



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

CTCMPAO COVID-19 Return to Practice Guidance

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COVID-19: Return to Practice Guidance

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Table of Contents

- INTRODUCTION 2**
- 1. INFECTION, PREVENTION, AND CONTROL (IPAC) STRATEGY 3**
 - HAND HYGIENE 3
 - RESPIRATORY ETIQUETTE 3
 - PERSONAL PROTECTIVE EQUIPMENT (PPE) STRATEGY 4
- 2. ENVIRONMENT AND EQUIPMENT 6**
- 3. ENSURING CLINIC SAFETY 7**
 - MANAGEMENT AND STAFF TRAINING..... 7
 - ASSESS FACILITY SETTINGS 7
 - ISOLATION PROTOCOL 8
 - Suspected or Confirmed Case of COVID-19 in the Workplace..... 8*
- 4. RESUMING CLINICAL ACTIVITIES 9**
 - PRE-APPOINTMENT PROTOCOLS 9
 - PATIENT SCREENING..... 9
 - DURING CONSULTATION OR TREATMENT PROCEDURES 11
 - AFTER CONSULTATION OR TREATMENT PROCEDURES..... 11
- 5. OTHER RECOMMENDATIONS..... 11**
- 6. ADDITIONAL RESOURCES 12**
- 7. REFERENCES 13**
- APPENDIX 1: OCCUPATIONAL HEALTH AND SAFETY REQUIREMENTS 14**
- APPENDIX 2: SAMPLE CLEANING LOG 15**
- APPENDIX 3: BACK TO WORK CHECKLIST 16**

Introduction

The Chief Medical Officer of Health has amended [Directive 2](#) to state that health care providers may gradually restart non-essential and elective services. The amended Directive 2 comes with several conditions that members must meet before they resume their in-person practice, including the requirements set out in [COVID-19 Operational Requirements: Health Sector Restart](#) (May 26, 2020 or as current).

In preparation for the return to non-essential services, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the College) has developed a guideline to provide members with a return to practice protocol focused on infection prevention and control. The aim is to protect patients, practitioners, and those around them. Although members may be able to return to practice, the risk to the public posed by COVID-19 has not disappeared. Members will want to take extra precautions to ensure the risk of transmission in their practice is kept to a minimum.

As regulated health professionals, members are required to review and follow the directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health and other authoritative bodies regarding practices during COVID-19. In addition, members are expected to prioritize the safety of their patients, staff, colleagues and others visiting their practice. College publications, including this document, provide authoritative guidance on how to achieve this overarching duty. Of course, TCM practitioners and acupuncturists are expected to use professional judgment. Some of the guidance may not apply in some circumstances and in other circumstances the guidance may be insufficient to meet your duty of safety.

To the extent that directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health and other authoritative bodies regarding practices during COVID-19 and this guidance document differ, TCM practitioners and acupuncturists should apply the higher standard. Review of this document is ongoing and the information will be amended as necessary.

Key points:

- Effective infection prevention and control (IPAC) is essential for the delivery of safe care. Practitioners must be aware of current infection control standards and expectations and implement procedures in the context of their practice setting.
- As regulated health professionals, members of the College are required to review and follow the recommendations from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health and other authoritative bodies regarding practices during COVID-19.
- Members are also required to use appropriate clinical judgment and follow the Standards of Practice of the profession.
- TCM and acupuncture services should only be provided when the anticipated benefits of treatment outweigh the risks to the patient and the practitioner.
- For up-to-date information on COVID-19, including updated case definition, please visit the Ministry of Health [website](#).

1. Infection, Prevention, and Control (IPAC) Strategy

This section provides information that practitioners and their staff should review before the reopening of clinics to ensure that their practice settings are safe for patients, practitioners, and clinic staff. Routine IPAC practices assume that all patients/contacts are potentially sources of infection, even if a person shows no signs of symptoms or illness.

Hand Hygiene

Hand hygiene is recognized as the most important infection control and prevention measure. This is particularly important in a TCM or acupuncture setting. In addition to conducting proper hand hygiene, practitioners should also promote proper hand hygiene for staff and patients.

Hand washing should be performed:

- With soap and water, or by using an alcohol-based hand sanitizer (greater than 70% alcohol content).
- Before and after patient contact or acupuncture treatment;
- Before and after preparing, handling, or dispensing herbs or herbal remedies;
- When hands are contaminated during the treatment;
- Immediately after inadvertent exposure to blood or body fluids;
- When hands are visibly soiled;
- After contact with environmental surfaces (e.g., treatment tables, carts) or equipment;
- After removing gloves;
- Before preparing, handling, serving or eating food;
- After handling money or other items that may be contaminated;
- After answering the phone or using the computer or other electronic devices and returning to a patient; and
- After personal body functions.

For more information about hand washing procedures, please see [the Safety Program Handbook](#).

Public Health Ontario has useful posters that can be used to educate clinic staff and patients regarding proper hand washing and hand sanitizing:

[Public Health Ontario COVID-19 Factsheet](#)

Respiratory Etiquette

The following measures are part of proper respiratory etiquette.

- Cover the nose/mouth when coughing or sneezing.
- Wear a surgical, procedure, or medical mask to protect others.
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- Perform hand hygiene (see above) after having contact with respiratory secretions and contaminated objects/materials.

The following posters from Public Health Ontario and Ottawa Public Health can be useful in a TCM practice setting:

[Public Health Ontario “Cover Your Cough”](#)

[Ottawa Public Health Cough Etiquette](#)

[Ottawa Public Health \(Posters in multiple languages\)](#)

Personal Protective Equipment (PPE) Strategy

This is based on the assumptions that patients have been pre-screened and do not exhibit any signs or symptoms of COVID-19. [The Ministry’s COVID-19 Operational Requirements: Health Sector Restart](#) must be adhered to.

Personal protective equipment (PPE) is an essential element in preventing the transmission of disease-causing microorganisms. If used incorrectly, it will fail to prevent transmission and may facilitate the spread of disease. Practitioners need to use PPE to protect themselves from potential infections. PPE can also protect the patient by preventing the practitioner from becoming the agent of transmission of infectious organism from patient-to-patient. Examples of PPE include single use gloves, gowns, facial protection (including surgical, procedure, or medical masks and N95 respirators) and/or eye protection (including safety glasses, face shields or masks with visor attachments).

Key Points:

- TCM and acupuncture services are not recommended, if sufficient supply of PPE is unavailable.
- Practitioners should ensure that they and their staff understand the safe use, care and limitations of PPE. For the recommended steps for putting on and taking off PPE as well as proper disposal, please see Public Health Ontario - [Recommended Steps](#).
- Practitioners are required to wear a **surgical, procedure, or medical masks** during treatments and whenever two meters (social distancing) cannot be in effect. For more information, please see the [COVID-19 medical masks and N95 respirators: Overview](#) . Where possible, practitioners should be using **surgical, procedure, or medical masks** that fall within one of the three classifications [indicated](#). Masks should be changed as frequently as required. We have set out some guiding principles on this below.

Members are not required to change masks (between patients) unless any of the following apply:

- The mask becomes visibly soiled;
- The mask makes contact with another person or their droplets or secretions (i.e. is coughed on);
- The mask becomes damaged or compromised in any way; or
- The mask becomes very moist to the point that the integrity becomes compromised.

- As outlined in [the Ministry of Health Operational Requirements](#), members must require all patients wear masks when arriving for, or receiving treatment (including while patients are in a designated waiting area or room), as it becomes more difficult to maintain social distancing. Members should advise patients in advance (for example, at the time of booking an appointment), of the requirement to wear a mask when attending for treatment. Advise them that this is for the protection of the practitioner and the patient themselves. If the patient arrives without a mask, the member can provide a disposable mask for the patient to wear. If the patient cannot wear a mask (e.g., due to a medical condition or perhaps have difficulty breathing) members may ask if the patient would be comfortable to wear some other form of face covering. If the patient remains uncomfortable with wearing a mask, a member would have to decide as to whether the anticipated benefits of treatment (to the patient) clearly outweigh the risks of COVID-19 to the patient and the practitioner.
- Practitioners may but are not required, to wear examination or surgical gloves for patient treatments. When used, gloves must be discarded after each treatment regardless of the condition of the glove. Practitioners must also wash their hands before and after each treatment. It is important that practitioners maintain hand hygiene even when using gloves. For more information, please see the [Safety Program Handbook](#).
- Practitioners should be using their regular **lab coat** that is often worn in TCM practice. Similar to masks, these do not need to be changed after each patient unless:
 - The lab coat becomes visibly soiled
 - The lab coat makes contact with the patient's droplets or secretions
 - The lab coat becomes damaged or compromised in any way
- The use of scrubs is also a suitable alternative for practitioners to wear, at their discretion. They must be removed before leaving the clinic environment and laundered appropriately. The same considerations would apply if scrubs become visibly soiled, make contact with the patient's droplets or secretions, or become damaged or compromised in any way.
- **Face shields/eye protection** - Members of the College are not recommended to be treating COVID-19 patients, and so face shields or eye protection may not be required for daily practice. However, members are encouraged to maintain a small supply of eye protection or face shields available at their practice to account for situations where a face shield/eye protection may be required.
- N95 respirators should be used during aerosol generating medical procedures (AGMPs) and when otherwise determined by a regulated health professional.
- Practitioners are expected to use their professional judgement and conduct ongoing risk assessments to determine if additional PPE is required.
- For information about PPE Supplier Directory click Here, please see the [Workplace PPE Supplier Directory](#) .

For more information about the proper use of PPE, please see the following resources:

- Public Health Ontario - [Recommended Steps](#) for putting on and taking off PPE as well as proper disposal.
- [COVID-19 Operational Requirements: Health Sector Restart](#)

- [Guidance for Essential Workplaces](#)
- [Routine Practices and Additional Precautions.](#)
- [The Safety Program Handbook.](#)

2. Environment and Equipment

Practitioners should establish an appropriate cleaning schedule to ensure all surfaces are kept clean and educate their cleaning staff to ensure they understand the importance of their work in a health care setting.

Key Points:

- All equipment used in patient/client contact should be cleaned and disinfected after each use. Clinical contact surfaces (e.g., face cradles, massage/treatment beds/tables) should be cleaned and disinfected after each patient visit. To facilitate clinical cleaning, treatment areas should be uncluttered and well organized.
- Frequently touched surfaces (e.g., doorknobs, handles, light switches) are most likely to be contaminated and should be cleaned and disinfected more frequently, at least twice per day or when visibly dirty. Use a “wipe-twice” method (wipe once to clean, wipe again to disinfect) to both clean and disinfect surfaces.
- Commonly used cleaners and disinfectants are effective against COVID-19. Check the expiry date of products you use and always follow manufacturer’s instructions.
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada. Health Canada has developed a list of hard-surface disinfectants that are likely to be effective and may be used against COVID-19. For more information, please refer to the [List of disinfectants with evidence for use against COVID-19.](#)
- Practitioners may use linens (washed on-site or handled by a linen service) or disposable paper sheets to cover patient treatment areas. All bed linens, used towels, or disposable paper sheets must be changed between patients. Linens (e.g., sheets, towels, gowns, pillowcases) can be laundered with hot water (70°C to 80°C) and soap if there is no visible soiling (bleach can be added as required by soiling).

For more information on COVID-19 environmental cleaning, please refer to the [Public Health Ontario Factsheet.](#)

More information on the management of laundry and bedding can be found in the [PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition.](#)

The [Safety Program Handbook](#), includes additional information about different levels of disinfectants.

3. Ensuring Clinic Safety

Prior to resuming work, practitioners should do a thorough assessment of their practice setting(s) and review infection protocols to ensure that they are adequately prepared to return to work safely.

Management and Staff Training

The training that all clinical staff receive should be continually monitored and updated to reflect changes in policies, procedures, staff changes, and equipment. Included in this training is an understanding of the responsibilities of working in a health care facility, and the requirements to manage their personal health and actions that impact the health and safety of patients.

As a TCM practitioner and employer, you are expected to implement reasonable measures to minimize the risk of your staff acquiring or spreading infection. Training for staff should include an understanding of:

- Their exposure risks as health care providers;
- Infection control and prevention strategies that are relevant and specific to their tasks and responsibilities; and
- Management of personal illness and injury to reduce exposure to others.

Practitioners have a professional obligation to remain current on infection and control procedures and to ensure that such practices are implemented in their practices and by their staff. It is expected that TCM practitioners will have written policies and procedures for infection control that are made available to staff and are appropriate. These procedures and policies must be relevant to the practices and duties of staff.

For additional resources, please see:

- Appendix 1 Occupational Health and Safety Requirements
- The Guidance for Health Sector website:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx
- Public Health Ontario Guidance and Best Practices
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources>

Assess Facility Settings

Areas of a clinic may include entryways, treatment rooms, offices, herbal dispensary, shared staff area, washrooms, etc.

Practitioners should consider the following:

- Implementing physical distancing measures for high traffic/shared areas for staff and patients.
- If possible, organize waiting room seating to comply with physical distancing measures (e.g., spacing chairs further apart), or if the waiting area is limited, have patients wait in their vehicles/outside the clinic if the waiting area is limited etc.

- If possible, consider making certain areas of the clinic off-limits or unavailable to patients.
- Posters and signage in common areas to communicate appropriate hand hygiene, respiratory etiquette, and COVID-19 symptom recognition. For example, the Government of Ontario Developed the following resources:
 - Signage for Patients (the Ontario Government) http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_patients.pdf
 - Clinic Poster <https://files.ontario.ca/moh-coronavirus-pec-poster-en-2020-03-09.pdf>
 - Consider arranging staggered schedules for practitioners in a multidisciplinary setting to help with physical distancing.
- Using telephone, video conferencing, or the internet instead of in-person meetings (when clinically appropriate). For more information please see the [Telepractice Position Statement](#).
- Providing access to handwashing stations/sinks and have alcohol-based hand sanitizers at prominent locations in the practice setting.
- Assess the supply of cleaning and disinfection products for the practice spaces.
- Assess how often common spaces are cleaned and disinfected during the workday. Surfaces that have frequent contact with hands should be cleaned and disinfected more frequently, at least twice per day or when visibly dirty.
- Consider keeping a cleaning log to record the times and clinic areas that are sanitized throughout the day. (Sample in Appendix 2)
- If applicable, remove commonly accessed materials from waiting room (e.g., magazines or pamphlets).
- Where possible, implement contactless payment.
- Consider keeping products or devices for sale to the public in a display case or behind a barrier to limit contact.
- Assess if physical changes to the clinic need to be made to provide adequate barriers during the appointment/treatment.

Isolation Protocol for Practitioners and Staff

Suspected or Confirmed Case of COVID-19 in the Workplace

- If a practitioner or staff member develops COVID-19 symptoms, they should return home and self-isolate immediately.
 - If they cannot leave immediately, they should be isolated in a specific space until they are able to leave.
- If they are extremely ill, call 911 and let the operator know that the person may have COVID-19.
- If they do not have severe symptoms, they should use Ontario's [self-assessment tool](#), and seek assessment and testing (e.g., at an assessment centre) if indicated to do so. They can also contact their health care provider or Telehealth Ontario (1-866-797-0000).

- Workers who have tested positive for COVID-19 must self-isolate at home for 14 days.
- Surfaces that were touched by the ill worker should be disinfected as soon as possible in accordance with the environmental cleaning procedures and protocols.

NOTE: Practitioners should not be returning to work if they are exhibiting symptoms of COVID-19 or other infectious conditions. If a practitioner has screened positive, they should inform their supervisor immediately, if applicable, and contact their primary care provider or Telehealth Ontario (1-866-797-0000) for further direction on clinical assessment.

Public Health Ontario has factsheets that can be used to educate clinic staff and patients regarding how to self-monitor and self-isolate.

[How to Self-Monitor](#) and [How to Self-Isolate](#)

4. Resuming Clinical Activities

This section provides practitioners with information that they can use to protect their workers and patients.

Pre-Appointment Protocols

It is the responsibility of the practitioner to protect all patients who have come to them for health care through vigilant patient management and a clean clinical environment.

Before seeing the patient for consultation or treatment, practitioners should:

- Screen patients when making appointments on the phone for symptoms, close contact or recent positive diagnosis of COVID-19 or other infectious conditions.
- Instruct patients and visitors to wear masks (if available and tolerated).
- Ask screening questions before patients enter the clinic.
- Consider staggering patient appointments to minimize patient contact in the waiting room. Try to leave at least 30 minutes between each appointment.
- If possible, ask patients to limit necessary companions to only one person per appointment.
- Consider placing signage or creating phone messaging to ask potential walk-in patients to phone in first, prior to entering the clinic.
- If possible, consider having patients wait in their vehicles or make alternative arrangements if a designated waiting room or area is unavailable.
- Limit number of patients in clinic at any given time.

Patient Screening

At a minimum, practitioners or clinic staff should undertake the following forms of screening:

- Active screening over the phone before scheduling appointments, when possible and upon entry to the clinic. Staff conducting screening should ideally be behind a barrier to protect from droplet/contact spread. A plexiglass barrier can protect reception staff from sneezing/coughing patients.

- Passive screening including signage at points of entry of the facility and at reception, using the latest case definition for COVID-19. Similar messaging can be communicated on voicemails and websites.

For more information, visit the government website at

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_ihf_guidance.pdf

Individuals who accompany patients, must also be screened with the same questions. **Patients with signs and symptoms consistent with COVID-19 should not be seen in-person for clinical services during this time.**

Screening Questions

For the most up to date list of screening questions, please refer to the Ministry of Health [Patient Screening Guidance Document](#).

For the most up to date list of symptoms please refer to

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

Screening Results

- COVID-19 Screen Negative: If response to **ALL** the screening questions is **NO**.
- COVID-19 Screen Positive: If response to **ANY** the screening questions is **YES**.

The Ministry of Health provides further information in the [Patient Screening Guidance Document](#).

Procedures for patients who screen positive for COVID-19

COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the *Health Protection and Promotion Act*. Regulated health professionals should contact their [local public health unit](#) to report a person suspected or confirmed to have COVID-19.

Positive screening over the phone or at time of appointment:

- If a patient has screened positive over the phone or in-person, practitioners encourage patients who have symptoms to complete the [online self-assessment](#) tool before calling their primary care provider or Telehealth Ontario (1-866-797-0000) for further clinical assessment.
- All testing for COVID-19 will take place through hospitals, assessment centres and/or through primary care providers. Home and community care providers must not conduct testing.
- If individuals are referred to hospital (e.g., emergency department) for testing, the practitioner and/or agency should coordinate with the hospital, local public health unit, paramedic services, and the patient, to make safe arrangements for travel to the hospital incorporating Public Health Ontario's [Droplet and Contact Precautions](#). All referrals to hospital should be made to a triage nurse.

- If a patient is very ill and requires acute care, the care provider should call 911 and let them know that the client has symptoms of COVID-19.

If a patient screens positive during in-person screening, follow the Public Health guidelines for proper cleaning and disinfection, and reporting requirements. All surfaces that were touched by the patient should be disinfected as soon as possible in accordance with the environmental cleaning procedures and protocols.

Patients with signs and symptoms consistent with COVID-19 should not be seen in-person for clinical services during this time.

During Consultation or Treatment Procedures

- Wash or sanitize hands before treatment.
- Ensure that practitioners and staff have the proper PPE.
- Implement physical distancing between staff.
- Instruct patients and visitors to wear masks, where possible.
- Ask patients to wash or sanitize hands upon arrival.
- Open windows for air ventilation where possible.
- Exercise heightened precautions for treatments that may damage skin surface (e.g., Gua Sha). Areas of broken skin increase the risk of infection transmission. For more information, please refer to the [Safety Program Handbook](#).

After Consultation or Treatment Procedures

- Ask patients to wash or sanitize hands after the appointment.
- Change your surgical, procedural, or medical mask if necessary (e.g., if the mask became visibly soiled).
- If used, gloves must be disposed of and changed between each patient.
- Changing your protective clothing, or lab coat, as required, especially if they have come into contact with biological fluids (e.g. nasal, oral or pulmonary secretions) or if contact is suspected.
- Clean safety glasses and prescription glasses, if necessary.
- Follow the procedures for taking off PPE.
- Ensure that the instruments in the consultation room are cleaned with a surface disinfectant before and after each consultation.

5. Other Recommendations

Practitioners may also want to consider the following information:

- Where possible, implement contactless payment. Otherwise, practice hand hygiene after handling any paperwork, particularly if you come into contact with cash payments.

- To help with the possibility of contact tracing, ensure that the daily appointment log is updated and contains the following information: name date, time, and duration of appointment. (Please see the [Record Keeping Guideline](#) for more information)
- If home visitations are provided for consultations or treatments, practitioners should be contact the patient to enquire if anyone on the premises is unwell.
- A daily log should be kept of all the homes the practitioner has visited while working.
- If the practitioner touches any surfaces in the home, they should perform hand hygiene immediately after finishing the work.
- Workers should ensure proper waste disposal, clean, and disinfect all equipment that were used in the home or workplace, and then perform hand hygiene.

For more information on conducting home visits, refer to the Ministry of Health [guidance for home and community care providers](#).

6. Additional Resources

- [CTCMPAO Safety Program Handbook](#)
- [CTCMPAO Standard for Infection Control](#)
- [Public Health Ontario Public Resources](#)
- [Ministry of Health and Long-Term Care](#)
- [CMOH guidance documents](#)
- Public Health Ontario's Infection Prevention and Control Fundamentals [Training resources](#)
- [COVID-19 Operational Requirements: Health Sector Restart](#)
- [Guidance for Essential Workplaces](#)
- [Routine Practices and Additional Precautions](#)

7. References

Alberta College and Association of Chiropractors of Alberta (ACAC)

<https://albertachiro.com/returning-to-practice>

College of Registered Dental Hygienists of Alberta (CRDHA)

<https://www.crdha.ca/media/249886/covid-19-return-to-work-guidelines-may-4-2020.pdf>

Ontario Ministry of Health

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_essential_workplaces_guidance.pdf

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

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

Ordre Professionnel de la Physiothérapie du Québec (OPPQ)

<https://oppq.qc.ca/covid-19/ressources-cliniques/procedure-reprise-physiotherapie-presentiel/>

Ottawa Public Health (OPH)

https://www.ottawapublichealth.ca/en/public-health-services/resources/Documents/handwashing_factsheet_en.pdf

<https://www.ottawapublichealth.ca/en/public-health-services/stop-the-spread-of-germs.aspx#Hand-Hygiene-Resources>

<https://www.ottawapublichealth.ca/en/professionals-and-partners/resources/Documents/TPH-Adaptation-Cough-Etiquette-v2020.1-EN.pdf>

Public Health Ontario (PHO)

<https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>

<https://www.publichealthontario.ca/-/media/documents/C/2013/clincial-office-cough-signage.pdf>

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-environmental-cleaning.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-how-to-self-isolate.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-universal-mask-use-health-care-settings.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-additional-precautions-non-acute-care.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/ncov/wwksf-routes-transmission-mar-06-2020.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/B/2014/bp-hand-hygiene.pdf?la=en>

<https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

OHA

https://www.oha.com/Bulletins/Personal%20Protective%20Equipment%20use-COVID-19_Released_March_30_2020.pdf

Health Canada

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

Appendix 1: Occupational Health and Safety Requirements

As required under the *Occupational Health and Safety Act* (OHSA), employers have a duty to have written procedures related to the health and safety of employees. These procedures must include:

- Safe work practices;
- Safe working conditions;
- Proper hygiene practices;
- Use of hygienic facilities; and
- Control of infections.

If COVID-19 is suspected or diagnosed in a worker, return to work should be determined in consultation with their health care provider and the local public health unit, in accordance with provincial guidance.

If the worker's illness is from an exposure at the workplace, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour, Training and Skills Development;
- Joint health and safety committee (or health and safety representative); and
- Trade union, if any.

The information required in a notice is outlined in sector specific regulations made under the OHSA. Workers who are worried their workplaces are unsafe can phone 1-877-202-0008.

Also, under the Act, employees are required to wear the protective clothing or use protective equipment that the employer has deemed necessary for safety.

Workplace Hazardous Materials Information System (WHMIS)

Workplace Hazardous Materials Information System (WHMIS) is a national system for safe management of hazardous materials legislated by federal and provincial jurisdictions. The WHMIS legislation provides that workers must be informed about the hazards in the workplace and receive appropriate training to allow them to work safely.

WHMIS provides the necessary information for:

- Cautionary labels on containers of controlled products;
- The provision of material safety data sheets (MSDS) for each controlled product; and
- A worker education program.

Appendix 2: Sample Cleaning Log

Date/time and initial when cleaning and disinfecting completed.

Item Name or Clinic Area	Date	Time	Initial

Initial Key

Initial	Print Name

Appendix 3: Return to Practice Checklist

IPAC Strategy

<input type="checkbox"/>	Print and place posters for proper hand washing
<input type="checkbox"/>	Print and place posters for proper hand sanitizing
<input type="checkbox"/>	Print and display posters for respiratory etiquette
<input type="checkbox"/>	Source appropriate personal protective equipment (PPE) for staff
<input type="checkbox"/>	Medical/procedure masks
<input type="checkbox"/>	Medical gloves
<input type="checkbox"/>	(If necessary) Eye goggles, protective clothing, etc.
<input type="checkbox"/>	Source products for hygiene to place throughout clinic
<input type="checkbox"/>	Liquid hand soap
<input type="checkbox"/>	Alcohol-based hand sanitizer
<input type="checkbox"/>	Tissues

Environment and Equipment

<input type="checkbox"/>	Establish a daily cleaning schedule and print cleaning log
<input type="checkbox"/>	Source appropriate supplies for the clinic
<input type="checkbox"/>	Cleaning products
<input type="checkbox"/>	Disinfection products
<input type="checkbox"/>	(If necessary) Garbage cans
<input type="checkbox"/>	Review product expiry dates and manufacturer's instructions

Ensuring Clinic Safety

<input type="checkbox"/>	Train staff on new and updated policies and procedures (e.g., isolation protocol)
<input type="checkbox"/>	Implement physical distancing measures in the clinic
<input type="checkbox"/>	(If applicable) Organize waiting room to limit number of patients inside
<input type="checkbox"/>	(If applicable) Make areas of the clinic off limits to patients
<input type="checkbox"/>	Remove accessible items from the waiting room (e.g., pamphlets, magazines, etc.)
<input type="checkbox"/>	Place products for sale in a display case or behind a barrier to limit contact
<input type="checkbox"/>	(If applicable) Organize staggered schedules for staff
<input type="checkbox"/>	(If applicable) Implement physical distancing for staff members
<input type="checkbox"/>	(If applicable) Set up teleconferencing services for staff meetings

Resuming Clinical Activities

<input type="checkbox"/>	Train staff on pre-appointment protocols
<input type="checkbox"/>	Save or print out screening questions and results for accessibility
<input type="checkbox"/>	Review procedures for patients who screen positive
<input type="checkbox"/>	Train staff on procedures for during consultation or treatment
<input type="checkbox"/>	Train staff on procedures for after consultation or treatment
<input type="checkbox"/>	Implement contactless payment methods
<input type="checkbox"/>	(If applicable) Consider updating home visitation services
<input type="checkbox"/>	Maintain a daily log of home visitations to help with the possibility of contact tracing



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

705 - 55 Commerce Valley Drive West
Thornhill, ON L3T 7V9
Tel: (416) 238-7359 or 866 624 8483
info@ctcmpao.on.ca

www.ctcmpao.on.ca