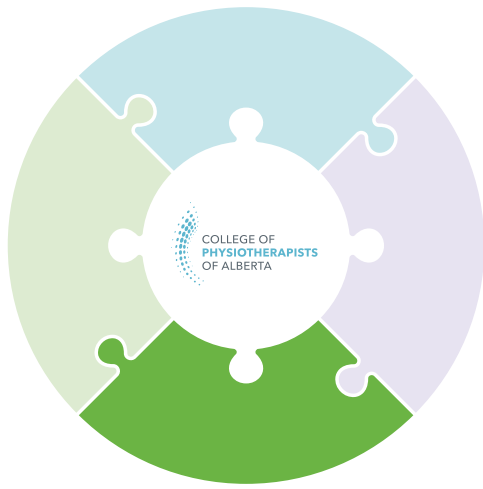




Success depends on all the measures working together.



Personal Measures

Quick Reference Guide

Actions that individuals take to reduce the risk of COVID-19.

- Point of Care Risk Assessment
- Hand hygiene
- PPE

Point of Care Risk Assessment

- Conduct [Point of Care Risk Assessments](#) (consider environment, task, and patient factors).
- Apply routine PPE appropriate to the task (e.g., glove use when needling).
- Apply additional PPE consistent with the COVID-19 specific risks presented by the patient, as appropriate for the clinical setting and patient population served.

Hand hygiene

- Physiotherapists complete hand hygiene:
 - Before touching the patient
 - Before clean/aseptic procedures
 - After body fluid exposure or risk
 - After touching the patient
 - After touching patient surroundings
- Patients complete hand hygiene:
 - Upon arrival at the practice
 - Before and after use of weights, exercise equipment or other shared equipment
 - Prior to processing payment
 - Before leaving the practice
- Using:
 - Alcohol-based hand rub (minimum 60% alcohol content)
 - Soap and water
 - Must use soap and water if hands are visibly soiled or after using creams or oils to perform massage or manual therapy techniques

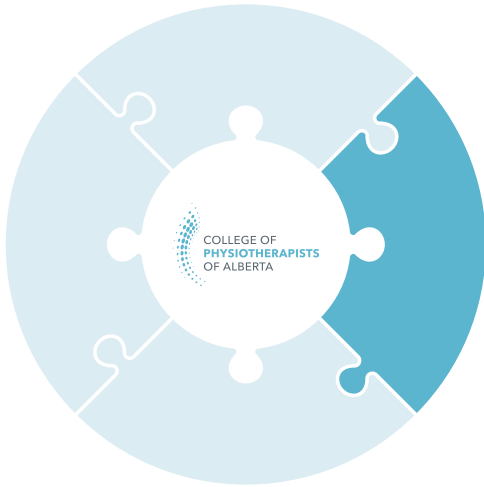
Personal protective equipment

- Medical grade surgical or procedure masks must be worn.
 - All staff who provide direct patient care must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either providing direct patient care or cannot maintain two-meter distance from patients and co-workers.
 - Staff who do not work in patient care areas (e.g., administration staff) must also wear a mask continuously if a physical barrier (e.g., plexiglass) or two-meter physical distancing cannot be maintained.
- Perform hand hygiene prior to donning, prior to doffing, and after doffing the mask.
- Discard masks when soiled or wet, in a lined garbage receptacle.

Other

- Avoid touching face, mouth, nose or eyes.
- Practice respiratory etiquette:
 - Cover coughs or sneezes with an elbow or tissue (discard tissue immediately after use)

This Quick Reference Guide supplements the information in the Guidance for Resuming Physiotherapy Practice During a Pandemic. Registrants are advised to review that document in full when resuming services.



Engineered Measures

Quick Reference Guide

Changes to the physical environment to reduce the source of the hazard and risk of exposure.

- Physical design
- Cleaning and disinfecting
- Ventilation

Physical design

- Two-meter distancing between:
 - Chairs in waiting areas
 - Treatment beds (Allow for spacing between clinician and their patient and adjacent clinician/patient, not just spacing between treatment beds)
 - Exercise equipment
 - Workstations in office areas
- Physical barriers between reception staff and patients
- Remove items, furniture, and equipment that cannot be effectively cleaned and disinfected
- One-way traffic flow, designed to avoid congestion
- Visual cues guiding traffic flow and physical distancing
- Dedicated work areas (treatment beds, desk spaces) for individual staff
- Dedicate patient care equipment to one patient. Clean and disinfect between patients.
- Alcohol-based hand rub stations installed at point of care

Cleaning and disinfecting

Who:

- Clearly define staff who are responsible for cleaning and disinfecting activities

What products:

- Cleaning and disinfecting using virucidal product effective against COVID-19 (See list of products for use against COVID-19 on [Health Canada's website](#))
- OR use unscented bleach solution diluted as per manufacturer's instructions
- Using disposable towels and cleaning products in place of products that require laundering

How:

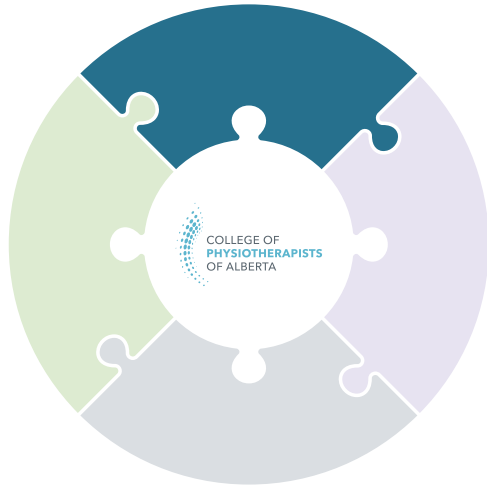
- Work from clean to dirty, high to low.
- Use a "wipe twice" method to ensure both cleaning and disinfecting are completed.
- Decreasing operating hours to allow increased time for cleaning
- Know and follow manufacturer's instructions regarding contact time.
 - Some products must remain in contact with surfaces for several minutes in order to be effective.

How Often:

- Patient care surfaces (plinths, equipment, modalities) between each patient
- High-touch surfaces (door handles, light switches) no less than twice a day

Ventilation

- Increasing ventilation when possible by opening windows or increasing air circulation



Elimination Measures

Quick Reference Guide

Measures that remove the hazard from the workplace or substitute hazardous work (materials, machines, practices) with less hazardous work.

- Telerehabilitation
- Staff screening
- Patient screening

Telerehabilitation

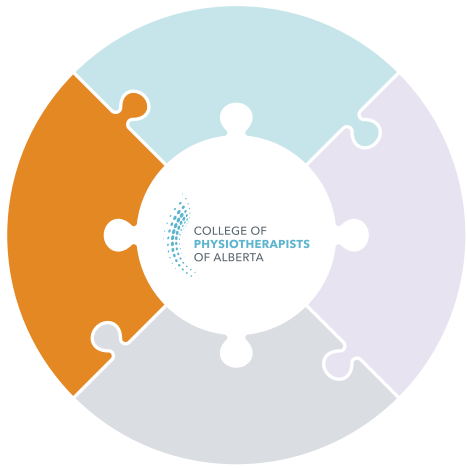
- Telerehabilitation services as a default/first option
- Providing follow up appointments via telerehabilitation after an in-person assessment

Staff screening

- Staff screening/self-monitoring for symptoms of respiratory illness before attending work each shift.
- Do not attend work if sick.**
- Mandatory isolation/quarantine if:
 - Symptomatic
 - Returning from international travel
 - Close contact of person diagnosed with COVID-19

Patient screening

- Physiotherapist or designated staff member screens patients for signs/symptoms, recent travel or close contact with COVID-19
 - At time of booking
 - Upon arrival at clinic/practice setting
- Declining to provide in-person services when patients present with signs/symptoms or risks for COVID-19 (as appropriate for the practice setting and reason for patient attendance)



Administrative Measures

Quick Reference Guide

Policies, procedures, training and standards that support actions to reduce the risk of exposure.

- Policies and procedures
- Staff training
- Booking practices
- Contact tracing records

Policies and procedures

- Adherence with Chief Medical Officer of Health Orders and recommendations.
- Adherence with Standards of Practice and guidance of Physiotherapy Alberta.
- Review/develop and communicate policies and procedures regarding:
 - Staff screening/self-monitoring
 - Staff sick time
 - Patient screening for signs/symptoms, recent travel or close contact with COVID-19
 - Declining and rescheduling in-person services when indicated by patient's screening result

Staff training

- Basics of Infection Prevention and Control
- Measures in place to mitigate risk of exposure, and their rationale
- Requirement for staff continuous masking
- Signs and symptoms of COVID-19
- Point of Care Risk Assessment
- Organization response when patients present with signs/symptoms or risks for COVID-19
 - Immediate actions to contain the hazard (e.g., provide mask, isolate patient)
 - Creating a "script" when declining/rebooking in-person services
- Cleaning and disinfecting protocols
 - Staff responsibilities/accountabilities
 - Manufacturer's directions regarding use of products in use in the practice
 - PPE required when engaged in cleaning/disinfecting

Booking practices

- Prioritize patients in greatest need of in-person services
- Conduct risk-benefit analysis of in-person services considering patient-specific factors
- Scheduling practices:
 - Adequate time for cleaning and disinfecting treatment areas between patients
 - Limiting patient waiting in waiting areas
 - Limiting congestion at arrival and when processing payment
 - Ensure physical distancing can be maintained during patient appointments

Contact tracing records

- Maintain contact information and records indicating when the following groups were on site
 - Patients and patient companions
 - Staff
 - Others in the practice environment
- Provide information to Public Health Officials upon request