



Path to Green

NBCA Recommendations for Periods of Eased Pandemic Restrictions

The New Brunswick Chiropractors Association (NBCA) remains committed to excellence in clinical practice, patient safety and the protection of the public. The NBCA believes it essential to support NB’s licensed chiropractors in delivering care safely in both ordinary and extraordinary times. In preparation to return to “normal”, the NBCA has developed a list of recommendations to help members and clinics continue to support infection prevention and control including during **resurgence of the COVID virus** and other **high-risk transmission periods**. Public health in NB remains a great resource and can be contacted regionally at:

Horizon: [Public Health Locations & Contact Information - Horizon Health Network \(horizonnb.ca\)](https://horizonnb.ca)

Vitalité: [Public Health offices | Vitalité \(vitalitenb.ca\)](https://vitalitenb.ca)

These are only recommendations, and not mandatory once restrictions are lifted. Any mandatory directives will be determined by the Government of New Brunswick (GNB).

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 measures. Regulated members must maintain rigor in their infection prevention and control practices, and expected to ensure:

- Hand hygiene, including respiratory etiquette,
- Cleaning and disinfection, and
- Active screening of staff and patients.

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. Providers should use products recognized and recommended by Health Canada. Hard surface disinfectants and hand sanitizers details can be found on the [Health Canada](https://www.healthcanada.ca) website.

| Sanitization | | |
|---|------------------------|--|
| | Action(s) | Frequency |
| Patients | Sanitize or wash hands | Upon entering the clinic |
| Administrative employees (not involved in patient care) | Sanitize or wash hands | Upon entering the clinic Every hour or so |
| Employees involved in patient care | Sanitize or wash hands | Upon entering the clinic After treatment of a patient |

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

| Treatment Surfaces | | |
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| | Action(s) | Frequency |
| Chiropractic table head piece and thoracic piece | Use single use paper or cloth to shield patient's face | During every patient encounter |
| | 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 lumbar and pelvic pieces | Clean lumbar and pelvic pieces routinely | At least twice daily After any patient exhibiting symptoms of infection |
| 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 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 |
| 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 |

| Clinic Surfaces | | |
|---|---|--|
| | Action(s) | Frequency |
| High touch surfaces: - Doorknobs - Doorways | 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 |

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| - Door frames - Chair arms - Waiting room tables | | |
| 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 | At least twice daily After any patient exhibiting symptoms of infection At end of each day |
| Payment machine | Clean and disinfect according to payment machine provider instructions | At least twice daily After any patient exhibiting symptoms of infection At end of each day |
| 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 |
| Lunchroom | Clean and disinfect, following product guidelines on contact time to achieve proper cleaning and disinfection | At least twice daily |

Patient Management

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

It is strongly recommended that chiropractors continue to engage in active screening of both patients and staff prior to their admittance to the practice environment. Accordingly, chiropractors and their staff should be aware with the current [isolation and quarantine rules](#) for individuals who are fully or partially vaccinated, unvaccinated, and/or are identified as a close contact to an individual diagnosed with COVID-19. Measures, including active screening, should be employed regardless of the vaccination status of the individuals.

[Active screening questions](#) can include:

1. Do you have TWO (2) of the following symptoms that are not related to known pre-existing health condition (i.e., seasonal allergies)? If YES, you should be tested for COVID-19.

- Fever
- Cough (or worsening cough)
- Diarrhea
- Loss of sense of smell and taste
- In children, purple markings on the fingers and toes
- Runny nose
- Sore throat
- Muscle pain
- Headache
- Fatigue/exhaustion

2. Have you been advised by Public Health, a healthcare provider, travel registry or a peace officer that you are currently required to isolate?

a. Individuals who have been directed to quarantine must not be in practice setting at any time, as that is a violation of their quarantine requirements.

3. Are you waiting for a COVID-19 test or COVID-19 test results AND have been told you need to isolate?

4. Have you travelled outside the Atlantic Travel Bubble in the past 14 days?

5. Have you travelled outside of Canada in the past 14 days?

6. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19?

A “yes” to any of these questions would require that the patient delay care until they are confirmed negative for COVID-19 or have not been directed to self-isolate or quarantine.

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

| | High-Risk Recommendations | Low Risk Recommendations |
|------------------------|--|---|
| Appointment scheduling | Adjust scheduling as needed to reduce number of patients in clinic at any given time | <p>Create blocks of time specific for high-risk patients (elderly, immunocompromised) to be seen separately to reduce risk of exposure and transmission.</p> <p>Schedule symptomatic patients near end of clinic day to minimize exposure and risk of transmission to other patients.</p> |

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| 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 | |