https://www.inspq.qc.ca/sites/default/files/publications/2902-gestion-cas-contactscommunaute-covid19.pdf

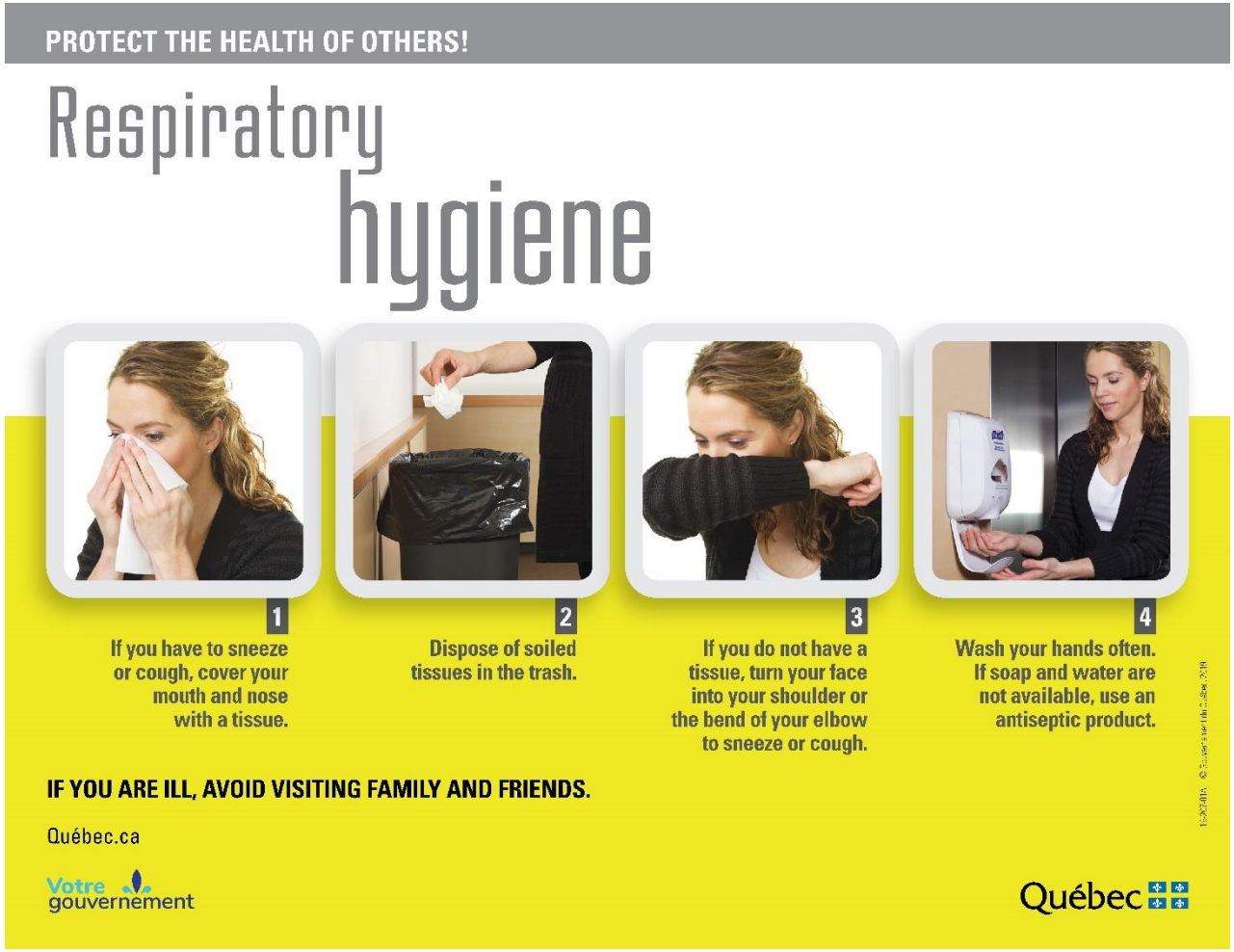
APPENDIX 3: HAND HYGIENE POSTERS





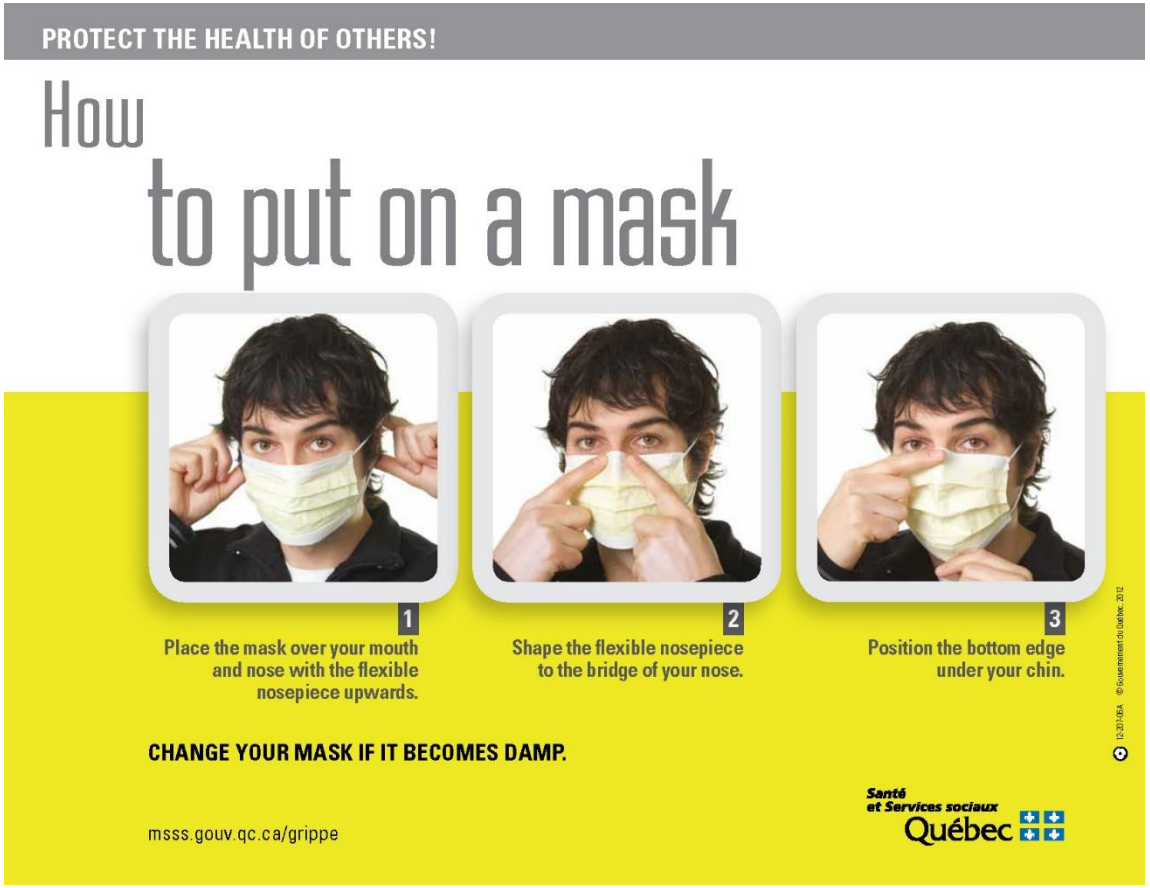
Links to upload the posters:
How to Handwash? https://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf?ua=1
How to Handrub? https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1

APPENDIX 4: RESPIRATORY HYGIENE POSTER



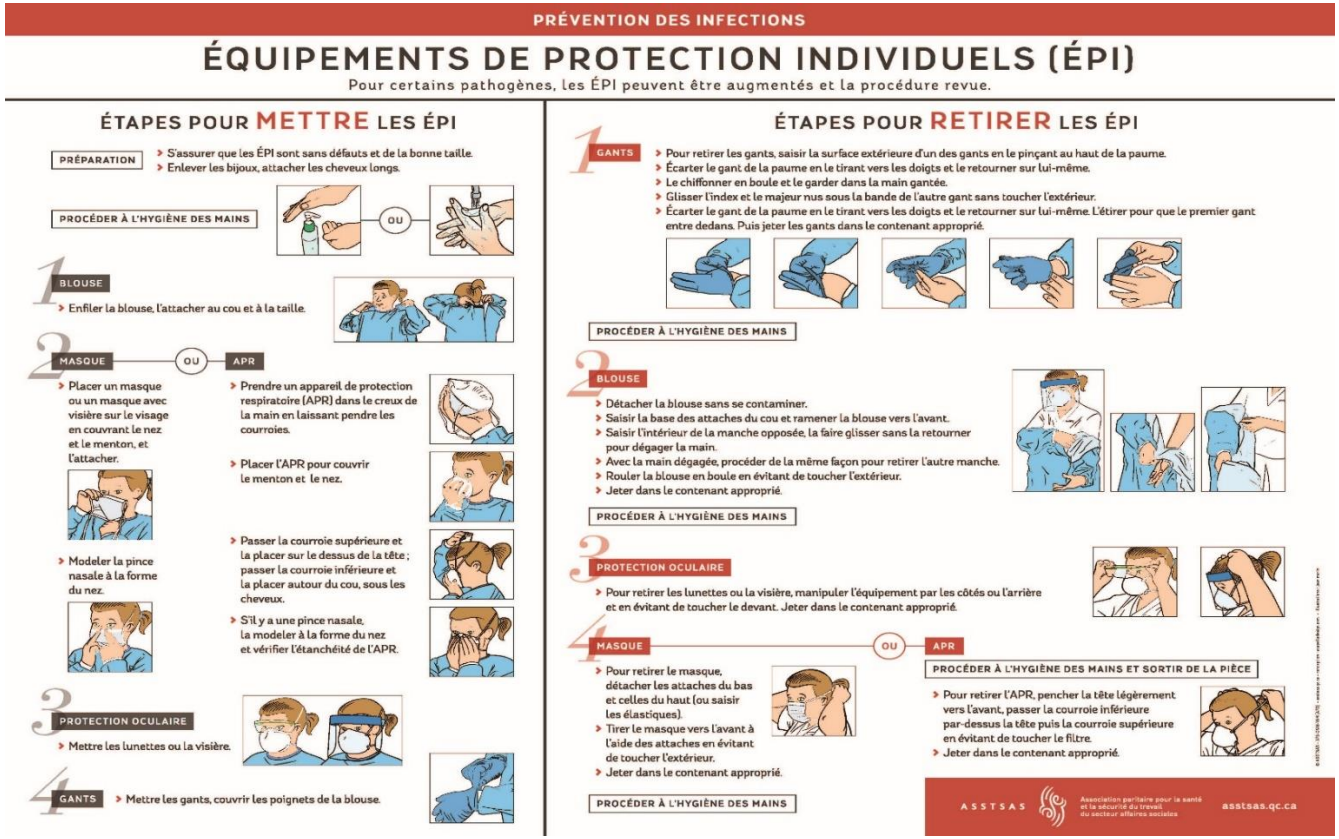
Link to upload the poster:
https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-207-01A.pdf

ANNEXE 5: HOW TO PUT ON A MASK



Link to upload the poster:
https://publications.msss.gouv.qc.ca/msss/fichiers/2012/12-207-06A.pdf

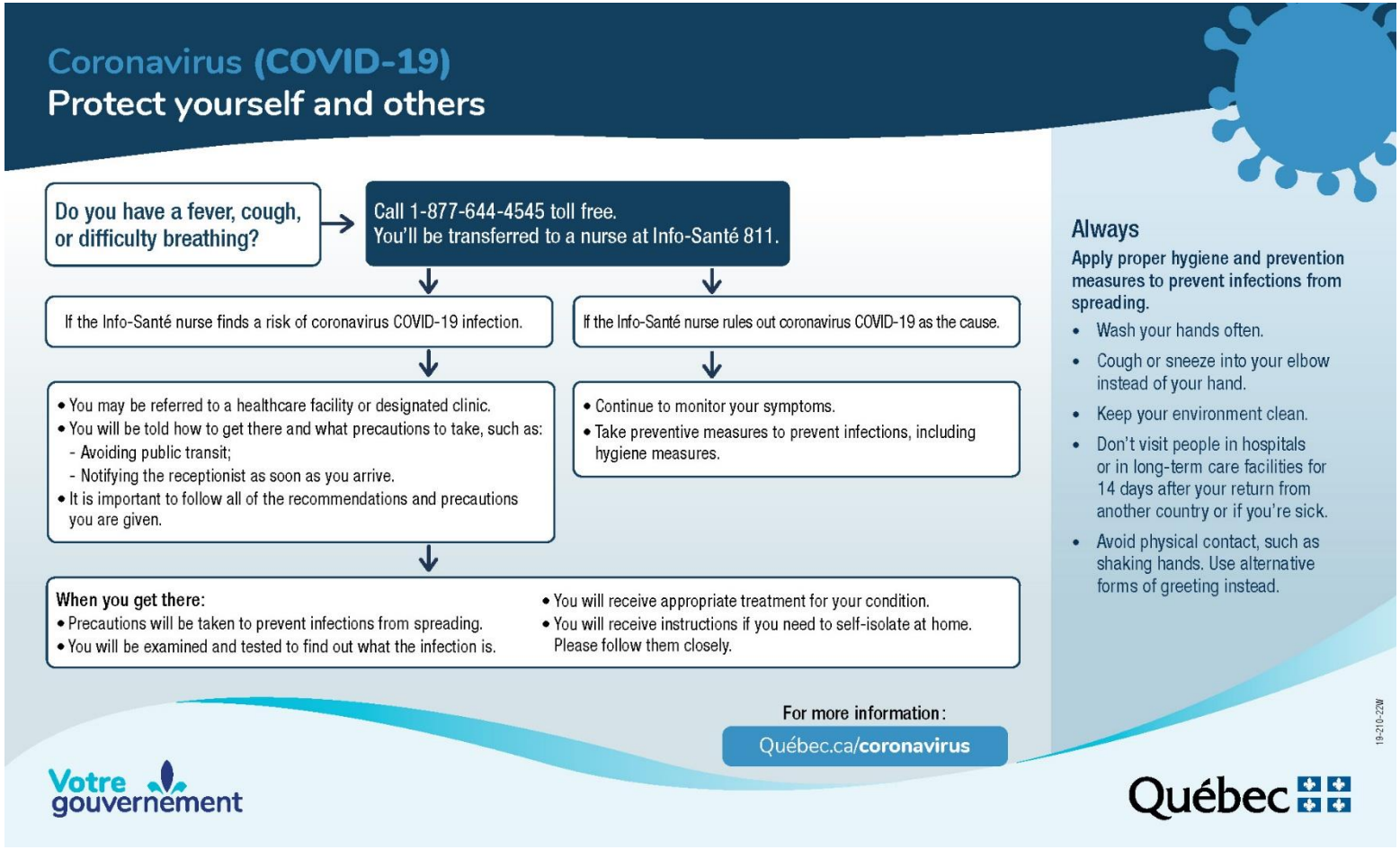
APPENDIX 6: PUTTING ON AND TAKING OFF PERSONAL PROTECTIVE EQUIPMENT



Video: https://vimeo.com/399025696
Source: L'Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (ASSTSAS)

https://asstsas.qc.ca/sites/default/files/publications/documents/Affiches/a70-epi.pdf

APPENDIX 7: CORONAVIRUS (COVID-19) INFORMATION POSTER



Link to upload the poster:
https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-210-22WA.pdf

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