



NBCA Return to Practice Operational Plan and Recommendations

The New Brunswick Chiropractors Association (NBCA) remains committed to excellence in clinical practice, patient safety and the protection of the public. Therefore, it is essential to support NB's licensed chiropractors in delivering care safely in ordinary times, as well as in extraordinary times.

It is our collective commitment to safe patient care that will allow the profession to adapt to our new reality. How care is delivered will need to change, and additional precautionary measures will have to be taken as chiropractors return to practice but also permanently to enhance patient safety and infection control. These changes may be challenging at first, but we are confident that once implemented, the changes will simply enhance your ability to care for patients.

Responsibility as Regulated Professionals

Provincial governments have established legislative framework that govern the responsibilities of regulatory colleges which regulates professions in the public interest. Health regulatory colleges are responsible for ensuring that regulated health professionals provide health services in a safe, professional and ethical manner. Functions can include the development of Standards of Practice, guidelines and policies, as well as conduct investigations and where necessary discipline. Protection of the public is first.

COVID-19 Pandemic

The COVID-19 pandemic has changed how we care for our patients and operate our clinics. Moving forward, healthcare professionals and clinics will have to adapt to the new reality and expected public health practices. As a hands-on profession, we may face additional risks and providers and clinics alike will have to take the appropriate measures to protect patients, staff and providers' health.

In preparation for return to practice, the NBCA has developed a list of strong recommendations to help members and clinic prepare for return to practice. Recommendations are considered as best practices that should be incorporated within your clinic. Recommendations are practices that could be considered especially during periods where the risk for respiratory infections are elevated. These recommendations were developed to be proactive in implementing public health measures now and in the future.

In addition, the NBCA has initiated several measures to ensure a safe return to practice as reflected in the operational plan. The operational plan is subject to change as new provincial or federal directives are released. The NBCA is monitoring available literature and information daily, and working with partners to develop new measures to help ensure the protection of the public.

Operational Plan

Consultations and Preparation

- NBCA consults with NB health regulators and chiropractic health regulators
- NBCA consults with members about challenges and needs
- NBCA review literature and best practices on public health practice
- In partnership, NBCA develops Return to Practice recommendations reviewed by the Board of Directors and partner organizations
- Return to Practice Recommendations are sent to the CMO and GNB, as well as NBCA members

Timeline: March 19 to April 24, 2020

Sourcing and Distribution

- NBCA conducts a needs assessment.
- In partnership, the NBCA identifies secure sources of personal protective equipment and hand sanitizer.
- NBCA orders and distributes PPE and hand sanitizer to NBCA members.

Timeline: 24 April to 9 May 2020. Ongoing based on needs.

Education and Member Engagement

- NBCA organizes and hosts educational seminars for members on return to practice, cleaning practices/protocol and application/removal of PPE.

Timeline: 4 to 11 May 2020. Ongoing.

Preparedness and Quality Assurance

- NBCA to connect with all NBCA members and individual clinics to review operational plans, source of PPE and cleaning products/processes.
- NBCA follow-up with clinics every 2 week to assess compliance.
- NBCA to conduct investigations as needed.

Timeline: Start 11 May 2020 and ongoing until further notice.

Return to Practice

- NBCA members implement operational plan.
- NBCA members monitor and adapt.

Timeline: To be confirmed.

Recommendations: Infection Prevention and Control

The need for infection prevention and control has always been imperative; however, the COVID-19 pandemic has heightened the need for comprehensive infection prevention and control measures. Below are some key terms and definitions that we will be using:

Infection Control: Measures used to prevent the spread, transmission and acquisition of agents or pathogens. These measures should be adapted to the clinic environment, patient population and the infectious agent.

Cleaning: Refers to the removal of visible soil, dirt or debris. Cleaning does not kill germs but is effective at removing them from a surface.

Disinfecting: Disinfecting refers to using a chemical/product to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.

Sanitizing: Refers to making clean or disinfecting. Sanitizing efforts are primarily focused on personal hygiene.

Acceptable Use of Products

There is a wide array of products available on the market that claim to clean, disinfect and/or sanitize. However, not all products are appropriate for clinical use. Chiropractors and clinics should use products recognized and recommended by Health Canada. Hard surface disinfectants and hand sanitizers details can be found on the [Health Canada](#) website.

Standard Infection and Prevention Control Measures

	Action	When
Patients	Sanitize or wash hands	Upon entering the clinic Upon entering a treatment room
Administrative employees (not involved in patient care)	Sanitize or wash hands	Upon entering the clinic Upon completion of a payment transaction
Practitioners and employees supporting patient care	Sanitize or wash hands	Upon entering the clinic Upon entering a treatment room Upon exiting a treatment room After handling dirty laundry After cleaning and/or disinfecting Patient contact surfaces Before preparing patient contact services

**Hand sanitizing units should be installed at the clinic entrance, treatment room entrances and at the reception desk.*

Treatment Surfaces

	Action(s)	Frequency
Chiropractic table head piece and thoracic piece	Use single use paper on both pieces to shield patient's face	During every patient encounter
	Use the wipe-twice method to clean and disinfect head and thoracic pieces, following product guidelines on contact time to achieve proper disinfection	After every patient encounter
Face cushion (high risk due to proximity of patient's mouth while in prone position)	Clean and disinfect face cushion, following product guidelines on contact time to achieve proper disinfection	After every patient encounter
Chiropractic table hand pieces	Clean and disinfect hand pieces, following product guidelines on contact time to achieve proper disinfection	After every patient encounter
Chiropractic table lumbar and pelvic pieces	Clean lumbar and pelvic pieces routinely	At least twice daily After any patient exhibiting symptoms of infection
Central metal paper depressor bar (high risk of contaminating clean face paper)	Advise not using this central bar at all for headrest paper. If used, clean and disinfect bar, following product guidelines on contact time to achieve proper disinfection	After every patient encounter, before new paper is pulled through
Therapeutic tools and devices (e.g. instruments used for soft tissue mobilization, handheld manipulation tools, lasers, shockwave, etc.)	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	After every patient encounter
Surfaces that contact mucous membranes. This may include	Clean and disinfect, following product guidelines on contact	After any patient exhibiting symptoms of infection

but is not limited to diagnostic equipment such as otoscopes, or ophthalmoscopes.	time to achieve proper cleaning and disinfection	At end of each day
Therapeutic surfaces (e.g. exercise mats, therapy equipment such as weights, balls, etc.)	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	After every patient encounter

Additional requirements to reduce risk of transmission:

- Table surface should be vinyl or other upholstery that can be cleaned and disinfected. Covering should be applied if the table is not a material that can be easily cleaned and disinfected.
- Any damage to a chiropractic table surface that exposes the inner material of the table renders that table quarantined until the damage is completely repaired. Duct tape is not considered an appropriate repair.
- Permanent cloth fabric covering can no longer be used on face, thoracic and hand pieces due to possibility of continuing the chain of infection caused by pathogens such as bacteria and viruses.
- Temporary fabric coverings may be used provided:
 - The temporary fabric covering is changed in between every patient encounter; and
 - The temporary fabric covering is properly laundered to eliminate bacteria and viruses.
 - Temporary fabric coverings do not alter the requirement to clean and disinfect the table.

Clinic Surfaces

	Action(s)	Frequency
High touch surfaces: - Doorknobs - Doorways - Door frames - Chair arms - Waiting room tables	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	At least twice daily After any patient exhibiting symptoms of infection
Reception desk, including all equipment that the receptionist may contact or use.	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	Hourly After any patient exhibiting symptoms of infection At end of each day
Payment machine	Clean and disinfect according to payment machine provider instructions	After each patient interaction
Telephone	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	When employee shifts change At end of each day

Surfaces that contact mucous membranes. This may include but is not limited to diagnostic equipment such as otoscopes, or ophthalmoscopes.	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	After any patient exhibiting symptoms of infection At end of each day
Washrooms	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	At least twice daily After any patient exhibiting symptoms of infection
Lunchroom	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	At least twice daily, or more as required depending on use
Hard-surface toys	Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection	These should remain and be open for use, only if they can be cleaned and disinfected Hourly when children are present in the clinic At end of each day
Office stationery used by the public	Clean and disinfect	With each use
iPad/Tablet	Clean and disinfect	With each use
Magazines	Discontinue	
Books	Discontinue	
Soft-surface toys	Discontinue	

Patient Management

In addition to infection prevention and control measures, clinics must rethink how they operate and overall patient management. This includes the scheduling of appointments, pre-screening, physical distancing, patient treatment options, practitioner adaptations, and clinic employee responsibilities.

All patients should be screened by phone or online at the time of booking. Symptomatic patients should be re-scheduled for a later date and re-screened prior to their appointment. Pre-screening should be done consistently without exception.

These requirements and recommendations may change depending on the environment and the risks of infection.

	High-Risk Recommendations	Lower Risk Recommendations
Appointment scheduling	Adjust scheduling as needed to reduce number of patients in clinic at any given time	Create blocks of time specific for high risk patients (elderly, immunocompromised) to be seen separately to reduce risk of exposure and transmission Schedule symptomatic patients near end of clinic day to minimize exposure and risk of transmission to other patients
Patient pre-screening	Patient pre-screening by phone in advance of patient arrival at clinic, with rescheduling done as required	Pre-screening could be done consistently to help build a patient culture around “safety first”
Physical distancing	Two metres must be maintained between people in waiting room Open concept treatment environments are not recommended to minimize the risk of potential aerosolization. If that is not possible, then space is limited to one patient at a time or maintain two meters between tables.	Build in physical distancing in waiting room as standard practice, which reinforces physical and psychological safety Encourage symptomatic patients to wait in their cars until time for their appointment; clinics can call patients when ready
Patient treatment options	Limit supine cervical adjustments Limit supine thoracic adjustments Limit examinations that promote aerosolization (coughing or quick exhalation) Limit treatment techniques that promote aerosolization, such as rapid exhalation	Strong recommendation to delay treatment of symptomatic patients until symptoms subside
Practitioner adaptations	PPE required for practitioner (goggles, mask and gloves) Mask required for patient Practitioner responsible for proper use of PPE for patient and practitioner	Strong recommendation is not to see symptomatic patients until symptoms subside

Clinic employee responsibilities

If employees are symptomatic (e.g. runny nose, cough, fever), they should not work

Clothing

Your clinic clothing should be cleaned daily and patient care clothing should not leave your clinic except to be cleaned and potentially disinfected.

Employees and practitioners are practice in different clothes than they wear in the clinic. The clothes that you wear to the clinic should not be the same as the clothes that you work in. The clothes that you practice in should be cleaned each day. You should change back into the clothes you wore to the clinic to return home in. Long hair should be tied or away from one's face during treatment.

Recommended Personal Protective Equipment (PPE):

Masks:

- The standard mask must be a disposable surgical mask.
- The clinic should provide masks for patients, employees and practitioners as indicated in patient treatment options and employees and patient care delivery adaptations.
- The recommendation for the type of mask and usage of the mask may change based on recommendations from public health.

Gloves:

- Glove selection must be medical exam grade or better.
- Glove selection must consider patient safety for conditions such as latex allergies.
- Glove selection should consider the size of those who will need to wear them. Gloves that are too big or too small could increase risk of infection.

Other:

- Other personal protective equipment may be required based on provincial public health recommendations.

The return to practice recommendations only speak to progressive return to operations, and not in the event of a resurgence of infection where clinics may be mandated to close. The NBCA and its members will be expected to comply with provincial directives and recommendations. However, generally, when clinics are closed except for urgent or emergency care, the following recommendations would apply:

- Only one patient is allowed in the treatment space at a time.
- Open concept treatment spaces are not recommended or are limited to a single patient at a time. All surface in the open concept area must be cleaned and disinfected after each patient.

- Waiting rooms should be closed. Patients should remain in their cars or outside of the clinic.
- Patients who require assistance or guardianship must be accompanied by only one person.

In a multi-provider clinic, the higher standard, requirements or recommendations should precede.