APPENDIX - OOA-Covid 19 Return to Workplace Practice Guidance for OMPs

Practice Preparation and Guidance for Osteopathic Manual Practitioners (OMPs) in the COVID-19 Pandemic

Osteopathy Canada (OSTCAN) has prepared a guidance that is modelled from other regulated healthcare professional guidelines, public health and the ministry of health to help prepare your workspace. Careful and thoughtful preparation is essential for when we are able to return to the workplace. Please consider the guidance as a dynamic document therefore this information is subject to change.

OSTCAN aims to inform its members of the dynamic landscape of this pandemic. This document serves to inform members of what return may look like when the time comes. When permitted to return to practice, OMPs are expected to follow this guidance.

Guiding Principles

- OOA professional members should follow the guidelines in order to preserve and protect the public and in order to guard the reputation of the profession when permitted to return to work.
- The OOA follows the Regulated Health Professions Act (RHPA), the Ontario's Chief Medical Officer of Health (CMOH), Public Health and the Ontario Ministry of Health's When permitted, osteopathic manual therapy treatments should only begin providing in-person care if all necessary precautions and protocols are in place to protect patients and themselves.
- OMP's are expected to follow directions provided by Ontario's Chief Medical Officer of Health (CMOH), the Ontario Ministry of Health's guidance for the health sector, and the sector-specific workplace safety guidelines. Direction from the Ministry of Health and Chief Medical Officer of Health overrules anything that may be on this document.
- OMP's should use their professional judgment in determining if and when they are comfortable returning to practice.
- When permitted, OMP's should consider triage of most urgent patients first.

OOA guidance is categorized as follows:

1. Returning to Practice FAQ's
2. Self Monitoring
3. Patient Screening (Active and Passive)
4. Hand Hygiene
5. Cleaning and Disinfecting
6. Preparing Your Practice
7. Booking Appointments
8. The Appointment
9. After the Appointment
10. Personal Protective Equipment (PPE)
11. For Employers
12. Other Considerations/ Contact Tracing
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1. Returning to Practice FAQ's

Do Patients have to wear masks? Can I refuse treatment if they don't wear a mask?

The Ministry of Health (MOH) recommends a cloth mask or face covering on every patient when social distancing cannot be maintained.
(See the MOH COVID-19 Operational Requirements: Health Sector Restart document.)
If the patient does not want to wear a mask, the OMP should be sensitive to that and try to find out why. Some patients may have a medical condition and have difficulty tolerating a mask. Discuss why a mask is recommended and provide them with alternatives if appropriate.
If the options above are considered and all possible adaptations have been refused, you can opt to not treat the patient without a mask. Document your conversation and the options provided to the patient in the patient record.

What if I or one of my staff is unable to wear a mask?

If you or a staff member are unable to wear a mask, you must wear a face shield. Further to that, patients must be informed in advance of their appointment so that they understand the increased risk associated with this. You should only treat those who are in the low-risk category for COVID-19.

Do I have to wear goggles during a treatment if my patient screens negative?

No, you do not. OMPs might want to consider the use of goggles or a face shield when treating a patient who screens negative for COVID-19, but it is not required.
Keep in mind an OMP should always conduct a point-of-care risk assessment to determine the level of precaution required. For example, if there are a number of COVID-19 cases in your region, you may choose to wear eye protection.

COVID-19 Operational Requirements: Health Sector Restart (pages 11–12)

What if a patient screens positive?

You should not treat this patient and should refer them to telehealth, or their family doctor to determine the best course of action.
You should document this interaction, and disinfect the area and surfaces that your patient had contact with.

Can I use privacy screens and curtains in my clinic? Do they increase risk of transmission?

You can use cloth privacy screens and curtains in your practice; however, you should be aware that the use of cloth privacy screens and curtains increases the risk of microbial contamination. If you use/continue to use cloth privacy screens or curtains, consider applying the guidance applicable to the use of curtains in other health care environments to your circumstances, where it is applicable, to promote a safe environment for patients and colleagues: see pages 22 - 23 in Ontario's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.

Before our appointment, should I disclose to my patient if I work in multiple locations?

There is currently no rule that states that an OMP must disclose other work locations to patients. Before each appointment the OMP should complete a point-of-care risk assessment, which may identify added risks with in-person care (i.e., patient vulnerability, immunocompromised patients, physical distancing, PPE use, the patient's potential exposure levels- do they work in a hospital, long term care setting etc.).

Informed consent for Osteopathic Manual Therapy requires that the patient understands what will happen before the treatment begins, including the nature of the treatment, benefits, risks and alternatives.

Based on the risk assessment and professional judgement, the OMP should decide what information (such as risks) should be shared to allow the patient to make an informed decision on their treatment at this time.

What do I need to discuss with the Patients who want to see me?

You should discuss risks with the patient. This includes things like potential exposure to COVID-19 while attending the clinic, the potential that you (the OMP) will have to be less than two metres away from the patient and that the care is hands on.

You should explain that there may be others in the clinic area at the time of their appointment, including staff and other patients. Be sure to outline the extra infection control and precautions that you have in place.

The patient has the right to understand and consider the risks and potential benefits before attending an in-person appointment.
Remember that you must screen all patients for COVID-19 before booking an appointment.

What do I need to think about before I can offer my patents Osteopathic Care?

- Your patient's needs and how they have changed or will change over time
- Any negative patient outcomes that could arise from further delays
- The benefit and/or patient perceived benefit of providing osteopathic manual therapy
- Consider if there is an outbreak in your community, and the risk of exposure/transmission to the patient or caregiver/family member who will attend the appointment
- Will a patient come by public transport and what extra risk or burden is placed on the patient versus the benefit from the care provided?
- Do you have enough PPE to protect you, your staff and the patient?
- Does your practice meet the other expectations for COVID-19 precautions (for example the operational requirements set out by the Ministry)?
- Consider having additional changes of shirts that do not pull over your head, in case you decide that a new shirt would be appropriate when seeing your most vulnerable patients.

Before you provide in-person care, make sure you are meeting all the requirements outlined in the **Ministry's COVID-19 Operational Requirements: Health Sector Restart document.**

I work in private practice. What precautions and PPE are required?

- If you work in private practice you should still follow the MOH or Public Health recommendations for PPE. At minimum a surgical mask should be used.

- In addition, you must perform hand hygiene before and after contact with the patient and the patient environment, before you put on PPE, and after you remove it. Advise the patient to perform hand hygiene as well.

- If your patient has not screened positive for COVID-19 and you will be within two metres of the patient, you still need to wear a surgical or procedure mask.

- You should consider wearing eye protection such as goggles or a face shield and an isolation gown, but they are not required. You must perform hand hygiene before and after contact with the patient.

- If the patient has been tested for COVID-19 and the results are pending, you should consider the patient positive and take all necessary precautions.

Be sure to review the PPE requirements outlined in the Ministry's COVID-19 Operational Requirements: Health Sector Restart document.

I saw a patient in my clinic that screened negative. The patient called the next day to tell me they had received a phone call for a positive COVID-19 test result. Can I continue to see patients? What should I do?

- You should contact your local Public Health Unit for guidance on this situation. Current Ministry of Health guidance requires anyone who has had contact with a positive case of COVID-19 without full PPE to self-isolate.

- Your Health Unit will be able to advise you about the requirements for contacting patients and others who work in the clinic, ensuring your clinic environment is safe, and next steps to take regarding testing and self-isolation.

- To reduce the risk to yourself, patients, and other staff, be sure to follow the Ministry of Health's requirements for infection control including screening, physical distancing, environmental controls, disinfecting, and PPE.

- If patients screen negative for COVID-19, at minimum, the PT must wear a surgical or procedural mask. Eye protection in the form of goggles or a face shield can be considered.

- Patients should wear a non-medical mask. OMPs should NOT treat any patient who screens or tests positive.

2. Self Monitoring

- All healthcare providers should monitor themselves for signs of illness.
- If you are sick, stay home.
- If you start experiencing symptoms while you are at work, immediately put on a medical/procedure mask and leave work.
- If you have symptoms, think you were exposed to COVID-19, or travelled outside of Canada within the last 14 days, notify your supervisor immediately, complete the self-assessment and follow the instructions provided.

3. Screening (Active and Passive):

- All OMPs must undertake active and passive screening before any in-person interactions with patients take place.
- Any in office screening should maintain physical distancing of at least 2 metres until the patient is deemed clear and safe to treat.
- In conducting screening, a member should consider whether in-person treatment is advisable once taking into consideration the patient's other conditions and whether they fall into a high-risk group.
- When appropriate, the OMP is encouraged to delay treatment

Active Screening:

- Active screening should be conducted over the phone or through other online clinic portals 24 hours ***before*** patient interactions.
- Patients should once again be screened upon entry at the office.

Regular screening questions are as follows:

- Did the person travel outside of Canada in the last 14 days?
- Has the person tested positive for Covid-19 OR had close contact with a confirmed case of Covid-19 without wearing appropriate PPE?
    - ***Close contact means you were in contact with this person for longer than 15 minutes, with less than 2 meters of distance between you and the person. ***
- Does the person have any of the following symptoms?
    - Fever
    - New onset of cough
    - Worsening chronic cough
    - Shortness of breath
    - Difficulty breathing
    - Sore throat
    - Difficulty swallowing
    - Decrease of loss of sense of taste or smell
    - Chills
    - Headaches
    - Unexplained fatigue/malaise/muscle aches (myalgias)
    - Nausea/vomiting, diarrhea, abdominal pain
    - Pink eye (conjunctivitis)
    - Runny nose or nasal congestion without other known cause
- If the person is over 70 years of age, are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?

If a patient has answered YES to any of these questions, they should be advised:

- Do not attend in person at the member's office for at least 14 days
- Complete the Ontario Government's self-assessment; and contact an appropriate authority such as their family physician, local medical officer of health or Telehealth Ontario.
- You should document the screening of patients as part of the record of personal health information as well as keep documentation.

**Please note: patients who have screened positive is not equivalent to a confirmed diagnosis of COVID- 19.*

Passive Screening

- Appropriate signage at points of entry of the office and at reception in a location that is visible before entering the clinic:
    - Examples of signage for visitors for health care settings provided by the Ministry of Health – OMPs should use signs appropriate to their setting.
    - Screening messages communicated on office websites and voicemail.

4. Hand Hygiene

- OMPs should promote and have sufficient means for frequent and proper hand hygiene for staff and patients. This can be done by washing your hands with soap and water or using an alcohol-based hand sanitizer (greater than 70% alcohol content). Hand washing with soap and water must be performed if your hands are visibly dirty.
- It is preferred that OMPs wash their hands with soap and water. OMPs should wash their hands, wrists and forearms with soap and water thoroughly between patients.
- At a minimum, OMP's should wash their hands before and after each patient contact, before putting on PPE, after taking off PPE, and after contact with potentially contaminated surfaces.
- OMPs should set up handwashing and sanitization stations and provide signage instructing on proper hand washing techniques. The Ministry of Health has provided signage to be posted on entrances, and a poster for within your setting. Requiring everyone, including staff, patients and visitors, to wash their hands upon arrival.

5. Cleaning and disinfecting protocols

- Cleaning refers to the removal of visible dirt. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.
- A "wipe-twice" method (wipe once to clean, wipe again to disinfect) must be used to both clean and disinfect surfaces.
- Only use products approved by Health Canada by cross-referencing the Drug Identification Number (DIN) on the product container.
- Alternately, use a bleach solution in a well-ventilated area and never mix with other chemical products. To prepare diluted bleach for a solution to disinfect high-touch hard surfaces, do so according to instructions on the label or in a ratio* of:
  250 mL (1 cup) of water per 5 mL (1 teaspoon) bleach, or
  1 litre of water (4 cups) per 20 mL (4 teaspoons) bleach
  * assuming bleach is 5 % sodium hypochlorite, to give a 0.1 % sodium hypochlorite solution
- In addition to routine procedures, high-touch surfaces should be cleaned and disinfected at least twice per day, and when visibly soiled.
- High touch surfaces include: doorknobs, light switches, washrooms including toilet handles, counters, handrails, arm rests, and electronics.
- The treatment room and its equipment must be cleaned and disinfected after each use and between patients.
- All equipment must be in good condition (no tears or rips) to allow for proper cleaning and disinfecting. Pay special attention to the treatment chair/stool and treatment table.
- Items that are frequently shared, difficult to clean (e.g., upholstered furniture), that are not necessary to achieving treatment outcomes should be removed.
- Some examples may include: magazines and other entertainment items; water service, tea service, and snacks; product samples or testers; complimentary phone chargers or electronics; and reusable hand towels.
- Consider altering the space as much as possible to discourage touching shared surfaces. For example, use garbage bins with step pedals.
- Keep a log of cleaning frequency indicating when and what was cleaned.

6. Preparing your Practice

- You should have documentation in place around the following:
    - Start of day tasks
    - Process for booking appointments and conversations with patients
    - Cleaning schedule (who is responsible for cleaning what and how often, etc.)
    - End of day tasks (e.g. checking supplies for the next day)
    - Have a plan in place for what to do if a staff person becomes sick or if a patient who visited the office/clinic later tests positive for COVID-19
    - Have written measures and procedures for staff safety including for infection prevention and control
- Place clear, visible signage at all entrances and within the workplace, reminding patients about the signs and symptoms of COVID-19, what to do if they feel unwell and how to protect themselves (e.g., hand hygiene). The Ontario Government has provided signage in English for both patients and visitors that can be posted on entrances, and a poster for within your setting. Several public health units also have similar resources.
- Minimize the number of people in the office/clinic at one time. Alternative solutions to waiting in the setting should be considered, such as asking people to wait in vehicles and texting or calling when appointments are ready.
- Set up the waiting area to allow for physical distance of two metres between individuals, such as rearranging furniture and using visual cues such as tape on the floor. Household contacts are not required to separate.
- Reduce the number of treatment rooms being used.
- Minimize staff in the office/clinic. Consider what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients, and stagger start times, breaks and lunches.
- Have a designated space to isolate staff who develop symptoms and send them home if possible.
- Given the evidence that transmission of COVID-19 may occur from those who have few or no symptoms, masking (surgical/procedure masks) for the full duration of shifts is recommended for:
    - Healthcare workers working in direct patient care areas, and
    - Healthcare workers working outside of direct patient care areas when interacting with other healthcare workers and physical distancing cannot be maintained.
- The use of eye protection (goggles or face shields) for the duration of a shift should be considered.
- Non-essential items should be removed from waiting areas, including magazines, water dispensers, toys and remote controls.
- If possible, consider having separate entrances and exit for patients.
- If possible, consider having a high-quality air purifier in the treatment room(s) and the common areas.

7. Booking Appointments

- When accepting an appointment, the OMP must screen the client prior to appointment for risk of COVID-19 by following the Ministry of Health's COVID-19.
- OMPs should also ensure that those who live with the patient are healthy and well. That they are not waiting for a COVID-19 test result. If anyone in the household is symptomatic or if anyone in the household is awaiting their COVID-19 test result the treatment should be postponed, even if your patient is asymptomatic.
- If the patient does not pass this basic COVID-19 screening, treatment cannot be provided, regardless of the rationale for treatment.
- Advise the patient that they should self-isolate and complete the online self-assessment tool before calling their doctor or Telehealth Ontario at 1-866-797-0000. This information should be documented in the client health record and the OMP should not treat the client for at least 14 days, until the client is asymptomatic, and has been cleared by their primary care provider or Telehealth Ontario of any concern of COVID-19.
- Ask patients to arrive alone for their appointment (where possible) and as close to their appointment time as possible.
- Schedule appointments in a way that allows enough time between patients to implement new cleaning and disinfecting protocol.
- Develop a system to have patients wait outside or in their vehicle if possible. For example, ask the client if they would like to receive a phone call or text message when they can enter the clinic.

8. The Appointment

- Before each appointment, OMPs should:
    - Conduct a point-of-care risk assessment to determine the level of precautions required,
    - Wash your hands with soap and water (preferred) and wash your wrists and forearms. If soap and water washing is not possible use an alcohol-based sanitizer.
- If you encounter a patient who has gone through the screening process and enters the setting yet exhibits signs and symptoms consistent with COVID-19, you must:
    - Separate the patient from others so that they are at least 2 metres apart.
    - Have the patient complete hand hygiene.
    - Provide a surgical/procedural mask for the patient to wear.
    - Explain the concern to the patient that they are symptomatic, discontinue treatment and reschedule the appointment.
    - Advise the patient that they should self-isolate, complete the online self-assessment tool before calling their doctor or Telehealth Ontario.
    - Clean and disinfect the practice area immediately.
    - Wash your hands or use alcohol-based hand sanitizer after contact with the patient and patient environment, and after the removal of PPE.
    - OMPs should contact their local public health unit to report any probable and confirmed cases of COVID-19 based on the latest case definition posted on the Ministry of Health COVID-19 website.

The appointment continued:

- Ensure a record is kept of all close contacts of the symptomatic client and other visitors and staff in the clinic at the time of the visit. This information will be necessary for contact tracing if the client later tests positive symptomatic for COVID-19.

- Encourage patients to wash their hands or to use an alcohol-based sanitizer before and after the appointment.
- Even when you are not interacting with a suspected or confirmed COVID-19 patient or someone with symptoms, if you are not able to maintain physical distancing with others, then:

    - You must wear a surgical/procedure mask.
    - You should also consider using eye protection (goggles or a face shield).
    - You should also advise patients to wear their own mask (cloth or other) to the office/clinic if they have one. Provide a mask to patients if they are not wearing their own. Ensure that patients do not leave their masks in waiting areas. Wash your hands or use alcohol-based hand sanitizer after contact with the patient and patient environment, and after the removal of PPE.
- If you are providing care in the patient's home, you should wear a surgical/procedure mask at all times during the entirety of the home visit.

- Ensure that you understand the safe use, care and limitations of PPE, including putting on and taking off PPE as well as proper disposal.

9. After the Appointment

- OMPs must wash their hands (including forearms and elbows) with soap and water thoroughly after each treatment and before and after disinfecting.
- Clean and disinfect anything used during the appointment.
- Document all new procedures related to the client in the client record, including but not limited to screening dates and results, PPE used during treatment and any modifications to treatment.

10. Personal Protective Equipment (PPE)

- Despite screening procedures, it is important to remember that individuals may carry COVID-19 and not demonstrate symptoms. Therefore, for proper contact/droplet precautions, members must be familiar with and implement the use of appropriate PPE when in close contact with patients, especially during manual procedures, consistent with the protocols of the Ministry of Health and Public Health Ontario.
- Note that some sectors, like long-term care and retirement homes, have been issued specific guidance regarding the use of masks and other PPE by staff and patients.
- For all other sectors, Ontario Health has issued Recommendations on the Use and Conservation of PPE. The use of PPE should be based on the assessment of risk. Specific PPE recommendations have been issued for interacting with suspected or confirmed COVID-19 patients, and for performing aerosol-generating medical procedures (AGMP).
- Based on guidance from a Ministry of Health update on June 8, 2020, health care organizations and providers should use this approach to obtain PPE supplies once a need has been determined:
- Work with their regular supplier to determine when they will receive their shipment of PPE
- Work with other local health care providers to determine if any in the local area have supplies they can provide
- Submit a request via the appropriate Personal Protective Equipment Intake Form. A Regional Table Lead will work to see if they can address the request within the region. If the need cannot be addressed regionally, the Regional Table Lead will escalate the request to the Ministry Emergency Operations Centre.
- The Ontario government now has a Workplace PPE Supplier Directory to help businesses secure PPE and other supplies.
- OMPs should avoid touching or adjusting masks while they are being worn. **It is recommended that members advise patients to bring and use their own facemasks when attending the office.** You are not required to provide masks to patients but may choose to do so and must educate patients in the proper donning and doffing of masks if doing so.
- Single use gloves may be used but are not required. If gloves are used, members should not touch their face when wearing gloves, gloves should be changed in between each patient encounter and be accompanied by proper hand hygiene between every glove change.
- OMPs must wear a surgical/procedure mask/medical grade (homemade cloth masks are not appropriate for a healthcare setting). To be worn during treatment and whenever within two (2) metres of patients. Masks should be changed after each client and whenever wet, damaged or soiled.
- OMPs, staff and patients should be aware of and follow the proper donning, doffing and use of PPE. The following procedures should be followed for donning and doffing masks.
- Training for PPE is available at Link: https://www.publichealthontario.ca/Education%20and%20Events/Online%20Learning/IPAC%20Courses

Donning mask:

- Fit to face and Perform hand hygiene.
- Put on mask.
- Secure ties to head or elastic loops behind ears. Mould the flexible band to the bridge of nose (if applicable).
- Ensure snug below chin with no gaping or venting.

Doffing mask:

- Perform hand hygiene.
- Carefully remove mask by bending forward slightly, touching only the ties or elastic loops.
- Undo the bottom tie first and then undo the top tie.
- Discard the mask in the garbage.
- Perform hand hygiene.

Gloves

- Single use gloves may be used but are not required for most treatments. Gloves do not preclude the need for proper hand hygiene. If used, gloves must be disposed of and changed between each client.
- OMPs are expected to use their professional judgement and conduct individual risk assessments to determine if additional PPE (e.g., face shields, goggles) is warranted due to elevated risk.
- OMPs may consider taking precautions regarding their own clothing, such as wearing disposable coverings or changing their personal clothing between patients. Clothing should be washed and dried regularly and carefully on as high a heat setting as possible.
- OMPs should obtain appropriate training on safely using and disposing of PPE, related to droplet and contact precautions (including at minimum by completing resources offered by Public Health Ontario's "Infection Prevention and Control Fundamentals", if you encounter technical difficulties, please refer to Public Health Ontario's Online Learning - How Do I Guide).
- Link: https://www.publichealthontario.ca/Education%20and%20Events/Online%20Learning/IPAC%20Courses

11. For Employers

- Employers have a legal duty under Ontario's Occupational Health and Safety Act to take every reasonable action to protect the health and safety of workers. This duty is particularly important in the context of COVID-19, where there is a need to protect workers and the public from contracting the virus.

- Employers should carefully review the sector specific guidelines and make reasonable efforts to implement the recommended actions. Otherwise, you could face charges and prosecution under the Occupational Health and Safety Act; and your employees have the right to refuse work if you do not take the recommended precautions.

- The guidance documents currently available are listed below, by sector or practice setting. The guidance is likely to evolve as the pandemic situation evolves, so it is important to refer to the relevant government and Ministry of Health pages periodically.

- List of sector-specific guidance for workplace safety.

- List of Ministry of Health guidance for the healthcare sector.

- Employers should have a COVID-19 safety plan in place.

PROTECTING YOURSELF AND CO-WORKERS

- Coronaviruses are spread through close contact, including at work. Here are some helpful tips to prevent the spread of infection:
    - Wash your hands often and thoroughly with soap and water or alcohol-based hand sanitizer. ▪ Sneeze and cough into your sleeve.
    - If you use a tissue, discard immediately and wash your hands afterward.
    - Avoid touching your face, eyes, nose or mouth.
    - Avoid contact with people who are sick.
    - Stay home if you are sick.
    - Avoid high-touch areas, where possible, or ensure you clean your hands after. ▪ Where possible, wear gloves when interacting with high-touch areas. Do not touch your face with gloved hands. Put on and remove gloves in a manner that avoids contamination of the hands. Ensure you wash your hands after removing gloves.
    - Wash your clothes as soon as you get home.
    - If you are ill: notify your supervisor immediately, complete the self-assessment and follow the instructions you get.

REPORTING ILLNESS

- The symptoms of COVID-19 can resemble a cold or a flu. At this time, it is recommended that any worker who is experiencing any symptoms related to cold, flu or COVID-19 should be sent home. According to Health Canada, symptoms can appear in as little as a few days, or as long as 14 days after being exposed to someone with the disease. COVID-19 can cause a range of symptoms including fever, cough, sore throat and shortness of breath.

- For some people, the symptoms are like having a cold; for others they are quite severe or even life threatening. It is important to check with your healthcare provider and follow instructions about staying home or away from public spaces to prevent the spread of the virus.

- The virus typically spreads through coughing and sneezing, personal contact with an infected person, or touching an infected surface and then the mouth, nose, or eyes.

- Close contact with a potentially infected person or touching potentially contaminated items (such as desks, keyboards, counters, door handles, hard surfaces, elevator buttons, etc.) are likely to pose the greatest exposure risks. Also, close contact with other people increases the risk of exposure to someone who may be infected.

- In addition, employers should advise these workers to immediately self-isolate and complete the online self-assessment or call either: Telehealth: 1-866-797-0000
    - their primary care provider (for example, family physician)
- Asymptomatic workers who have travelled outside of Canada within the last 14 days and/or have had potential unprotected exposure to a person with COVID-19, and have been identified as Critical to Continued Operations; need to self-isolate when they are not at work. This work isolation requirement also applies to staff who have tested positive but symptoms have resolved.

- Employers/Clinic Owners should maintain a roster of all people entering the space (including their name and phone number) to assist with contact tracing if required.

- In addition to patients, this may include couriers, guardians, and support people/workers.

- Explain to visitors that this information will be used for contact tracing only, should someone who visited the setting later be diagnosed with COVID-19, and that visitors can refuse to provide their name and telephone number.

- This should be a clinic-controlled record not an open *sign in* sheet or book.

- Ensure the patient washes or sanitizes their hands upon arrival and after treatment.

12. Other considerations/Contact Tracing

- Documentation should be kept for 10 years. If there are any confirmed cases of COVID-19 in a provider, staff, client or visitor of the practice, the OMP should promptly report it to their local Public Health Unit and follow their directions.

- Please note this guidance details additional documentation requirements;
    - a general infection prevention and control record/log for the practice,
    - a notation of COVID-19 infection precautions taken for each client in the client record, and a roster of all people entering the space for contact tracing purposes.
    - Cleaning log to ensure regular complete cleaning.

13. Additional Resources

Best Practices for prevention, surveillance, and infection control management of Novel Respiratory infections in all health care settings:

- https://www.publichealthontario.ca/-/media/documents/B/2020/bp-novel-respiratory-infections.pdf?la=en
- Public Health Ontario's Infection and Control Fundamentals: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-fundamentals.pdf?la=en
- PIDAC's (Provincial Infectious Diseases Advisory Committee) Routine Practices and Additional Precautions in All Health Care Settings
- PIDAC's (Provincial Infectious Diseases Advisory Committee) Routine Practices and Additional Precautions in All Health Care Settings
- PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings