

# REOPENING WITH COVID-19 – PHASE 5

## Directive for Community-Based Occupational Therapists

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## INTRODUCTION

This document is to provide guidance to community-based occupational therapists (i.e. private sector) for transitioning to Phase 5 of Nova Scotia’s reopening plan. The Phase 5 reopening is based on reaching vaccination rates of 75% of the population and includes maintaining travel restrictions and testing/self-isolation requirements. This level of protection allows for a safe reduction of other public health measures, such as gathering limits, contact tracing logs and social distancing. Some measures, such as staying home when feeling sick, hand washing, surface cleaning and covering coughs and sneezes, should be maintained as healthy habits as they are helpful in preventing the spread of a variety of illnesses.

Below are selections from Nova Scotia’s Phase 5 reopening plan. For more and up-to-date details, refer to <https://novascotia.ca/reopening-plan/phase-five/>:

*During phase 5 of Nova Scotia’s reopening plan, we start to move into living with COVID-19. This includes easing public health measures and supporting ongoing expanded travel into Nova Scotia. Plan phases are based on ongoing progress of vaccination rates and improvements of public health and healthcare indicators.*

*The 5-phase reopening plan outlines how restrictions will ease while protecting the healthcare system and increasing vaccination rates throughout the province. COVID-19 transmission will continue to be monitored.*

*During phase 5, we start to move into the new normal of living with COVID-19.*

*Expected date - 04 October 2021*

*Refer to <https://novascotia.ca/reopening-plan/phase-five/> for current public health information regarding the plan for phase 5.*

*Public Health and other measures still in place during Phase 5:*

- *Travel restrictions*
- *Testing and Self-isolation*
- *Get vaccinated (75% of population fully vaccinated with 2 doses)*
- *Stay home if you feel sick*
- *Masking requirements for indoor public places and public transportation remain in place.*

*Personal daily healthy habits:*

- *Clean surfaces - Viruses can live on surfaces for several days. Reduce the number of germs and your risk of infection by cleaning and disinfecting every day.*

- *Cover coughs and sneezes - Cover your mouth and nose with a tissue when you cough or sneeze. Or use the inside of your elbow. Make sure you follow cough and sneeze guidelines.*
- *Wash your hands - Wash your hands often with soap and water, especially after being in a public place, or after blowing your nose, coughing or sneezing. Use hand sanitizer when you can't use soap and water and follow hand washing guidelines.*
- *Wear a mask - Wearing a non-medical mask can help prevent the spread of COVID-19 and other respiratory illnesses. A mask helps stop droplets spreading when someone speaks, laughs, coughs or sneezes (including someone who has COVID-19 but has no obvious symptoms).*
- *Gather safely - You don't need to maintain social distancing from others, but it's still worthwhile keeping a safe distance from people you don't know while out and about. This helps reduce the spread of COVID-19 within the community.*
- *Keep your workplace safe - Employers and employees need to work together to maintain a healthy workplace. Occupational health and safety (OHS) practices (like plexiglass dividers and increased cleaning) help prevent COVID-19 and lessen the risk of many respiratory and other illnesses. And remember to stay home if you feel sick, pay attention for COVID-19 symptoms, and seek public health guidance should you suspect COVID-19*

This guidance document was developed with guidance from Public Health and in collaboration with other regulated and non-regulated professional organizations. The plan is based on core Public Health principles and current best evidence. Please note that this plan may change over time as evidence and the epidemiological data evolve, and we will provide continued communication should changes arise.

## OCCUPATIONAL THERAPIST'S RESPONSIBILITY

As regulated health professionals, Occupational Therapists are required to:

- Follow all mandates and recommendations from Public Health and the Government of Nova Scotia regarding your personal and professional conduct. As a regulated health professional, you have a responsibility to follow all civil orders that originate from any level of government.
- Read and adhere to all communication from the COTNS.

The COTNS continues to consult with external stakeholders, including the Nova Scotia Department of Health and Wellness (DHW) and the Chief Medical Officer of Health (CMOH) and will revise this directive based on expert recommendations. The COTNS exists to protect the public. This directive exists to ensure the health and safety of both the public and Occupational Therapists while instilling client confidence as they safely access occupational therapy care.

## PRACTICE SETTINGS

This guidance document applies to community-based occupational therapists (i.e. private sector). Occupational Therapists working in the public sector and residential care sector will be provided guidance by NSHA, IWK and DHW.

It is acknowledged that community-based occupational therapists work in many diverse settings. The guidance in this document is designed to be adaptable to specific settings. For this document, emphasis has been placed on clinic settings (multi or single discipline), client's homes, and business/employer settings.

Occupational Therapists are responsible for ensuring the appropriate controls are in place for the setting(s) in which they provide care. Regardless of the setting, care can only be provided if all the required controls are in place.

## IMPLEMENTATION

In creating this guidance document, collaboration with other professional regulatory and advisory bodies was undertaken to minimize variance in recommendations. Despite this motivation, there will invariably be differences in requirements between professions. Occupational therapists are expected to, at a minimum, meet the requirements of these recommendations but may exceed them. Further, Occupational therapists are expected to meet the requirements that are set out by their employer as long as those requirements meet or exceed the requirements described in this document.

## VACCINATION STATUS

Occupational therapy is an important healthcare service for members of the public. Access must not be limited due to vaccination status. The client's vaccination status should have no bearing on the care delivered. Occupational therapists should ensure that any vaccination policies they implement for clients and staff meet all legal requirements, such as human rights legislation. When staff may not be fully vaccinated or are immuno-suppressed, accommodations should be made, which could include requiring PPE (masks), requesting clients wear a mask (and schedule with an alternative provider if they refuse), social distancing whenever possible and increased frequency of environmental measures (frequent hand washing, cleaning high touch surfaces etc.).

## ADVICE TO OCCUPATIONAL THERAPISTS REGARDING VIRTUAL AND IN-PERSON CARE.

### Guiding Principles for COVID-19:

- If anyone is symptomatic, virtual care should be offered.
- Virtual care should be considered as an alternative to in-person care when possible and appropriate.
- Wherever possible, consider the preference of the client as to whether care should be virtual or in-person.
- The standard of care must not be compromised by the choice to deliver care virtually or in-person.
- Where virtual care is clinically inappropriate, clients should be offered in-person care. Exercise your professional judgement as to whether virtual care is clinically appropriate.
- The client's vaccination status should have no bearing on the care delivered.
- When in-person care is delivered, follow all Public Health Orders available.
- For greater clarity, go to <https://novascotia.ca/coronavirus/>

## SCREENING

### A. CLIENTS/COMPANIONS/STAFF

Clients/Companions/Staff should be screened for respiratory illness symptoms such as COVID-19. Clients exhibiting respiratory illness signs and symptoms (consistent with COVID-19 as defined by public health and posted to 811) should not be seen for in-person clinical services and should be provided alternatives such as virtual care until it is appropriate for them to have an in-person service.

Screening should also be done for travel and self-isolation requirements based on the current public health requirements at the time of screening.

Passive screening (i.e. through the use of signage) is acceptable. Active screening will not be a requirement. Signage indicating screening criteria should continue to be posted in a location that is visible before entering the clinic.

If an Occupational Therapist encounters a client who has gone through the screening process and enters a treatment room yet still exhibits signs and symptoms consistent with COVID-19, the occupational therapist must:

- Establish and maintain a safe physical distance of two metres.
- Complete hand hygiene.
- Have the client complete hand hygiene.
- Provide a surgical mask for the client to don.

- Segregate the client from others in the clinic.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the client they should contact 811.
- Clean and disinfect the practice area immediately.
- Occupational therapists must not attempt a differential diagnosis of clients who present with signs and symptoms of COVID-19.

## CONTACT TRACING LOGS

Contact tracing logs are not required in Phase 5.

## PERSONAL HYGIENE

Occupational therapists must follow and encourage clients to follow public health personal hygiene recommendations. These include cough/sneeze etiquette and good hand hygiene. Opportunities for hand sanitization must be made available to clients upon entering the clinic, and clear directions must be posted.

### A. COUGH ETIQUETTE

- Cover coughs and sneezes with a tissue
- Dispose of used tissues in the garbage and wash your hands or use an alcohol-based hand rub immediately after OR Cough/sneeze into your elbow, not your hand.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

### B. HAND HYGIENE

Hand hygiene is recognized as the single most important infection prevention and control (IPC) practice to break the chain of transmission of infectious diseases, including respiratory illnesses such as COVID-19.

Hand hygiene can be accomplished by either washing hands for 20-30 seconds with soap and water, then drying with a single-use cloth or paper towels or using approved hand sanitizer for 20-30 seconds. Hand sanitizer must be approved by Health Canada (DIN or NPN number). The list of approved products can be found at <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>.

When hands are visibly soiled, they must be cleaned with soap and water as opposed to using hand sanitizer.

Single use cloth towels that are used in the clinic for hand hygiene must be laundered in with a method that is equivalent to hot water (above 60°C) with regular laundry soap and fully dried before being used again.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, Occupational therapists and staff should also avoid touching their face.

Hand hygiene is required to be performed by:

Occupational Therapists when:

- entering the clinic;
- before contact with each client;
- before clean/aseptic procedures;
- after body fluid exposure or risk of body fluid exposure;
- after contact with each client;
- after contact with a client's surroundings or belongings;
- using PPE;
  - before donning PPE;
  - after donning PPE;
  - after doffing PPE;
- after cleaning contaminated surfaces.

Staff when:

- entering the clinic;
- before interaction with a client;
- before clean/aseptic procedures;
- after body fluid exposure or risk of body fluid exposure;
- after interaction with a client;
- using PPE;
  - before donning PPE;
  - after donning PPE;
  - after doffing PPE;
- after cleaning contaminated surfaces;
- after financial transactions or administration of paperwork involving clients.

Clients when:

- entering the clinic;
- entering the treatment area if the client does not proceed directly to a treatment room upon entering the clinic;
- before and after use of weights, exercise equipment, clinical assessment tools, or similar shared equipment.

## ENVIRONMENT CLEANING AND DISINFECTION

Effective cleaning and disinfection are essential to avoid the possible spread of COVID-19 and other pathogens. Viruses can survive for differing periods of time depending on the surfaces they land on. Regular cleaning and disinfection are necessary to prevent the spread of disease.

Cleaning products remove soiling such as dirt, dust, and oils but do not always sanitize surfaces. Disinfectants are applied after cleaning to sanitize resulting in the destruction of germs.

Read, understand and apply the cleaning standards from the [Health Canada guide on cleaning and disinfecting public spaces](#).

### A. PROPER DISINFECTANT PRODUCTS

Disinfectants should be [approved for use by Health Canada](#). Only Health Canada-approved disinfectants with a virucidal claim are appropriate for the elimination of viruses in the clinic environment. The disinfectant product manufacturer's instructions must be followed for use, safety, contact time, storage and shelf life.

Alternatively, per NS Dept of Health and Wellness cleaning guidelines, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

Be sure you and your staff take appropriate precautions when using chemicals for cleaning and disinfecting. This can be done by consulting the Manufacturer's Safety Data Sheets when using cleaners and disinfectants. Staff must be supplied with the appropriate safety equipment (ie gloves and masks) to protect themselves when they clean and disinfect.

The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question:

- Client care/client contact items must be cleaned and disinfected between each client use. Examples of client contact items include but are not limited to:
  - treatment tables, all contact surfaces, and the entire headpiece/hand rests
    - discontinue use of the central holding bar for headrest paper;
    - discontinue use of any permanent treatment material that cannot be cleaned and disinfected; (e.g., upholstered cloth treatment tables where the cloth cannot be properly disinfected must not be used)
  - exercise equipment;
  - therapeutic tools and devices;
  - diagnostic tools and devices;
  - procedural work surfaces;
  - Commonly touched areas must be cleaned and disinfected a minimum of once daily or whenever visibly soiled.
- Commonly touched areas include but are not limited to:
  - light switches, doorknobs, toilets, taps, handrails, countertops, touch screens/mobile devices, call bells, phones, photocopiers/printers and keyboards

Any cloth items, such as towels, sheets, headrest coverings, etc. that are used in the clinic must be laundered with an equivalent process to hot water (above 60°C) with regular laundry soap before being dried and used again. Staff must perform hand hygiene prior to handling clean laundry and take care to minimize the opportunity for cross-contamination (i.e. holding clean laundry away from the body, treating linens that come into contact with the ground as soiled).

#### B. REQUIRED CLINIC ENVIRONMENT ADAPTATIONS

- Offer contactless payment methods (i.e. avoid the use of cash), if possible.
- Wherever possible, discourage staff from sharing phones, desks, offices and other tools and equipment. If not possible, clean between use and at the end of the day.
- Books, magazines, toys and remote controls are not recommended for client areas.
- Self-serve candy dishes, baked goods and other open or unsealed consumables are not recommended.
- Treatment table surfaces with tears must be immediately repaired and then replaced as soon as reasonably possible.
- At no time may client care be provided on a table with exposed foam.
- Duct tape is acceptable for emergency repair use only. It is expected that the arrangement for suitable long-term repair or replacement is initiated within two business days of the discovery of the tear.
- Cloth upholstery on furniture and treatment tables that can be properly disinfected may continue to be used.
- If the cloth upholstery cannot be properly disinfected, it must be removed from the clinic environment.

- A regular schedule for periodic environmental cleaning must be established and documented.
- Post signage to remind staff/clients to practice good hygiene appropriate for the staff/clients' age, ability, literacy level and language preferences.
- Provide increased access to handwashing facilities (e.g., by placing hand sanitizer dispensers in at office entrance, treatment room entrances and at the reception desk) and ensure accessibility for staff/clients with disabilities or other accommodation needs.
- Promote, at a minimum, once-daily environmental cleaning of staff work environments (e.g., provide sanitizing wipes so staff can clean their own workspace).

## SOCIAL DISTANCING

Social distancing is not required in the private practice setting for phase 5. Clinics are encouraged to provide opportunities through wait room setup and scheduling to allow clients to maintain social distance where possible.

There is no requirement for Occupational Therapists to maintain social distance from clients.

Occupational Therapists are encouraged to provide a physical and social environment that allows staff and the public to choose to maintain social distancing whenever possible and desired.

## MASKS

In keeping with the mandatory use of masks in public indoor spaces, occupational therapists, staff, and clients will continue to be required to wear masks.

## CLINIC CLOTHING

There are no specific requirements beyond normal hygiene for staff and clinicians' clothes during phase 5.